Developing A Global Theory Of Change for Make-A-Wish® International to Articulate, Evaluate and Improve the Impact of Wish Granting

FINAL REPORT

Prepared by Research For Impact

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Contents

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Executive Summary

Make-A-Wish International and its Affiliates grant life-changing wishes to critically ill children worldwide, with well over half a million children in 50 countries having experienced a wish since 1980.[1] To support strategic plans for programme expansion as well as the alignment of operations and communication, a Global Theory Of Change (TOC) was developed for MAKE-A-WISH INTERNATIONAL, informed by a study that comprised a comprehensive literature review, the first-ever international survey of Make-A-Wish beneficiaries, and stakeholder interviews.

By describing and demonstrating the outcomes of wish granting on wish children and their families across the various stages of the Wish Journey, this Global TOC provides a shared understanding of the change mechanisms linking wish-granting activities to the impact on the wish child and their family, regardless of Affiliate operational level. Importantly, it also enables the evaluation of impact in an intentional and systematic manner.

This study shows that there is a strong global convergence around common outcomes and the Wish Journey. Wish granting benefits a wish child by improving their physical, emotional, and social well-being as well as by inspiring hope and optimism. Similarly, there is positive impact on the physical, mental, and emotional well-being of wish parents/guardians. The benefits of wish granting further extend to the wish families, by creating a happy lasting memory and a sense of normalcy, by giving the wish child and family relief from medical treatments, and by also benefiting other family members such as siblings.

At the same time, positive experiences over the course of the Wish Journey may not prevent wish children from experiencing negative emotions, such as sadness, frustration, and disappointment. The wish-granting process may also lead to other unintended negative consequences or elicit negative emotions.

While the research shows that Wish Journeys bring great joy and happiness, it also suggests ways to further enhance impact. These include promoting a stronger sense of inclusion and supporting connection-building for children and families, through potential avenues such as the strengthening and role expansion of alumni networks.

Finally, a Global TOC should be regarded not as a static blueprint but as a dynamic tool that evolves over time. As nearly 1.3 million more children potentially become eligible for a wish each year,[2] scalability and sustainability are primary concerns given Make-A-Wish International's vision of granting wishes to every eligible child. As Make-A-Wish International itself changes and grows to meet these challenges, the Global TOC itself will also need to be periodically refreshed, reflecting the process of evidence-driven learning and adaptation that will be necessary for Make-A-Wish International to continue supporting life-changing journeys for critically ill children and their families around the world.

[1] Make-A-Wish International (2024). History. Retrieved from https://worldwish.org/history/. Last accessed on 29 Aug 2024.
[2] Research For Impact (2024). Make-A-Wish International: Global Prevalence and Incidence Study.

Introduction

Critical illnesses impact more than 13.7 million children and youth aged between 3 and 17 years around the world.[3] Receiving such a diagnosis upends childhoods and is both physically and emotionally exhausting to these children and their families. Under such circumstances, wish granting – where the children are granted a request of their choice – has become a recognised positive psychological intervention. Since first coming came into prominence in the United States during the early 1980s,[4] research has shown that such wish granting not only reduces distress, but also fosters hope and other positive emotions as well as improving quality of life.[5] Wish granting thus serves as an effective intervention for children who experience life-threatening medical conditions, to improve their mental health and boost their resilience.[6]

This belief has been championed by Make-A-Wish, the world's largest wish-granting charity.[7] Make-A-Wish began in the United States (U.S.) in 1980, following which Make-A-Wish International was established in 1993 to serve other countries.[8] Driven by the vision to grant life-changing wishes to critically ill children and their families, it now has 40 Affiliates, whom it supports and develops to enhance the reach, number, quality, and impact of wishes granted across the globe, reinforcing long-term sustainability and growth.

To date, Make-A-Wish has granted more than 585,000 wishes to eligible children in 50 countries across six continents.[9] Yet, there remains significant unmet need worldwide. A recent study estimated that each year, nearly 1.3 million children may become eligible for a wish in Make-A-Wish International Affiliate countries and territories.

Why a Global Theory of Change?

A Theory Of Change (TOC) is a conceptual theoretical model that articulates the causal pathways between a policy or programme's interventions and its desired final outcomes. In practice, a TOC provides an explicit step-by-step description of how intervention activities at different stages contribute to the sequence of short, medium and long-term stakeholder outcomes that ultimately lead to impact and makes clear what underlying assumptions or contextual factors may also influence these outcomes.

Given the organisational model of Make-A-Wish International and its network of Affiliates, an overarching Global TOC aims to describe a universal chain of outcomes that captures the nature and purpose of wish granting across all Affiliates.

[3] Research For Impact (2024). Make-A-Wish International: Global Prevalence and Incidence Study.
[4] Make-A-Wish International (2024). History.
[5] Shoshani, A., Mifano, K., Czamanski-Cohen, J. (2016). The effects of the Make a Wish intervention on psychiatric symptoms and health-related quality of life of children with cancer: a randomised controlled trial. *Qual Life Res*. 25(5):1209-18. doi: 10.1007/s11136-015-1148-7.
[6] Ibid.
[7] Make-A-Wish Hong Kong (2024). About Us. Retrieved from https://makeawish.org.hk/about-us/about-make-a-wish/?lang=en. Last accessed on 29 Aug.
[8] Make-A-Wish International (2024). History.
[9] Make-A-Wish International (2024). History.

As a *tool to describe impact*, a Global TOC would:

- anchor a shared vision for Make-A-Wish to achieve the same positive impact worldwide across different conditions
- provide a consistent, systematic foundation for measuring impact, planning resources and delivering services, as well as enhancing transparency and accountability
- support Make-A-Wish International's strategic plan for expansion through better understanding of how beneficiaries might be served with the greatest impact
- enable alignment on external communications and strengthen stakeholder engagement by validating the impact of a wish

More specifically, the *process* of constructing a Global TOC aims to:

- build on and further contribute to the evidence that a wish is an essential element of a critically ill child's well-being journey (and not simply a nice-to-have activity)
- deepen empirical understanding of the outcomes of a wish on a wish child and their family, so as to better understand and articulate the impact of a wish
- apply an understanding of wish outcomes to identifying opportunities for programmatic change in support of greater impact (such as a post-wish framework and Alumni Programme to support the longevity of the impact of a wish)

Study overview and approach

The development of a Global TOC for Make-A-Wish International was undertaken in four steps:

1. A literature review of relevant Make-A-Wish International policies and materials as well as published work on the outcomes and impact of previous individual wish-granting interventions
2. Development and execution of a large-scale survey to study the experiences of Make-A-Wish International beneficiaries (particularly wish children and their parents/guardians) to understand the impact of wish-granting globally across MAW's Affiliates
3. Synthesis of the findings into a Global TOC
4. Validation through individual stakeholder interviews

In brief, the study identified universal wish-granting outcomes and assessed evidence from across all Affiliates for the impact of the Wish Journey on (i) the wish child as the main recipient of the wish, and (ii) the wish parents/guardians who serve as the wish child's key support and caregivers. Findings from previous Make-A-Wish research and the existing literature on wish-granting more generally were used to identify a preliminary set of potential outcomes and develop a global survey with the intent of empirically capturing the current practice and experience of Make-A-Wish around the world. Data collected from global Affiliates were then analysed and synthesised together with the initial findings in order to develop a Global TOC grounded in evidence from the diverse range of Affiliate regions. This Global TOC was then further reviewed by in-depth interviews with Make-A-Wish International Affiliate representatives.

Literature Review

There is a robust body of evidence that demonstrates the value of wish-granting as a positive psychological intervention used to support individuals living with chronic physical illness.[10] These interventions (by Make-A-Wish as well as other organisations) are designed not only to reduce distress, but also to promote positive emotions and personal growth, enabling patients to thrive despite the challenges posed by their illnesses.[11]

For children living with chronic or terminal illnesses, wish-granting experiences inspire hope.[12] This hope is first associated with a child's eligibility to receive wishes, and then translated into hope for positive wish-related outcomes (e.g., positive experiences), hope for improved illness-related outcomes (e.g., positive effects on a child's health or condition), and finally hope for the future.[13]

A distinguishing feature of Make-A-Wish in this regard is the "wish journey": to further maximise the potential positive impact of hope on wish children, Make-A-Wish engages with children over the course of an intentional journey that comprises five stages: Wish Capture, Wish Design, Wish Anticipation, Wish Realisation, and Wish Effect. The wish experience is developed and tailored specially for each wish child, and also involves their families and community. This is intended to maximise impact by providing a more intentional and cohesive experience that is life-transforming for both wish children and their loved ones, enabling them to benefit more from their experience in the long term post-wish.

A systematic review of the existing evidence shows that overall individual wish-granting interventions bring a range of benefits to the health and well-being of critically ill children and their families, both indirectly and directly.[14] In the context of wish granting, positive emotions translate into improvements in mental and physical well-being. Empirical studies show that children who were granted wishes experienced improvements in both mental health and physical symptoms, reducing their number of unplanned hospital and emergency department visits.[15,16] Wish granting also leads to improvements in social well-being. Wish recipients reported increased scores with respect to communication as well as feelings of gratitude and love,[17] while others have reported improved communication between the wish child and their family and friends, better communication about their condition, and greater concern for family and friends.[18] These improvements to social well-being have been observed to persist weeks after the wish experience.[19]

[10] Ghosh, A., Deb, A. (2017). Positive Psychology Interventions for Chronic Physical Illnesses: A Systematic Review. *Psychological Studies*. 62(7): 1-20.
[11] Linley, P., Joseph, S. (2005). The Human Capacity for Growth Through Adversity. *American Psychologist*, 60(3), 262–264.
[12] Shoshani, A., et al. (2016).
[13] Heath, G., et al. (2022).
[14] Heath G, Screti C, Pattison H, Knibb R. (2022). Understanding the impact of 'wish-granting' interventions on the health and well-being of children with life-threatening health conditions and their families: A systematic review. *Journal of Child Health Care*.26(3):479-497.
[15] Schilling, M. and Sarigiani, P. (2014). The Impact of a Wish: Caregiver Perceptions of the Benefits of Granted Wishes for Children with Life-Threatening Illnesses and their Families. *Children's Health Care*. 43(1):16-38.
[16] Patel, A., et al. (2019). Impact of a Make-A-Wish experience on healthcare utilization. *Pediatr Res*.85(5):634-638.
[17] Chaves, C. (2016b).
[18] Schilling, M. and Sarigiani, P. (2014).
[19] Chaves, C., Vázquez, C. Hervás, G. (2016b). Positive interventions in seriously-ill children: Effects on well-being after granting a wish. *Journal of Health Psychology*. 21(9): 1870-1883.

Furthermore, wish experiences create a positive 'ripple effect' that extends beyond the wish child to other family members.[20] Parents and siblings who participated in wish experiences also report improvements to their mental health and emotional well-being.[21,22] Studies suggest that multiple pathways exist for these positive changes: for example, parents report that wish fulfilment had improved their outlook by promoting positive forward thinking, whilst increasing emotional well-being by alleviating fears and anxiety. The latter has also been attributed to parents' ability to seek respite from illness and be distracted from the medical environment.[23] In addition, wish experiences have reportedly assisted parents in their grief over their child's illness or the loss of their child.[24] Moreover, they help provide siblings with positive memories and assurance of the wish child's illness from the perspective of a sibling.[25]

The positive changes related to wish interventions that emerged from the review were collated and classified into seven key outcomes that collectively describe the impact of a wish, from positive emotions related to joy and happiness to the overall sense of well-being and support, together with hypothesised causal pathways. These are summarised in Table 1.

For avoidance of doubt, it should be emphasised that these represent the *theoretically desired outcomes* of wish interventions, and in no way preclude negative consequences when these pathways do not materialise or expectations regarding these outcomes are unmet or frustrated. Ultimately, it is incomplete to paint the reality of Wish Journeys as unequivocally positive. Despite the positive benefits, children may also continue to experience a complex range of emotions, including loneliness, isolation, and anxiety.[26] While wish-granting interventions have been shown to provide positive, joyful experiences for children with life-threatening diseases and their families,[27] the literature also clearly indicates that there remains a risk of unintended negative outcomes.[28] Furthermore, the implementation of the wish experience plays an important role: for example, the experience may be impaired by poor timing (e.g., last-minute inability to make the trip for the wish experience, the child's ill condition during the trip) or barriers to physical accessibility (e.g., issues with wheelchair access), or even by the wishes being too rushed (i.e., too much to do within the time allocated for the wish-granting experience).[29] Family members may also be negatively affected, as the wish experience may remind some parents about the negative feelings they had regarding their child's condition, given the continuous confirmation of the life-threatening nature of their child's illness.[30] There may also be challenges arising from family dynamics (e.g., sibling jealousy or conflicts between the parents and wish child on the choice of wish).[31]

[20] Heath, G., et al. (2022).
[21] Darlington, A., Heule, F., Passchier, J. (2013). Granting wishes: parents' perception of a wish fulfilment for a child with a life-threatening illness. *Acta Paediatrica.* 102:480-482.
[22] Chaves, C., Hervas, G. and Vazquez, C. (2016a) Granting wishes of seriously ill children: effects on parents' wellbeing. *Journal of Health Psychology* 21: 2314–2327.
[23] Make-A-Wish USA (MAWUSA) (2011). Wish Impact Study Results. USA: Make-A-Wish Foundation of America.
[24] Darlington, A., et al. (2013).
[25] Schilling, M. and Sarigiani, P. (2014).
[26] Ewing, B. (2007) Wish fulfillment for children with life-threatening illnesses. in: Johnston, N. and Scholler, J. 'Meaning in suffering: Caring practices in healthcare and the human sciences.' Madison WI: University of Wisconsin Press
[27] Darlington, A., et al. (2013).
[28] Heath, G., et al. (2022).
[29] Schilling, M., and Sarigiani, P. (2014).
[30] Darlington, A., et al. (2013).
[31] Schilling, M., and Sarigiani, P. (2014).

Table 1. Key outcomes of the wish experience for both wish children and parents

Outcome	**Theoretical pathway**	**Make-A-Wish International survey construct**
Joy and happiness	Wishes leading to increased joy and happiness for children, parents and siblings via excitement and anticipation during the build-up to the wish, receiving the wish; helping children to create positive memories and facilitating an environment where the child felt special	Joy and happiness: Feeling happy and excited
Respite and distraction	Wishes providing a welcome distraction from the child's illness and treatment and motivating young people to engage with their treatment, thus increasing their health. For parents, wishes providing respite and distraction about their child's condition	Respite and distraction: Feeling like parent/ child could better cope with condition
Self-efficacy	Wishes facilitating the child's sense of learning and growing	Learning, self-efficacy, capability: Feeling of gaining new knowledge, skills, and/or confidence
Broadening horizons	Wishes helping children and families expand their beliefs about what they could achieve and do post-wish and generally to live fuller lives	Looking forward: Feeling that good things could happen in the future
Family bonding	Wishes facilitating a sense of family togetherness and normality, ability to spend quality time together while receiving the wish, and improving overall ability to cope	Family bonding: Feeling closer to immediate family (e.g., parents, siblings, guardians)
Inclusion and social engagement	Wishes helping children and families engage more meaningfully with their familiar social networks/communities beyond health, education, and social care	Inclusion: Feeling closer to friends and/or community (e.g., relatives and neighbours)
Strengthening individual well-being	Wishes improving the child's overall sense of resilience, confidence, being socially and emotionally supported	Individual well-being: Feeling socially and emotionally supported, being more resilient

Global Outcomes Survey

As the next step in developing a Global TOC, a set of narrower constructs were developed that reflect these seven outcomes while being specific to Make-A-Wish International and its Affiliates. Corresponding survey questions were developed for children and parents/guardians. In particular, in recognition of the uniqueness and centrality of the Make-A-Wish Wish Journey to the experience of beneficiaries, respondents were asked to share their experiences at each stage of the Wish Journey: Wish Capture, Wish Design, Wish Anticipation, Wish Realisation and Wish Effect. Children were asked about their own experiences, while parents were asked about both their own experiences, and their perception of their children's experiences.

These constructs and questions were iteratively discussed and adapted by the research team through several rounds of consultation, including feedback from Affiliates to ensure their relevance and appropriateness to the actual experience of Make-A-Wish beneficiaries on the ground.

A finalised survey for both children and parents/guardians was fielded to all wish families with children aged between 13 to 17 years of age in 2023 who had received their wish in the last five years. The surveys were disseminated online by Make-A-Wish International Affiliate offices worldwide to their beneficiaries. 932 responses were received from wish children and 1,858 responses from wish parents/guardians, drawing from 24 Make-A-Wish International Affiliate offices (i.e., 60% of the 40 Affiliates, across all five key regions[32]). After excluding incomplete responses, 832 responses from wish children and 1,479 responses from wish parents/guardians were analysed and reported below.[33]

Outcomes for wish children

Figure 1 shows the percentage of wish children reporting their experience across the Wish Journey. The findings for the survey largely affirmed each of the seven outcomes, with the majority of wish children experiencing these outcomes at every stage. Indeed, one in three (33%) wish children reported that they experienced all seven outcomes throughout their entire Wish Journey. Reported impact increases relatively sharply over the initial course of the Wish Journey, with an increasing proportion of children reporting each outcome at each progressive step from first stage (i.e., Wish Capture and Design) and peaking during Wish Realisation, when more than four of five wish children reported that they experienced each of the seven outcomes. The positive impact of the Wish Realisation stage generally then persists or slightly declines post-wish.

[32] Countries belonging to the Blue region are as follows: Austria, Belgium, Canada, Denmark, Germany, Ireland, Netherlands, Norway and United Kingdom. Countries belonging to the Orange region are as follows: France, Greece, Israel, Italy, Portugal, Spain, Switzerland, Liechtenstein and Turkey. Countries belonging to the Pink region are as follows: Argentina, Brazil, Chile, Colombia, Mexico, Panama and Peru. Countries and territories belonging to the Purple region are as follows: Australia, Hong Kong, Japan, Korea, Malaysia, New Zealand, Pacific Islands, Philippines, Singapore, Shanghai and Taiwan . Countries belonging to the Yellow region are as follows: Pakistan, United Arab Emirates, India and Saudi Arabia.

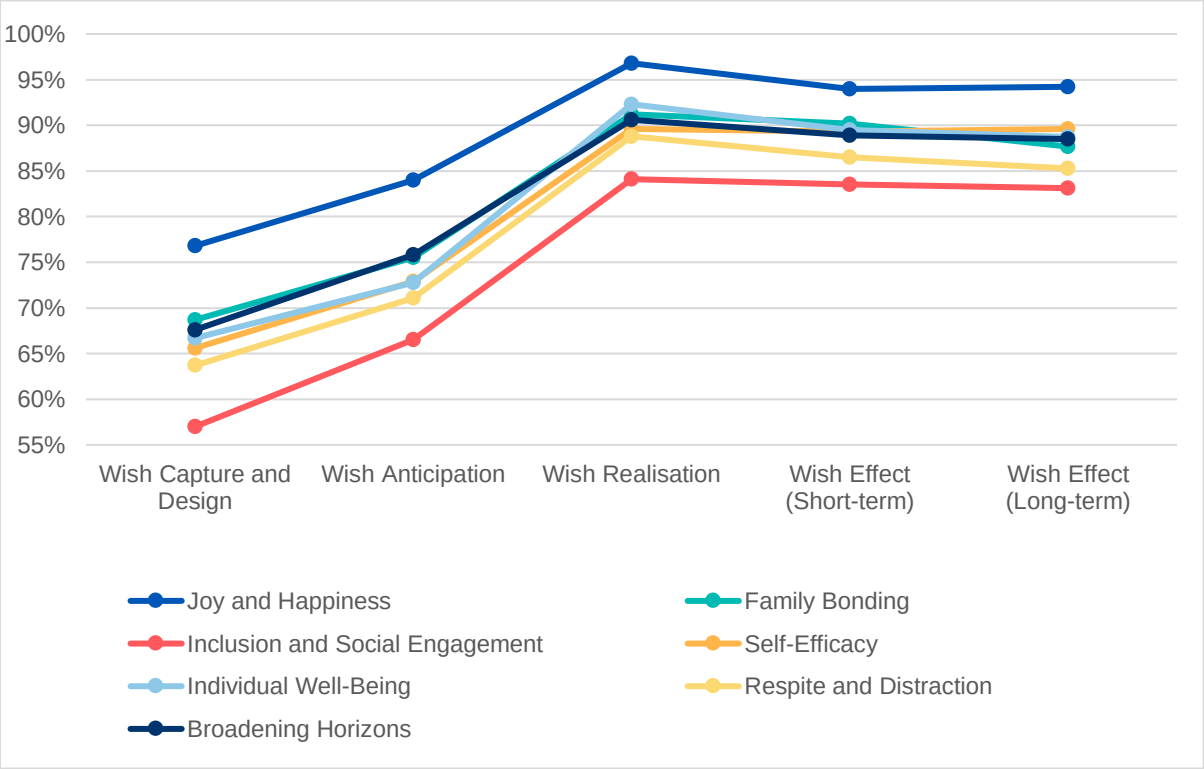
[33] Baseline results are presented for the sample as a whole, and findings for children are based on child self-reports. Survey responses were compared across region and responses from children about their own experiences were compared to their parents' perceptions to assess the need for further validity checks. Regional differences and differences across responses between children and parents regarding child outcomes were generally not significant.

While the general trajectory for all seven outcomes is similar, the level of these outcomes varies. *Joy and happiness* were most consistently experienced by wish children with almost seven in ten (68%) wish children reporting it across all stages of the Wish Journey (Table A2).

Almost three in five wish children also reported experiencing sustained *family bonding* (59%), *broadening horizons* (59%), and *self-efficacy* (57%) throughout their journey. These track closely to the continued impacts on *well-being* (55%), suggesting that the latter are more driven by positive psychosocial changes than *respite and distraction* which is less commonly mentioned (53%) throughout the Wish Journey and indeed declines more rapidly than the other outcomes after Wish Realisation.

Inclusion and social engagement was the outcome that was least consistently experienced, with just under half (49%) of the wish children having experienced this particular outcome throughout their Wish Journey.

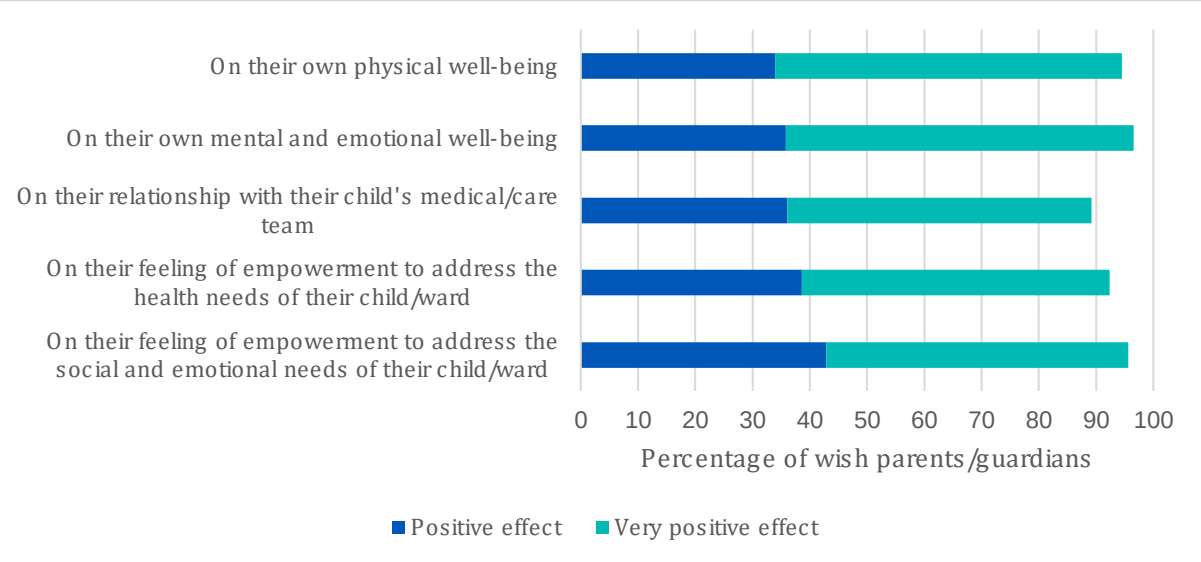
Figure 1: Percentage of wish children who self-reported experiencing each key outcome at each stage of the Wish Journey



Outcomes for wish parents/guardians

Wish parents/guardians who responded to the survey also largely affirmed the findings from the literature with almost all reporting positive impact on their physical, mental, and emotional well-being (Figure 2 and Table A3). They also reported that the wish experience positively affected their relationship with their child's medical/care team and their sense of empowerment to address the various needs of their child/ward.

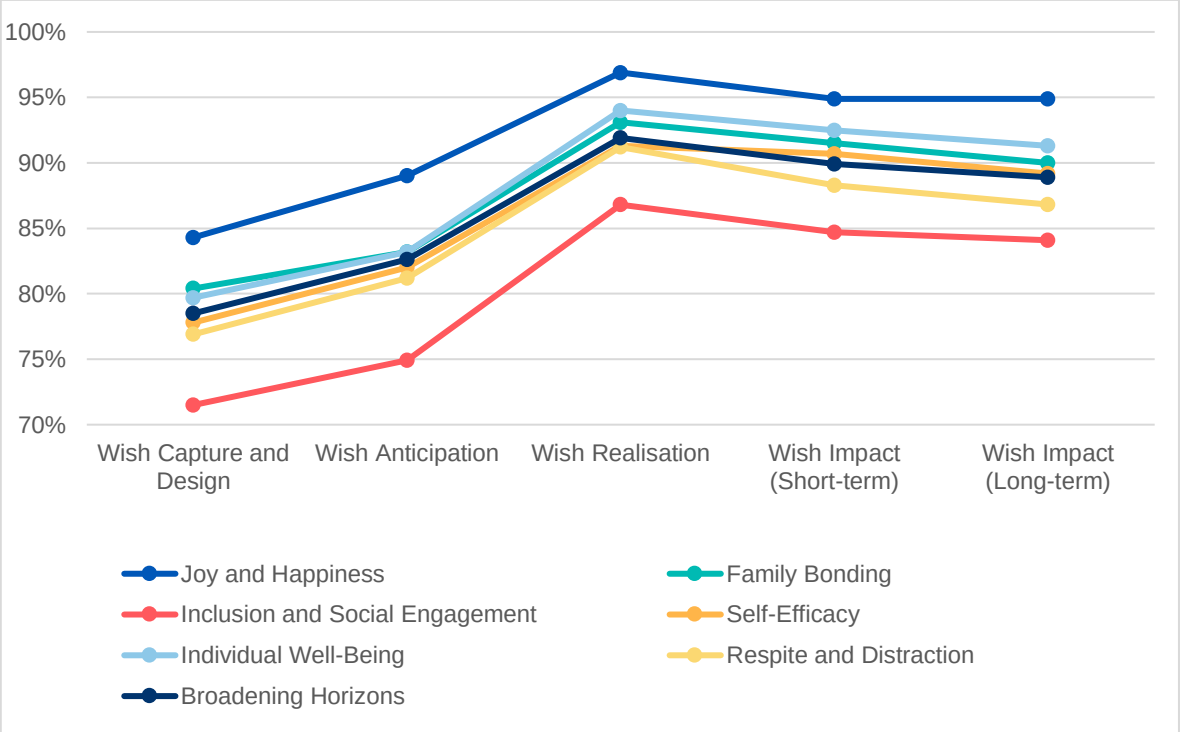
Figure 2: Self-reported impact of the wish experience on wish parents/guardians



Overall, parents appeared to have similar experiences when compared to wish children. The majority (86%) of wish parents/guardians experienced at least one of the seven outcomes of interest throughout their Wish Journey, with almost half (49%) of them reporting that they had continuously experienced all seven outcomes. Similarly, the trends with respect to the wish parents/guardians' experience of each outcome at each stage of the Wish Journey were aligned with those experienced by the wish children (Figure 3). The initial stages of Wish Capture and Design had the least relative impact, with only 72% - 84% of wish parents/guardians reporting that they had experienced each outcome. The percentage of wish parents/guardians reporting positive experience of an outcome increased at the Wish Anticipation stage and peaked at the Wish Realisation stage, at which each of the seven outcomes were reported by more than nine of ten wish parents/guardians, with the exception of inclusion and social engagement (which was experienced by 'only' 87%). Post-wish, there was a slight decline in the percentage of parents reporting a positive experience of each outcome.

Like the wish children, wish parents/guardians experienced *joy and happiness* most consistently across all stages of the Wish Journey, as reported by almost four in five (77%) of them (Table A2). Seven in ten wish parents/guardians also reported experiencing *family bonding* (71%), *broadening horizons* (71%), and *self-efficacy* (70%) throughout their Wish Journey. However, *respite and distraction* declines fairly quickly after Wish Realisation while *inclusion and social engagement* are least likely to be experienced across all stages of the Wish Journey.

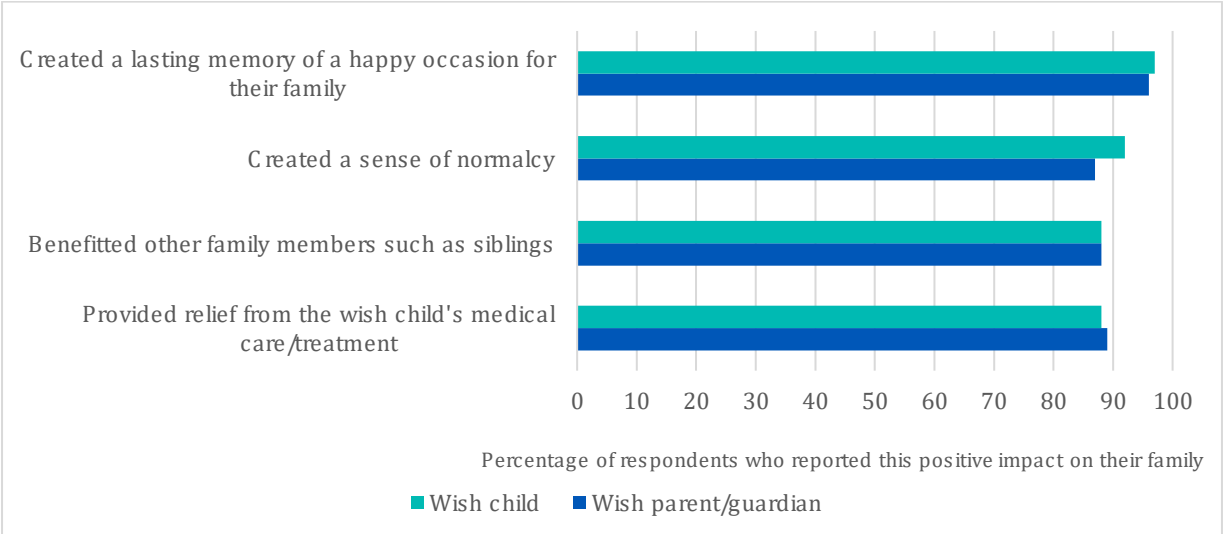
Figure 3: Percentage of wish parents/guardians who self-reported experiencing each key outcome at each stage of the Wish Journey



Outcomes for the wish family

Both wish children and wish parents/guardians agreed that the wish experience had a strong positive impact on their families (Figure 4 and Table A4). Almost all (96% of wish children and 97% of wish parents/guardians) agreed that the wish experience created a lasting memory of a happy occasion. About nine in ten of the wish children and wish parents/guardians alike reported that the wish experience created a sense of normalcy and provided relief from the wish child's medical care/treatment, in addition to benefitting other family members such as siblings.

Figure 4: Impact of the wish experience on the wish family



Overall programme experience and continued participation

It is important to acknowledge that the wish experience exists within an inherently challenging context for children and families, and that these difficult circumstances are mitigated but cannot be completely displaced. Furthermore, other external factors may influence the emotional experience of families during this time. While wish children overwhelmingly reported the Wish Journey to be a positive experience, a minority also reported experiencing feelings of sadness (21%), frustration (18%), and disappointment (14%) at some point during this time (Table A5).

However, given their own wish experiences, almost all the wish children (98%) and wish parents/guardians (98%) who responded to the survey deemed a wish experience important for every child with critical illness to have, and they indicated that they would recommend Make-A-Wish® to other children and families in a similar situation (Tables A6 and A7).

In terms of opportunities for their continued participation in Make-A-Wish® activities (as summarised in Tables A7 and A8), about seven in ten wish children (70%) and wish parents/guardians (71%) expressed interest in talking to other children or families like themselves. Slightly more than half of the respondents were interested in the opportunity to share their story at a Make-A-Wish® event (i.e., 57% of wish children and 53% of wish parents/guardians), while about half of them were interested in attending a Make-A-Wish® event (i.e., 50% of wish children and 47% of wish parents/guardians). About one in five (23%) wish parents/guardians even expressed interest in becoming a regular volunteer.

Developing the Global Theory of Change

To articulate the impact of wish-granting, the findings of the literature review and the global survey were used to inform a final Global TOC for Make-A-Wish International (Figure 5). A draft version of the TOC was first developed and then further refined following a series of validation interviews with Make-A-Wish International Affiliate representatives and feedback from presentations to Make-A-Wish International leadership.

Figure 5 visualises the Global TOC for Make-A-Wish International as a high-level outcomes chain that focuses on the stages of the Wish Journey as well as the change mechanisms identified through the literature review that lead to the desired outcomes and impact of the intervention, i.e., wish granting, with shading indicating the degree of evidence supporting this outcome.

The TOC describes how Make-A-Wish International's activities are *intended* to produce a series of results that contribute to achieving the final intended impacts. It is grounded in the causal logic that each stage of the Wish Journey confers benefits to the wish child and their family and further informed by the empirical evidence reported by the wish families themselves.

Universal outcomes

From a global perspective, our survey showed there is a strong convergence around common outcomes and the Wish Journey. Over the Wish Journey, a wish child does indeed experience the seven key outcomes of interest examined in this study: joy and happiness; broadening of horizons (i.e., anticipation and looking forward to the future); inclusion and social engagement; respite and distraction; family bonding; strengthening of individual well-being; and self-efficacy.

The impact of wish-granting extends to the wish parent/guardian, in terms of their mental, emotional, and physical well-being. Furthermore, the wish family is able to create a happy lasting memory, create a sense of normalcy, find relief from the wish child's medical treatments, as well as benefits to other family members such as siblings.

With the initiation of the Wish Journey, families experience a growing sense of respite and distraction, as well as a greater sense of inclusion and engagement. These reactions, together with the participatory co-creation of the wish itself, strengthens families' underlying socioemotional capital through increased family bonding and a shifted focus towards broadened horizons, leading to increases in well-being and self-efficacy for children as well as their caregivers. Taken together, these further reinforce the positive emotions such as joy and happiness generated by the Wish Journey and the wish itself, which are consistently felt but also build over time. As a result of families' strengthened intrinsic capacity, the positive emotions and socioemotional assets endure past the experience itself, resulting in long-term effects on the child and their ability to flourish even beyond the wish-granting period and Make-A-Wish International's line of accountability.

Change mechanisms

The change mechanisms that support at each stage of the journey, i.e., mechanisms that contribute to the desired outcomes, were identified from Make-A-Wish International's own stakeholders and document review. These include appropriate and timely referral of children into the wish-granting programme; meaningful capture and co-creation of the wish with the child, including parental involvement and support; engagement of the child in a positive anticipatory state before wish granting; positive child and parental retention of the wish experience post-wish; and the flourishing of the child post-wish.

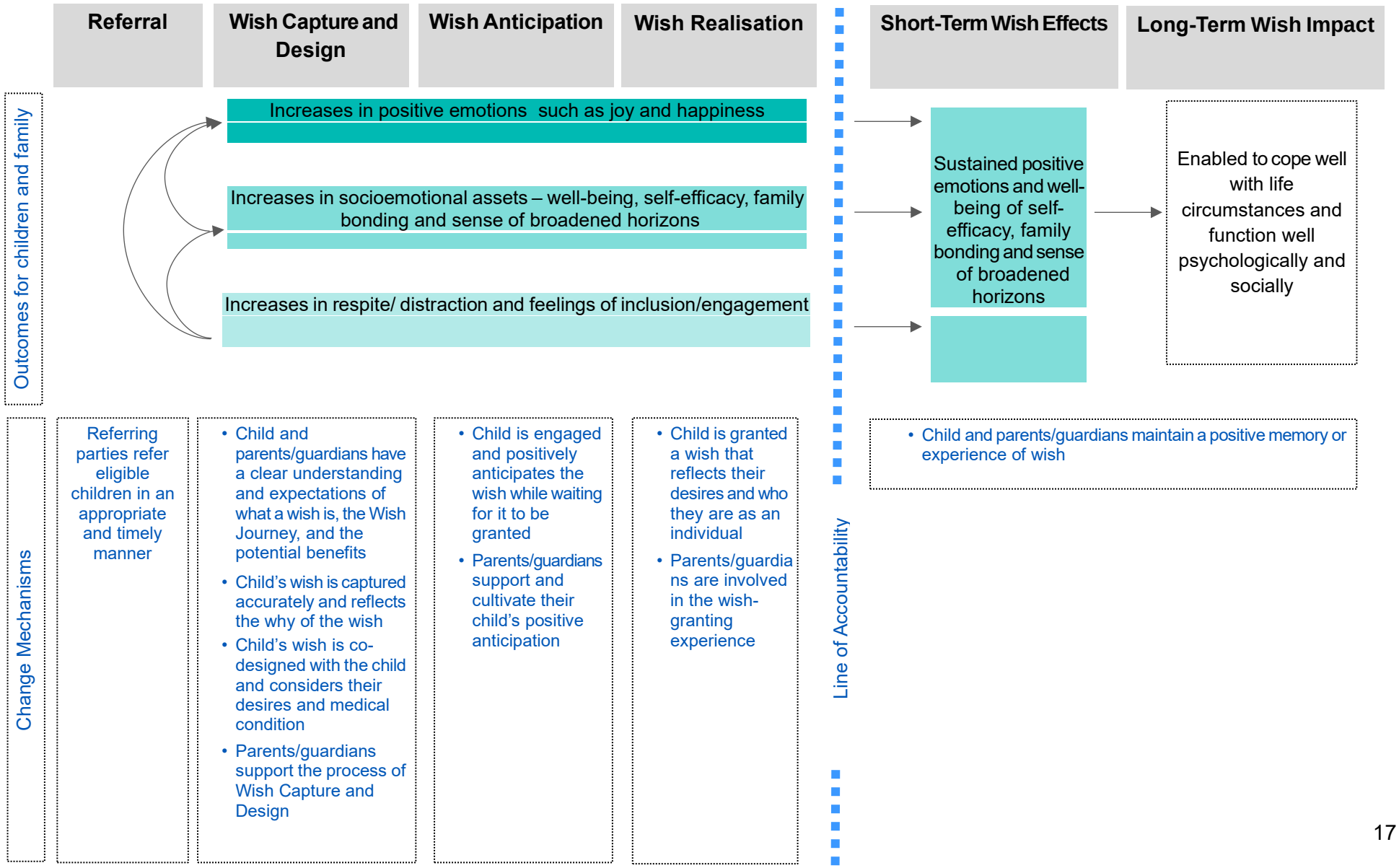
Contextual factors

The TOC also recognizes that contextual factors affect the realized outcomes of the wish-granting intervention by influencing the implementation of wish-granting experiences, the child's experience of their Wish Journey, and the types of wishes that can be granted to children.

In a global context, key among such factors are resources (including funding and manpower) and wish-granting capacity, which vary across Make-A-Wish International Affiliates, which can also affect the engagement between Make-A-Wish staff/volunteers and the wish children, their parents/guardians, and families. There also remains the need to take into consideration the varied geographical and cultural influences on the wish experience.

It is finally also important to recognise the role of external factors at various levels that are beyond Make-A-Wish International's control, including factors related to the wish child (e.g., ongoing treatment changes, changes/deterioration in the wish child's health status), the wish family (e.g., changes in family circumstances), operations (e.g., challenges faced by the wish-granting partner), systems (e.g., overburdened health systems causing delays in referral), and finally global background trends (most recently the pandemic experience) that influence the implementation of wish-granting activities.

Figure 5. A Global TOC for wish children and wish families



Conclusion

By describing and visualising the outcomes of wish-granting on both wish children and their families across the various stages of the Wish Journey, this Global TOC provides a shared understanding of the outcomes and change mechanisms linking wish-granting activities to the impact on the wish child and their families.

A shared sustained journey for children and families

The TOC reflects that Make-A-Wish International's wish-granting journey generally fosters positive emotions among wish children, their parents/guardians, and family members, providing respite and distraction and engagement/inclusion as the journey progresses, beginning at the inception of the Wish Journey and culminating at Wish Realisation. It also suggests a process by which families experience collective increases in well-being and become increasingly empowered to address their child's health, social, and emotional needs, and they thrive accordingly. The wish experience extends its benefits not only to the beneficiary child but also to the primary caregiver and the broader family unit. Wish children and parents/guardians report that the wish experience creates lasting, joyful memories, supports other family members (e.g., siblings), provides relief from medical treatments, and fosters a sense of normalcy. At the same time, the TOC does not preclude negative emotions that may arise, which may stem from failure of the change mechanisms at each stage of the journey, or through the external contextual factors.

Further potential for impact

While the research shows that Wish Journeys bring great joy and happiness, it also suggests ways to further enhance impact, especially to reinforce positive experiences and memories in the longer term as important supports of impact after Wish Realisation is over.

Among the seven outcomes described, *inclusion and engagement* was the least experienced emotion across the Wish Journey by both wish child and parent/guardian, suggesting a role for extending participation and promoting connection-building for children and families. Potential avenues include group wishes (granted in an individualised manner) as well as the strengthening and role expansion of alumni networks for outreach and support. The latter approach would build on the finding that almost all wish children and wish parents/guardians believe that the wish experience is important and would recommend the experience to children, and families undergoing a similar experience. Moreover, almost all were willing to give back, stating that their most preferred way of contributing back to the wish programme was to talk to children and families considering enrolment for a wish experience.

Future steps

Finally, a Global TOC should be regarded not as a static blueprint but as a dynamic tool that evolves over time. As nearly 1.3 million more children potentially become eligible for a wish each year,[34]

[34] Research For Impact (2024). Make-A-Wish International: Global Prevalence and Incidence Study.

scalability and sustainability are primary concerns given Make-A-Wish International's vision of granting wishes to every eligible child. As Make-A-Wish International itself changes and grows to meet these challenges, the Global TOC itself will also need to be periodically refreshed, reflecting the process of evidence-driven learning and adaptation that will be necessary for Make-A-Wish International to continue supporting life-changing journeys for critically ill children and their families around the world.

Appendix

Study Methodology

Literature Review

To establish a foundation for TOC development and to help inform survey design, the scope of the literature review included: (i) existing policies, programmes, feedback, surveys, previous research, and other useful materials shared by MAW International and Affiliates as well as (ii) published literature on TOC best practices used by international organisations and non-profits/charities. Systematic searches were conducted with Google Scholar, Google, and PubMed, using keywords including “theory of change”, “logic model”, “impact framework”, “logical framework”, “non-profit”, “charity” and their related search terms.

Global Outcomes Survey

Data on the impact of wish-granting was then collected through a global survey of wish parents/guardians and wish children, specifically wish children aged between 13 to 17 years old in 2023 who received their wish in the last five years, as well as wish parents/guardians whose child/ward had received a wish in the past five years. They were asked to share their experiences during each stage of the Wish Journey. The five-year cut-off was implemented to reduce the impact of recall bias on the survey responses.

Based on insights obtained from the literature review and key reference documents, the survey questions were iteratively scoped to focus on the experiences of the children and their parents/guardians’ during the wish-granting process, how they perceived and valued the wishes, if and how the wishes have impacted their lives, and if and how the wishes had impacted their general quality of life, outlooks towards life, as well as living with their condition or recovery. Experiences from each respondent’s point of view were assessed on a 5-point Likert scale, ranging from 1 (Not at all) to 5 (Very Much). These data points, corroborated through iterative discussions with the Make-A-Wish International team, were then used to inform the development of the draft TOC.

The survey instruments were iteratively developed in English and reviewed by Make-A-Wish International and its global Affiliate before finalisation, approval by Make-A-Wish International, and deployment. The surveys were made available in English, French, German, Greek, Italian, Portuguese, Portuguese (Brazil), Spanish, Spanish (Latin America), Arabic, Chinese (Simplified), Chinese (Traditional), Japanese, Korean, and Malay.

Both child and parent/guardian surveys were deployed online via a secure third-party international survey platform, SurveyMonkey. Separate survey links were set up for EU/UK and non-EU/UK respondents in adherence with prevailing General Data Protection Regulation (GDPR) requirements. These survey links were disseminated to the global MAW Affiliate network via Make-A-Wish International headquarters. Each Affiliate was responsible for sharing the links with wish children and parents in their respective countries/territories and requesting that they complete the survey online.

Additionally, several Affiliate offices, including India and Shanghai, administered the survey to wish children and families in person or via telephone, then entered the results into SurveyMonkey. The survey links accepted responses for five months (from 5 May to 11 September 2023).

In July 2023, separate links were created to capture the experiences of wish children and parents who received rushed wishes (i.e., children with limited prognoses whose wishes had to be granted much more quickly than the average, and who thus experienced a more compressed version of the typical Wish Journey). However, no responses were received.

Ethical approval for the conduct of this study was obtained from Singapore Management University (approval number IRB-23-054-A043(423)). Data analysis was performed iteratively with regular feedback from Make-A-Wish International stakeholders.

Development of the Global Theory Of Change (TOC)

The development of the Global TOC for Make-A-Wish International was guided by the following key steps:

- Defining the goal: stating Make-A-Wish International's organisational goal
- Identifying impact: articulating the key positive change(s) towards which Make-A-Wish International's wish-granting efforts are working
- Working backwards: breaking the long-term impact down into achievable outcomes
- Defining activities: identifying and defining the activities/actions (i.e., the stages of the Wish Journey) that need to occur to achieve the aforementioned outcomes
- Creating connections: logically connecting each activity to corresponding outcomes and linking those outcomes to short, medium, and long-term impact
- Incorporating evidence: ensuring that the TOC included insights from the findings of the global survey (i.e., levels of individual outcomes, changes in outcomes over time, unintended negative consequences)
- Considering assumptions and context: identifying and articulating what needs to hold true for the activities to lead to the intended outcomes as well as contextual factors that may influence the conduct of activities and achievement of outcomes
- Visualising the theory: creating a visual representation of the theory of change

A draft version of the TOC was then validated through interviews with Make-A-Wish International stakeholders and subsequently. refined.

Study Strengths and Limitations

Each component of this study has strengths but also inevitable limitations to be kept in mind. The study began with a literature review that was comprehensive and systematic. It was able to capture not only the positive impacts of wish-granting on children with critical or terminal illnesses, but also unintended consequences and limitations of the wish experience, including the inability to eliminate all negative feelings experienced by the wish child and/or their family. However, due to a dearth of published work

from more diverse sociocultural settings, the publications reviewed focused primarily on the Western cultural context.

A major component of this study was the first global survey of wish children and parents/guardians that has been undertaken by Make-A-Wish International to support and inform its overall strategic mission and vision. This survey sought to comprehensively explore child and parent/guardian experiences across the entire Wish Journey, from wish capture and design through to wish impact. It also obtained supplementary information on alumni engagement possibilities. The survey had global reach across Make-A-Wish International's affiliate network, which allowed for the collection of over 1,000 survey responses from parents/guardians and over 900 from wish children between the ages of 13 and 17. Responses were encouraged by the administration of the survey primarily online for easy access by those with mobile devices/internet connectivity, availability in multiple languages, and the ground-level efforts of Make-A-Wish International affiliate staff who sought additional survey responses via phone calls, mail, and home visits.

However, it should be noted that the use of convenience sampling means that the survey sample is not representative of wish children and wish parents/guardians served by Make-A-Wish International. Survey responses from both children and parents were primarily driven by Italy and India. Despite the best efforts of the survey team and Make-A-Wish International Affiliates, there were no responses received from 12 of the 40 (30%) Affiliates, nor were there any rushed wish responses. There was also no survey data collected from children aged 12 and under. Taken together, the potential impact of social desirability bias, recall bias, and respondent bias on responses received must be considered when reviewing the survey data.

Operationally, the dependence on individual Affiliates to help disseminate the survey link and seek responses resulted in there being little to no uniformity in survey deployment as well as stark differences in response rates between Affiliates. Survey implementation varied depending on the cultural and development settings of Affiliates (e.g., EU respondents primarily used the SurveyMonkey online platform, whereas some Affiliates from Asia used diverse methods to collect survey responses, including interviewer-led survey data collection alongside online methods). These differences in survey administration may have introduced respondent bias. Furthermore, health-related data from respondents residing in the EU and the UK could not be collected, in compliance with GDPR, resulting in only a partial understanding of the medical conditions experienced by the surveyed population.

Finally, to conclude this study, the TOC was developed iteratively, informed by the findings of the literature review and global survey. It was then validated and refined using interviews with purposively selected Make-A-Wish International stakeholders.

Additional Data Tables and Figures

Table A1. Outcomes reported at different stages of the Wish Journey

Type of survey respondent	Child reporting on their own wish experience		Parents/guardians reporting on their child's experience		Parents/guardians reporting on their own wish experience	
Total sample size	832		1,479		1,479	
	Number of respondents	**Respondents who reported a positive experience* (Count/%)**	**Number of respondents**	**Respondents who reported a positive experience* (Count/%)**	**Number of respondents**	**Respondents who reported a positive experience* (Count/%)**
Wish Capture and Design						
Joy and Happiness	829	637 (76.8)	1,471	1,089 (74.0)	1,474	1,243 (84.3)
Individual Well-being	828	552 (66.7)	1,470	1,052 (71.6)	1,471	1,172 (79.7)
Family Bonding	828	569 (68.7)	1,470	1.108 (75.4)	1,471	1,183 (80.4)
Respite and Distraction	829	528 (63.7)	1,465	980 (66.9)	1,473	1,133 (76.9)
Inclusion and Social Engagement	827	471 (57.0)	1,470	873 (59.4)	1,472	1,052 (71.5)
Looking forward (Broadening Horizons)	829	560 (67.6)	1,474	1,036 (70.3)	1,476	1,158 (78.5)
Self-efficacy	826	542 (65.6)	1,468	997 (67.9)	1,471	1,145 (77.8)
Wish Anticipation						
Joy and Happiness	829	696 (84.0)	1,471	1,280 (87.0)	1,473	1,311 (89.0)
Individual Well-being	828	603 (72.8)	1,467	1,193 (81.3)	1,472	1.217 (83.2)
Family Bonding	828	625 (75.5)	1,466	1,215 (82.9)	1,466	1,219 (83.2)
Respite and Distraction	831	591 (71.1)	1,466	1,145 (78.1)	1,471	1,195 (81.2)
Inclusion and Social Engagement	829	551 (66.5)	1,463	1,040 (71.1)	1,463	1,096 (74.9)
Looking forward (Broadening Horizons)	831	630 (75.8)	1,462	1,192 (81.5)	1,473	1,217 (82.6)
Self-efficacy	827	603 (72.9)	1,460	1,132 (77.5)	1,464	1,201 (82.0)

Wish Realisation						
Joy and Happiness	831	804 (96.8)	1,471	1,425 (96.9)	1,476	1,430 (96.9)
Individual Well-being	828	764 (92.3)	1,467	1,363 (92.9)	1,472	1,384 (94.0)
Family Bonding	830	757 (91.2)	1,465	1,355 (92.5)	1,473	1,372 (93.1)
Respite and Distraction	827	734 (88.8)	1,461	1,307 (89.5)	1,471	1,341 (91.2)
Inclusion and Social Engagement	828	696 (84.1)	1,456	1,226 (84.2)	1,468	1,274 (86.8)
Looking forward (Broadening Horizons)	827	749 (90.6)	1,460	1,323 (90.6)	1,470	1,351 (91.9)
Self-efficacy	820	735 (89.6)	1,455	1,324 (91.0)	1,462	1,335 (91.3)
Wish Effect (short-term, i.e., in the weeks after Wish Realisation)						
Joy and Happiness	828	778 (94.0)	1,463	1,400 (95.7)	1,472	1,397 (94.9)
Individual Well-being	830	743 (89.5)	1,460	1,349 (92.4)	1,473	1,363 (92.5)
Family Bonding	827	746 (90.2)	1,459	1,346 (92.3)	1,472	1,347 (91.5)
Respite and Distraction	827	715 (86.5)	1,452	1,295 (89.2)	1,472	1,300 (88.3)
Inclusion and Social Engagement	826	690 (83.5)	1,456	1,239 (85.1)	1,468	1,243 (84.7)
Looking forward (Broadening Horizons)	829	737 (88.9)	1,459	1,316 (90.2)	1,470	1,321 (89.9)
Self-efficacy	828	739 (89.3)	1,452	1,300 (89.5)	1,465	1,329 (90.7)
Wish Effect (long-term, i.e., as assessed on the date of survey)						
Joy and Happiness	830	782 (94.2)	1,452	1,380 (95.0)	1,473	1,398 (94.9)
Individual Well-being	825	732 (88.7)	1,446	1,312 (90.7)	1,470	1,342 (91.3)
Family Bonding	827	725 (87.7)	1,440	1,318 (91.5)	1,467	1,320 (90.0)
Respite and Distraction	825	704 (85.3)	1,442	1,266 (87.8)	1,464	1,271 (86.8)
Inclusion and Social Engagement	826	686 (83.1)	1,439	1,193 (82.9)	1,461	1,229 (84.1)
Looking forward (Broadening Horizons)	829	734 (88.5)	1,443	1,285 (89.1)	1,470	1,307 (88.9)
Self-efficacy	828	742 (89.6)	1,442	1,291 (89.5)	1,468	1,310 (89.2)

Table A2. Percentage of survey respondents who reported experiencing each outcome across all stages of the Wish Journey

Type of survey respondent	Child reporting on their own wish experience		Parents/guardians reporting on their own wish experience	
Sample size	832		1,479	
Outcome was experienced across all stages of the Wish Journey	**Number of respondents**	**Respondents who answered "a little" or "very much" for all wish stages* (Count/%)**	**Number of respondents**	**Respondents who answered "a little" or "very much" for all wish stages* (Count/%)**
Joy and Happiness	820	559 (68.2)	1,456	1,117 (76.7)
Individual Well-being	816	453 (55.5)	1,451	1,001 (69.0)
Family Bonding	822	488 (59.4)	1,451	1,030 (71.0)
Respite and Distraction	817	434 (53.1)	1,449	968 (66.8)
Inclusion and Social Engagement	818	400 (48.9)	1,440	878 (61.0)
Looking forward (Broadening Horizons)	822	482 (58.6)	1,450	1,025 (70.7)
Self-efficacy	809	461 (57.0)	1,438	1,008 (70.1)

*Numbers presented in this table present the number of respondents who have reported either "a little" or "very much" throughout all wish stages, from wish capture and design to wish impact (as assessed on the date of survey).

Table A3. Self-reported impact of wish experience on wish parents/guardians

Sample size		1,479
	Number of respondents	**Count (%)**
On their own physical well-being	*1,471*	
Do not remember		8 (0.5%)
Very negatively		2 (0.1%)
Negatively		8 (0.5%)
No effect		63 (4.3%)
Positively		499 (33.9%)
Very positively		891 (60.6%)
On their own mental and emotional well-being	*1,469*	
Do not remember		9 (0.6%)
Very negatively		3 (0.2%)
Negatively		13 (0.9%)
No effect		25 (1.7%)
Positively		526 (35.8%)
Very positively		893 (60.8%)
On their relationship with their child's medical/care team	*1,469*	
Do not remember		12 (0.8%)
Very negatively		2 (0.1%)
Negatively		3 (0.2%)
No effect		141 (9.6%)
Positively		531 (36.1%)
Very positively		780 (53.1%)
On their feeling of empowerment to address the health needs of their child/ward	*1,468*	
Do not remember		8 (0.5%)
Very negatively		3 (0.2%)
Negatively		5 (0.3%)
No effect		96 (6.5%)
Positively		566 (38.6%)
Very positively		790 (53.8%)
On their feeling of empowerment to address the social and emotional needs of their child/ward	*1,467*	
Do not remember		11 (0.7%)
Very negatively		1 (0.1%)
Negatively		6 (0.4%)
No effect		46 (3.1%)
Positively		630 (42.9%)
Very positively		773 (52.7%)

Table A4. Perceived impact of wish experience on family, as reported by wish child respondents

Sample size	832	
	Number of respondents	**Count (%)**
Created a lasting memory of a happy occasion for their family	823	
Do not remember		3 (0.4%)
Strongly disagree		3 (0.4%)
Disagree		3 (0.4%)
Undecided		19 (2.3%)
Agree		285 (34.6%)
Strongly agree		510 (62.0%)
Created a sense of normalcy	821	
Do not remember		16 (1.9%)
Strongly disagree		9 (1.1%)
Disagree		20 (2.4%)
Undecided		53 (6.5%)
Agree		346 (42.1%)
Strongly agree		377 (45.9%)
Benefitted other family members	821	
Do not remember		10 (1.2%)
Strongly disagree		9 (1.1%)
Disagree		15 (1.8%)
Undecided		29 (3.5%)
Agree		321 (39.1%)
Strongly agree		437 (53.2%)
Gave their family relief from the child's medical care/treatment	822	
Do not remember		15 (1.8%)
Strongly disagree		10 (1.2%)
Disagree		19 (2.3%)
Undecided		51 (6.2%)
Agree		284 (34.5%)
Strongly agree		443 (53.9%)

Table A5. Other feelings experienced by wish child respondents during their Wish Journey

Sample size	832	
	Number of respondents	**Count (%)**
Sadness	825	
Do not remember		10 (1.2%)
Not at all		457 (55.4%)
Not really		111 (13.5%)
Neutral		71 (8.6%)
A little		111 (13.5%)
Very much		65 (7.9%)
Disappointment	822	
Do not remember		7 (0.9%)
Not at all		502 (61.1%)
Not really		100 (12.2%)
Neutral		95 (11.6%)
A little		68 (8.3%)
Very much		50 (6.1%)
Felt frustration	826	
Do not remember		11 (1.3%)
Not at all		498 (60.3%)
Not really		94 (11.4%)
Neutral		74 (9.0%)
A little		93 (11.3%)
Very much		56 (6.8%)

Table A6. Potential for alumni engagement: wish child respondents

Sample size	832	
	Number of respondents	**Count (%)**
"I would recommend Make-A-Wish® to other children in a similar situation as me."	820	
Do not remember		3 (0.4%)
Strongly disagree		4 (0.5%)
Disagree		2 (0.2%)
I'm not sure		11 (1.3%)
Agree		163 (19.9%)
Strongly agree		637 (77.7%)
"I think a wish experience is important for every child with critical illness to have."	821	
Do not remember		2 (0.2%)
Strongly disagree		5 (0.6%)
Disagree		1 (0.1%)
I'm not sure		10 (1.2%)
Agree		170 (20.7%)
Strongly agree		633 (77.1%)
If offered, would you take up the opportunity to give back to Make-A-Wish®?	803	
Yes		720 (89.7%)
No		83 (10.3%)
Interest in participating in each of the following activities:		
Meeting and talking to other children about Make-A-Wish®	720	
Yes		502 (69.7%)
No		218 (30.3%)
Sharing their story at a Make-A-Wish® event	720	
Yes		408 (56.7%)
No		312 (43.3%)
Attending a Make-A-Wish® event	720	
Yes		360 (50.0%)
No		360 (50.0%)

Table A7. Potential for alumni engagement: wish parent/guardian respondents

Sample size	1,479	
	Number of respondents	**Count (%)**
"I would recommend Make-A-Wish® to other families in a similar situation."	*1,435*	
Do not remember		2 (0.1%)
Strongly disagree		21 (1.5%)
Disagree		2 (0.1%)
No effect		8 (0.6%)
Agree		239 (16.7%)
Strongly agree		1,163 (81.0%)
"I think a wish experience is important for every child with critical illness to have."	*1,432*	
Do not remember		2 (0.1%)
Strongly disagree		15 (1.0%)
Disagree		1 (0.1%)
No effect		5 (0.3%)
Agree		185 (12.9%)
Strongly agree		1,224 (85.5%)
If offered, would you take up the opportunity to give back to the Make-A-Wish® Foundation?	*1,418*	
Yes		1,245 (87.8%)
No		173 (12.2%)
If you would take up the opportunity to give back to the Make-A-Wish® Foundation, please select the options that are most appealing to you.	*1,245*	
Talking to other families considering a wish		
Yes		889 (71.4%)
No		356 (28.6%)
Speaking about your experience as a wish parent at an event		
Yes		665 (53.4%)
No		580 (46.6%)
Attending Make-A-Wish® events		
Yes		589 (47.3%)
No		656 (52.7%)
Becoming a regular Make-A-Wish® volunteer		
Yes		285 (22.9%)
No		960 (77.1%)