





# **Social Return on Investment Evaluation**

Voluntary and Community Sector Health Projects January 2021



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# **About Social Return on Investment**

Social Return on Investment (SROI) is a framework for measuring and accounting for change and this much broader concept of value. SROI is about value, rather than money. Money is simply a common unit and as such is a useful and widely accepted way of conveying value. In the same way that a business plan contains much more information than the financial projections, SROI is much more than just a number. It is a story about change, on which to base decisions, that includes case studies and qualitative, quantitative and financial information.

#### **SROI Principles**

- 1. Involve Stakeholders
- 2. Understand what changes
- 3. Value what matters
- 4. Include only what is material
- 5. Avoid over-claiming
- 6. Be transparent
- 7. Verify the result

SROI measures change in ways that are relevant to the people or organisations that experience or contribute to it. It tells the story of how change is being created by measuring social outcomes and uses monetary values to represent them. This enables a ratio of benefits to costs to be calculated.

SROI is a principles based methodology. For details of the principles and process and why they are important and a worked example, the Cabinet Office sponsored Guide to SROI (Social Value UK, 2009) should be referred to.

This analysis followed the six stages of an SROI. This analysis has been carried out to the standard approach to SROI as documented by the UK Government, Cabinet Office sponsored guide to SROI (Social Value UK, 2009).

#### **Being transparent**

Wolverhampton Voluntary Sector Council (WVSC) commissioned Natasha Jolob of Kai-zen Change for Good CIC to carry out this analysis. Natasha has supported WVSC and its partners over the years on various aspects of performance management and evaluation. As an external consultant that

#### **SROI Process**

- Establishing scope & identifying key Stakeholders
- Mapping outcomes
- Evidencing outcomes and giving them a value
- Establishing impact
- Calculating the SROI
- Reporting, using and embedding

has a good understanding of Wolverhampton and the local voluntary sector, Natasha was considered the right person to undertake the evaluation. She is also an accredited Advanced Social Value Practitioner with Social Value UK.

## Making judgements

To account for complex change, in a world beyond the confines of an activity, requires judgements to be made. SROI is a framework within which these judgements are made. Judgements in SROI are guided by the principles of SROI. To be clear on why this analysis is the way it is the report sets out some of these judgements, estimations and assumptions as is practicable, and shows what has been included and excluded in the analysis. However, there is no room in this report to include everything that was considered and every judgement. None of the returns reported in this report are absolute truth, and none of them are either right or wrong. They are all based on assumptions (or judgements) and what they tell us can only be understood in the context of the judgements made.

## Using the information

Social Value accounts like this should be used to develop practical recommendations and consider:

- The outcomes that appear to be the most important ones and what we think we can do about this to focus on them and create the most value within the limits of resources.
- The unintended and negative outcomes and what we think we should do about them.
- Implications for collecting data indicators and/or values that we may choose to adopt.

This report is a summary of the Social Return on Investment Evaluation, a full copy is available upon request.



# **Purpose and scope**

- Identify the impact of the voluntary and community sector projects on the system and the potential fiscal savings
- Provide evidence to inform funding bids as proposals
- Inform the design of future proposals
- Raise the profile of the project
- Develop the social impact measurement systems

## Audience

The SROI evaluation is a low rigour evaluation and report and will predominately be used for management and planning purposes and to support the Health and Social Care Commissioners in their decision-making. It will also be used for marketing and fund-raising. The main audience is the CCG Wolverhampton.

## About the organisations & projects

<b>Age UK Wolverhampton</b> provides a range of essential services to older people over 50 years including information, advice and guidance, health and wellbeing support for befriending, practical help at home and a handyperson service. It delivered one to one support at home to older people discharged from hospital as part of this project.	The Refugee and Migrant Centre supports asylum seekers, refugees and vulnerable migrants living in the Black Country. Services include information, advice and guidance, support with citizenship, support to gain housing and employment & onsite health clinics. It ddelivered one to one support to help people to register for a GP and access the right health care as part of this project.
<b>Aspiring Futures</b> offers counselling/psychotherapy, listening and emotional help, health and self-care advice and support, befriending, drop-ins, information, advice and guidance, training and skills development. It ddelivered self-care support to BAME women with health and mental health conditions as part of this project.	<b>Wolverhampton Voluntary Sector Council (WVSC)</b> is the lead agency for the organisations. It acts as the interface between the commissioners and delivery partners and it manages the contract. It also delivered Social Prescribing as part of this project. This involves GPs referrals to Link Workers who support people to access a range of community-based to support their health & wellbeing.

#### Cohort

Older people, new arrivals, refugees and asylum seekers, disadvantaged BAME women, people with long-term health and mental health conditions.

#### Timescale of the evaluation

April 2017 to December 2019.

#### Inputs

Inputs are the contribution by each stakeholder that is necessary for the activity to happen. The total value of the inputs was £1,407,131. Of this the CCG Wolverhampton, Public Health England and the Primary Care Network invested £1,161,148 and the volunteering inputs amounted to £245,983.

## Limitations

- The COVID-19 crises affected the consultations
- Language and communication barriers
- No access to up to date health and social care data in Wolverhampton
- Sensitivities that require further research and analysis



# Social return on investment

For grant investments of £1,161,148 over a period of 2.75 years the public sector (CCG Wolverhampton, Wolverhampton City Council & the NHS) made savings of £4,728,493.

The financial value of the outcomes (after take into consideration causality factors (displacement, drop off, attribution, deadweight), are set out below:

	SROI	Fiscal saving	Input (cost)	Number of service-users	Approx price per service-user
Age UK Wolverhampton	£1: £18-£30	£1,030,290	£56,767	323	£176
Aspiring Futures	£1: £8-£12	£694,180	£102,448	408	£251
Refugee & Migrant Centre	£1: £6-£9	£340,201	£103,933	352	£295
WVSC social prescribing	£1: £4-£6	£2,663,822	£898,000	1093	£822

# **Fiscal savings**



Just over half of the savings were made in mental health services (£2,571,493), closely followed by savings to the CCG/ NHS (£1,146,660).

An additional £582,188 in social value was created as a result of volunteers feeling proud and happy to be helping their community, and service-users being better off financially and better able to communicate with health professionals.

The SROI evaluation also evidences that other social outcomes were achieved as a result of these services (that were not valued)

Improved mental health	Improved living conditions	Better able to manage money	
Improved access to services	Increased awareness	Less lonely & isolated	
Improved physical health	Made lifestyle changes	Improved confidence	
Increased self-belief	Reduced anxiety & depression	Increase social capital	
Accessed education, training, employment	Less suicides	Improved well-being	
Less stressed	More stable/ settled		



# Key data

<ul> <li>Age UK Wolverhampton</li> <li>Supported 323 older people. Of these:</li> <li>291 accessed new services</li> <li>107 improved their mental health</li> <li>75 were more fulfilled</li> </ul>	<ul> <li>Aspiring Futures</li> <li>Supported 408 people BAME women. Of these:</li> <li>247 had better interactions with health professionals</li> <li>408 were better able to manage their health</li> <li>392 improved their health and mental health</li> </ul>
<ul> <li>Wolverhampton Voluntary Sector Council</li> <li>Received 2565 referrals from GPs. Of these 1,093 joined and 679 received direct support. Of these:</li> <li>401 accesses local community-based activities</li> <li>584 improved their mental health</li> <li>333 were better able to manage their health and mental health</li> </ul>	<ul> <li>Refugee &amp; Migrant Centre</li> <li>Supported 352 to register for a GP. Of these:</li> <li>334 accessed the right health care service</li> <li>285 had their health needs met</li> <li>285 improved their health and mental health</li> </ul>

## Recommendations

- Target & prioritise people with Ambulatory Care Sensitive Conditions, people with mental health conditions including depression and dementia, and people from lower socio-economic groups to increase the social value.
- Ensure that service-users have a voice (co-production) through regular consultations during the delivery of projects.
- Implement a joint impact management system and measure against the baseline set within this evaluation
- Identify the counter-factual for each service to identify current costs and future savings

# **Testimonials**

'My link worker visits gave me a boost and it helped me to change my attitude to life.'

'I felt better that I was able to talk to someone (a link worker) and tell them what I have been going through and felt that they cared, understood and wanted to help me'.

'You guys did a marvellous job for me. When you don't have a status, you don't know what to do about anything, but now I have status and everything is so much better. Thanks to RMC I got a HC2 certificate to enable me to get medication that I could not afford to pay for.'

'Aspiring Futures helped me to see things from a different perspective and as a result I changed my lifestyle and learnt about new ways to cope with things.'

'Jonathon (Age UK Wolverhampton) helped me to feel more positive and happy otherwise I would have been depressed. I also felt safer and that all of my basic needs were met.'

