



Remploy

Putting ability first



**Social Return On
Investment (SROI)
Forecast Analysis**

**Individual Placement and Support (IPS)
For Period April 2010 to March 2011**

Krystyna Szplit

Revised February 2013

Contents

1. SROI Network Assurance	3
2. Executive Summary	3
3. Background to Remploy	4
4. Background to Individual Placement and Support (IPS)	5
5. SROI Scope	7
6. IPS Stakeholders and Stakeholders Engagement	8
I. Candidates	9
II. Remploy	10
III. Remploy Employees	10
IV. Sponsoring Employers	11
V. Candidates Families	11
VI. The NHS	12
VII. The State	13
7. The Theory of Change	13
I. Materiality	15
II. Change as experienced by the Candidates	17
III. Change as experienced by the VRC	18
IV. Change as experienced by the Families	19
V. Change as experienced by Employers	19
VI. Change as experienced by the NHS	20
VII. Change as experienced by the State	22
8. Input, Outputs and Outcomes	22
I. Inputs	22
II. Outputs and Outcomes	22
9. Social Impact of IPS	24
I. Deadweight	24
II. Displacement	25
III. Attribution	25
IV. Drop off	26
V. Duration	26
10. Calculating SROI	27
11. Sensitivity Analysis	28
12. Verification of findings	31
13. Conclusion and Recommendations	32
14. Further Recommendations	33
15. Appendix 1 - Impact Map	34
16. Appendix 2 – Candidate Questionnaire	39
17. Appendix 3 – Employers Questionnaire	51
18. Appendix 4 – Family Questionnaire	57
19. Appendix 5 – NHS Questionnaire	59
20. Appendix 6 - Bibliography	63

1. SROI Network Assurance

“This report has been submitted to an independent assurance assessment carried out by The SROI Network. The report shows a good understanding of the SROI process and complies with SROI principles. Assurance here does not include verification of stakeholder engagement, data and calculations. It is a principles-based assessment of the final report”.

2. Executive Summary

This report is a Social Return on Investment (SROI) forecast for the Individual Placement and Support (IPS) service delivered by Remploy in Cardiff for the period April 2010 to March 2011. It is a prediction of social value created, based on some stakeholder engagement, as we felt the sample size was not large enough to be an evaluation analysis. The objective of this report was to show how the service not only makes a difference to the disabled candidates lives going through the programme, but also the NHS, the treasury and all the staff involved in delivering the programme.

During this period 45 candidates were supported on the project and 18 have secured permanent employment.

In addition to the clear impact on employment rates for this candidate group typically ranges from 5% to 15%¹, candidates reported a range of personal, social and emotional benefits from working with the staff on IPS:

“I feel a lot more confident the thought of going back to work is not so scary. Speaking with Dee weekly has helped and lifted confidence tenfold.”

“After having a psychotic episode at work I was referred to Remploy. Things have improved at work for me and I now got a better relationship with my line manager.”

“IPS has given me structure, hope and a lot of encouragement to look for work and stay positive.”

“Things have changed massively in every aspect of my life. I hardly ever cry now and have a lot more energy and enthusiasm for life. I look forward to going to work in the mornings.”

“I would not have been able to do anything without Remploy’s support.”

¹ *Measuring effectiveness and cost effectiveness: the QALY*. (2010, April 20). Retrieved Nov 2012, from NHS National Institute for Health and Clinical Excellence:
<http://www.nice.org.uk/newsroom/features/measuringeffectivenessandcosteffectivenessstheqaly.jsp>

The report demonstrates that, for the period under study, for every £1 invested with IPS it could produce a return ranging between £5.01 and £6.77 in social added value. This added value is generated from improvements in the personal and financial welfare of the candidates and also in benefits to the NHS and the state.

The report also demonstrates that the benefits to stakeholders are being delivered in a cost effective way and presents a strong argument for continued investment in this programme.

3. Background to Remploy

Remploy is a Social Firm that operates as a private company limited by guarantee and is a non-departmental public body, reporting into the Department for Work and Pensions (DWP).

The Remploy mission is to transform the lives of disabled people and those experiencing complex barriers to work by providing sustainable employment opportunities.

The company delivers services through two divisions:

- The Employment Services (ES) business supports disabled people to secure sustained employment in the open labour market through a range of services covering learning, recruitment support and vocational rehabilitation services.
- The Enterprise Businesses (EB) provides direct employment for disabled people in Remploy factories. Within EB, 5 factories have been designated social enterprise businesses.

In the 2010/11 financial year Remploy employed 5127 employees including 3355 disabled employees or 65% of its workforce. Company revenue was £272.9 million.

This Social Return on Investment (SROI) forecast analysis focuses on the activities of one project in Cardiff. In 2010/11 over a 12 month period, IPS worked with 45 candidates, of which 18 of them were placed in employment. Many of these candidates have been out of employment for over 12 months and in some instances have never worked before.

4. Background to Individual Placement and Support (IPS)

Individual placement and support (IPS) is a supported employment intervention programme for people with severe mental health problems². A Vocational Rehabilitation Consultant (VRC) from Remploy is integrated and works closely with a community mental health team and candidate. The aim of the programme is to get people who want to work into competitive employment and is available to anyone who is eligible. The candidates embark on job searching activities that are consistent with the individual's preferences, within one month of joining the programme. The length of time on programme is unlimited, depending on an individual's needs and requirements.

There is extensive research and evidence that shows that IPS is more effective than any other form of vocational support in helping people with mental health issues get jobs³. The majority of people in contact with mental health services want to work, but only a small minority actually do. Surveys carried out by the Care Quality Commission⁴ show that only about 15% of sufferers are in employment. The reason why IPS is so successful is that it gets people into competitive employment as quickly as possible and then provides ongoing support and training after job placement, as opposed to more traditional methods of providing lengthy training modules before placing them. Research shows that work is good for our physical and mental health⁵ and that being in employment and maintaining social contacts improves mental health, speeds up rehabilitation and reduces reliance on health services⁶. This is certainly evident in this SROI.

Wanting to have greater involvement in helping people with severe and enduring mental health conditions Remploy partnered with Cardiff and Vale NHS Trust and launched the IPS programme in May 2008.

² For comprehensive information on IPS please refer to <http://www.centreformentalhealth.org.uk/employment/ips.aspx>

³ *Measuring effectiveness and cost effectiveness: the QALY*. (2010, April 20). Retrieved Nov 2012, from NHS National Institute for Health and Clinical Excellence: <http://www.nice.org.uk/newsroom/features/measuringeffectivenessandcosteffectivenesstheqaly.jsp>

⁴ Healthcare Commission (2008) *The 2008 survey of Community Mental Health Services*. London: Healthcare Commission. <http://www.cqc.org.uk/publications.cfm>

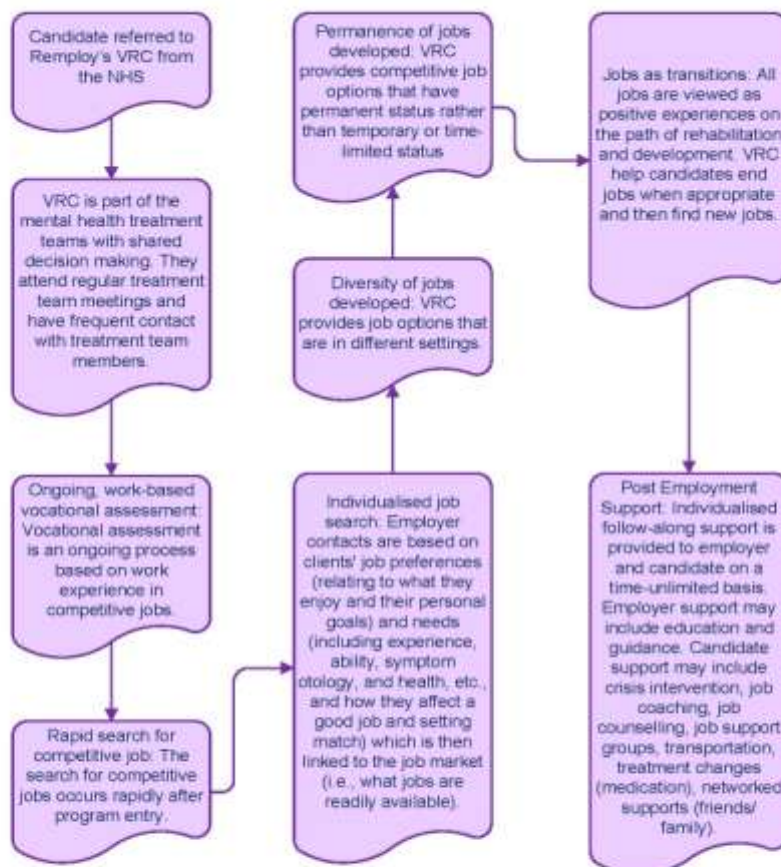
⁵ Black, C. (2008) *Working for a Healthier Tomorrow*. London: The Stationary Office. <http://www.dwp.gov.uk/docs/hwwb-working-for-a-healthier-tomorrow.pdf>

⁶ Waddell, G., & Burton, A.K. (2006) *Is Work Good for Your Health and Well-being?* London: The Stationary Office. <http://www.dwp.gov.uk/docs/hwwb-is-work-good-for-you.pdf>

The candidate journey diagram below illustrates the journey a candidate embarks on once they are referred to Remploy. It highlights the type of activities they may undertake and how they are supported before and during employment and the support is tailored to each individual's needs.

IPS Candidate Journey

IPS Candidate Journey



5. SROI Scope

SROI is a standardised process and a method for understanding, measuring and reporting on the value that is created by an organisation. It examines the social, economic and environmental benefits arising from the organisation's work and estimates a value for its social and environmental impacts. SROI analysis assigns a monetary value to the social and environmental benefit that has been created by an organisation by identifying indicators of impact to which a financial value can be attached.

The primary aim of IPS is to enable people with moderate to severe mental health difficulties to gain paid employment, with the assistance and guidance of Community Mental Health Teams.

The scope for this SROI forecast for IPS is to identify and value the activities of the VRC's, NHS and the employers for the financial year April 2010 – March 2011. Its objective is to find suitable indicators that would enable Remploy to measure outcomes and social impact for individuals with severe mental health disabilities and to produce a working document that can be used to demonstrate the social value of investing in this service at Remploy.

During the 12 months under review, IPS Cardiff, provided support to 45 new candidates and found jobs in open employment for 18 people with severe mental health disabilities.

6. IPS Stakeholders and Stakeholders Engagement

All Identified Stakeholders

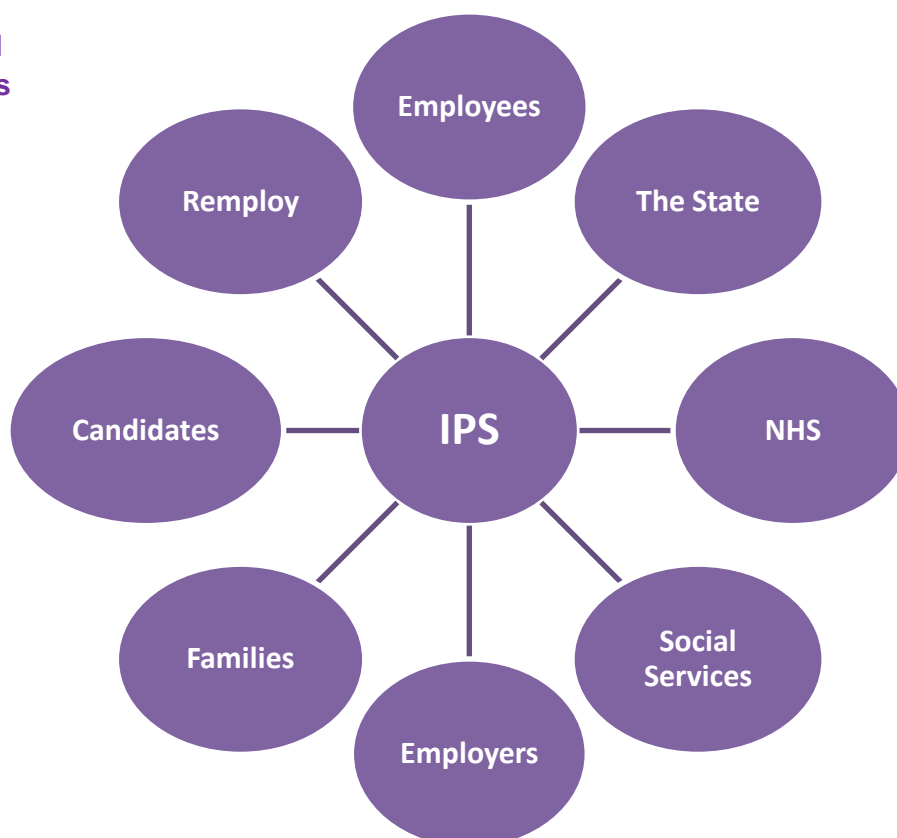


Table 1 - Stakeholders Included in the analysis and calculations

Stakeholder	Qty engaged	Method of Engagement
Remploy	1	Face to face meeting
Employees	1	Face to face meeting
Employed Candidates	4	Face to face meeting
Unemployed Candidates	9	Face to face meeting
Employers	4	Meeting/Questionnaire
NHS	3	Face to face and group meeting
The State	1	Research/Publications

Discussions with the Remploy management team and with the various stakeholders, supported development of the list below. What was taken into consideration was what the changes have been as a result of the activities, engagement and participation whilst on IPS.

I. Candidates were referred to us by the Community Mental Health Team (CMHT) of the Cardiff & Vale NHS Health Board. They have been identified by the CMHT as individuals that want to work in, or return to work in the competitive labour market. Typically these candidates have been out of employment for over 12 months and in some instances over 10 years and suffer from a variety of disorders ranging from bipolar, psychosis, schizophrenia, paranoia and dissociative disorders. The vocational rehabilitation consultant (VRC) works closely with the individual on a one to one basis and helps them develop realistic goals and seek appropriate employment directly; there is no training phase and they are provided open ended support as long as they require it.

13 (29%) of the 45 candidates were interviewed on a one to one basis. Whilst we recognise that the level of support provided by the CMHT will vary considerably and that each candidate will have a different distance travelled experience, we felt this was a sufficient representative sample to identify the different outcome changes although caution would need to be applied in assuming that these changes applied, in the same proportions, to all of the candidates. Therefore this analysis is a forecast of expected value from the programme, rather than an evaluation. There was a cross section of employed and unemployed candidates interviewed and all apart from one - who had suffered a relapse, had experienced a positive change in varying forms after being referred onto the IPS programme.

There are many changes the candidates have experienced since joining the IPS programme; however the biggest change when interviewed was an increase in confidence with both employed and unemployed candidates.

All of the 4 (100%) candidates interviewed, that were in employment felt more confident and had more self-esteem. All of them also felt more positive about the future and felt they had a sense of purpose and improved their relationships with friends and families.

From the 9 candidates interviewed that were still seeking employment, 8 (89%) felt they had improved their work searching and interviewing skills and felt more positive about the future. Research also suggests that active job seekers with severe mental health problems show an increase in motivation and or self-efficacy in job seeking

behaviours when receiving motivational interviewing⁷. 7 (77%) candidates interviewed felt more confident and were getting out more and seeing friends and family.

All candidates who were interviewed stated that prior to IPS intervention; they felt isolated and didn't really want to get out of bed, but after being referred onto the programme their life had changed for the better. 15% of the unemployed candidates experienced no change with regards to confidence, self-esteem and getting out and about more, however they did improve their relationships with friends and family, as they felt it was "less strained". They also felt they had more structure with regards to their time management and action planning. A study by ⁸Phoebe S.K. et al found that 77% of individuals interviewed claimed they were "back to normal" with regards to changes in their daily routine. The changes experienced here mirror many studies into employment and wellbeing. A recent study by ⁹Southdown Housing Association demonstrated that employment helps individuals to recover in a variety of ways. Their findings demonstrated that 76% felt more satisfied with life, 73% had increased confidence and self-esteem and 61% were managing their mental health better.

During the time period that the SROI covers from April 2010 to March 2011, 45 candidates were referred to Remploy onto IPS, of which 18 secured permanent employment and all sustained employment for over 24 months and a further 8 have gone on to find employment after the period of time, this study was focusing on. This reconfirms that the IPS model of on-going support post-employment, is a key component to the wellbeing of the candidates and on-going sustained employment.

II. Remploy is the **only** financial contributor in providing additional resources to successfully deliver IPS and its mission is "to transform the lives of disabled people and those experiencing complex barriers to work by providing sustainable employment opportunities". There were no material outcome changes that were relevant, beyond input of the budget and delivering its mission in being a quality provider of employment services for disabled people.

III. Remploy Employees (Vocational Rehabilitation Consultants – VRC's) work closely with the community mental health team and provide an invaluable intervention service

⁷ Miles Renaldi, Rachel Perkins, Edmund Glynn, Tatiana Montibeller, Mark Clenaghan, Joan Rutherford. (2008). Individual placement and support: from research to practice. *Advances in Psychiatric Treatment*, 50-60

⁸ Phoebe S.K.Sui, Hector W.H.Tsang and Gary R.Bond, (2010). Nonvocational outcomes for clients with severe mental illness. *Journal of Vocational Rehabilitation* 32, 15-24

⁹ Martin Dominy and Toby Hayward-Butcher, (2012). Does paid employment produce positive social capital returns for people with severe and enduring mental health conditions. Research project by Southdown Housing Association

that is integral to the success of IPS. Their primary function is get the candidates into competitive employment, through providing a support structured programme delivered in the community. This has many positive outcomes and leads to increased motivation and self-esteem, alleviates psychiatric symptoms and reduces dependency on the mental health team. The VRC builds up a network of employers willing to work with Remploy, supporting both the employer and candidate. In some instances the VRC is an advocate on behalf of the candidate to their employer and works closely with them to make any necessary adjustments, to enable the candidate to continue with their job. The support is continued as long as it is required.

After consulting with the VRC currently running the programme, they commented how much they got out of the working closely with the individual candidates and would quite frequently go out of their way to accommodate them and their circumstances when their help was required. Nothing was too much trouble. As a result of working on IPS the VRC's have gained a far better understanding of mental health and gain a lot of satisfaction seeing the candidates regain control of their lives.

IV. Sponsoring Employers – Remploy works with hundreds of employers, of which many of them have employed more than one person from Remploy. Whilst conducting customer service satisfaction surveys with our employers, they tell us that they value the support we provide in advising on conditions and reasonable adjustments. To ascertain any outcome change, all employers who had a working relationship with our VRC's in the Cardiff area were contacted and sent an online link to a questionnaire to explore the idea of improved attrition, attendance, brand and increased understanding of working with people with disabilities. Due to the fact that many candidates chose not to disclose their condition to the employer it was difficult to establish many outcomes, as quite often they were not aware of their employee's situation. The 4 employers we were able to speak with however commented that their relationship with their employee had improved tremendously and they were able to recognise when their employee needed extra support. They also liked the fact that they were able to get external support directly from the VRC.

V. Candidates Families – In all cases where candidates were interviewed in this SROI, they lived alone and were detached from their friends and families, so it was difficult to establish any significant outcome changes from this stakeholder group. However all 4 candidates that were in employment stated their relationships improved and 4 out of 9

candidates interviewed, that were still seeking employment, said their relationship was less strained and their families had become more supportive after being on the IPS programme, but this could not be substantiated. We do however recognise that they should be considered for future studies and have included a calculation in the sensitivity analysis as a comparison, had they been included.

There are many studies linking isolation and mental health; however there are few that research the positive impact of employment has on the relationship between the candidate and their families. Whilst we can assume that there is a significant positive change a study by Phoebe S.K.Sui et al showed that only 31% of individuals interviewed stated they were more in touch with their families and 54% had experienced changes in attitudes towards each other¹⁰. This is also mirrored in a study by Southdown Housing Association that researched the social returns of employment and mental health, in which only 31% of their participants had experienced improvement in close personal relationships¹¹. Whilst we acknowledge they will have been a change to some extent, due to the inability to gain any substantive evidence to draw from and the fact that the sensitivity analysis showed there to be a minimal impact on this SROI, a decision was made to leave this group out of the SROI calculations.

VI. The NHS - Is a key stakeholder of this SROI and by far the biggest beneficiary of the IPS service delivery. All of the candidates on the IPS programme are supported by the community mental health team (CMHT) in varying degrees. Support is provided by a number of professionals ranging from a community psychiatric nurse (CPN), occupational therapist, psychiatrist, councillor, support workers and general practitioner. In addition to the regular group meetings we had with the CMHT, a one to one meeting was organised with the Manager of Day Opportunities & Recovery Service with the NHS who was the main referrer of our candidates. This meeting captured comprehensive information relating to the IPS model and its delivery. It provided invaluable information relating to varied support that was being provided to the candidates and the overall success of the programme. Information was obtained directly from the candidates with regards to the level of support required before and

¹⁰ Phoebe S.K.Sui, Hector W.H.Tsang and Gary R.Bond, (2010). Nonvocational outcomes for clients with severe mental illness. *Journal of Vocational Rehabilitation* 32, 15-24.

¹¹ Martin Dominy and Toby Hayward-Butcher, (2012). Does paid employment produce positive social capital returns for people with severe and enduring mental health conditions. Research project by Southdown Housing Association

after intervention of IPS and the lead CPN liaising between Remploy and the CMHT. There was no direct financial input from this stakeholder group as they do not have a dedicated resource working on IPS.

VII. The State is included as a stakeholder because by getting people into sustainable employment; it will reduce the amount of benefits claimed and welfare costs associated with being out of work and increase revenue contribution to the treasury. Freud reported to DWP in 2007 (see link below) that “The gain to the exchequer from moving someone back into work for a year would be £5,900 with wider gains from the tax that would be paid to the state raising that figure to £9,040”.¹² We have used this figure as the net gain to the exchequer from anyone moving into work under the IPS programme for a full year.

6. The Theory of Change

A theory of change describes the journey the stakeholders in this analysis take, that links the activities of the IPS programme and the short to long term outcomes they experience. It illustrates that by focusing on a rapid job search approach with candidates, can result in creating meaningful employment opportunities and a substantial improvement in the health and wellbeing of individuals. It is expected that by undertaking an SROI, Remploy will have a clearer understanding on how IPS changes people’s lives, who would not ordinarily find meaningful employment.

¹² Freud, D. (2007). *Reducing dependency, increasing opportunity: options for the future of welfare to work*. Leeds: Department for Work and Pensions under licence from the Controller of Her Majesty’s Stationery Office by Corporate Document Services.

Theory of Change Map



I. Materiality

One of the principles of SROI is to only include what is material. The principle states: ‘Determine what information and evidence must be included in the accounts to give a true and fair picture, such that stakeholders can draw reasonable conclusions about impact.’

The definition of materiality in financial statements is: “Information is material if its omission or misstatement could influence the economic decisions of users taken on the basis of the financial statements”

The first filter is Relevance. If an outcome is relevant then the significance of the issue needs to be considered. According to the SROI Guide on Materiality¹³, testing for relevance is therefore looking at whether the outcome is relevant, because there are:

- Policies that require it or perversely block it, and the intervention can deliver it;
- Stakeholders who express need for it and the intervention can deliver it;
- Peers who do it already and have demonstrated the value of it and the intervention can deliver it;
- Social norms that demand it and the intervention can deliver it;
- Financial impacts that make it desirable and the intervention can deliver it;

The outcomes in the theory of change can be tested for relevance by judging each outcome against the above criteria.

¹³ The SROI Network. (2011, November). *Supplementary Guidance on Materiality*. Retrieved October 2012, from The SROI Network: http://www.thesroinetwork.org/publications/doc_details/110-supplementary-guide-on-materiality

Materiality and Relevance Check

Stakeholder	Material Outcomes	Relevance Check
Remploy	<ul style="list-style-type: none"> Continual provider of services for people with mental health disabilities 	<ul style="list-style-type: none"> No - Not deemed to be relevant as this fits it with Remploy's everyday mission of helping people with disabilities into employment and are funded by the DWP to do this.
Vocational Rehabilitation Consultant	<ul style="list-style-type: none"> Job Satisfaction New skills 	<ul style="list-style-type: none"> No - Are more than likely to receive job satisfaction following another service Yes - the training received is job specific
Candidate	<ul style="list-style-type: none"> Increased confidence Feeling healthier Job search skills Getting out and travelling more Improved wellbeing Paid employment 	<ul style="list-style-type: none"> Yes - these were deemed relevant as the candidate is the primary stakeholder and the outcomes experienced are all relevant and part of the candidate's journey Yes as this is the main aim of the IPS programme
Families	<ul style="list-style-type: none"> Improved family relationships Improved lifestyles 	<ul style="list-style-type: none"> No - Unable to arrange focus groups due to the inaccessibility of this cohort A calculation has been included in the sensitivity analysis to demonstrate what the impact could be had they been included
Employers	<ul style="list-style-type: none"> Increased awareness in mental health Reduction in absenteeism & staff turnover 	<ul style="list-style-type: none"> No - no tangible evidence to suggest that this was a direct benefit to the employer Yes - Employers mentioned they have better attendance from their employees if a mental health condition is disclosed as they are able to be more flexible and supportive. Research also suggests that IPS intervention improves attendance
NHS	<ul style="list-style-type: none"> Reduced dependency on the NHS - cost saving to the NHS 	<ul style="list-style-type: none"> Yes - There was a reduction in support provided by the community mental health team to individuals
The State	<ul style="list-style-type: none"> Reduced number of benefit claimants Increased taxes 	<ul style="list-style-type: none"> Yes - this is directly linked to the individuals who were placed in employment and no longer claiming benefits and paying taxes
Social Services	<ul style="list-style-type: none"> Reduced reliance on supported housing 	<ul style="list-style-type: none"> No - Could not be directly attributed to the IPS programme, as change was only experienced by one candidate and further research was not found to substantiate this a material outcome.

II. Change as experienced by the Candidates

People with severe mental health problems who find paid employment experience not only increased income but also change in self-identity, improved quality of life and are able to control their condition more effectively. When speaking to the candidates the short term outcomes were a combination of increased confidence, self-esteem, feeling more positive about the future and actually getting out of bed in the morning and getting out of the house. Many of them spoke about getting structure and routine back into their lives and felt they were able to cope with life a lot better. This enabled them to think about realistic employment opportunities and start applying for jobs. For those fortunate enough to gain employment felt they were once again contributing to society and had a purpose in life once again. Nearly all of the candidates professed to feel healthier and were less reliant on support from their community mental health team.

Case Study 1 – IPS intervention having a positive impact

Candidate 1 has bipolar disorder which is currently monitored by their psychiatrist and community psychiatric nurse. Being unemployed plays a major part in their distress which can sometimes lead to self-harming.

The candidate was referred to Remploy by their CPN (community psychiatric nurse) who recognised the significance of employment in relation to their well-being.

Job search was instigated immediately and although having many skills to offer, [previously employed as policy legislation officer at Whitehall], was unsuccessful at several applications for employment which in turn had an adverse effect on their health. Voluntary administrative work was found in the interim period and the candidate continued with their distance learning for a MSC in record management whilst the job search continued, in order to occupy their free time.

An application was made to the Welsh Assembly for a position in administration with the Emergency Planning Team and following a successful interview the candidate was offered the position.

The candidate required support and reassurance whilst awaiting their start date as the CRB took several weeks to clear, which in turn raised their doubts as to whether the job was still available.

Upon commencement of the job, full on-going support was given on a weekly basis to ensure action was taken at the first sign of relapse. Support was particularly important during the first few weeks as the candidate felt they may have difficulty interacting with others on the first meeting which would increase their anxiety state.

The candidate was extremely successful during their time at the assembly and was confident, (as was their line manager), of being offered a permanent position. However, austerity measures came in to force and a ban on recruitment was immediate. This was quite traumatic for the candidate; however support was maintained along with joint meetings with Remploy and CPN to maintain their confidence. The candidate is still participating in the programme and continuing with their job search and MSC. They commented that the support they are receiving has been invaluable and are in full support of the project and what it can offer people in similar circumstances.

Case study 2 - The journey of focus and support, really can make a difference

Candidate 2 was referred to Remploy by the CPN (community psychiatric nurse) to help with job seeking and follow on in work support.

Their confidence was very low following a manic episode and the consequential loss of their job.

They felt that they would not find employment and doubted their abilities to perform.

The candidate was previously employed in a call centre and although they enjoyed the work, they felt that the pressure may be too much to return to a similar environment in the first instance. They were keen to find retail work and after a few relapses in their condition, work was found in retail and the candidate was very happy to be finally employed once again.

However, a change in the shifts had a negative effect on their health and wellbeing and their contract was terminated following a probationary period. Once again, the situation had an adverse effect on the candidate and knocked their confidence. Work was immediately started to continue with the job searching and to increase their confidence in their abilities. This was done, in some part, through joint working with Remploy, the CPN and the occupational therapist.

Several weeks later a position was found back within a call centre environment, which the candidate was very keen to return to as they enjoyed this career.

Support has been maintained by weekly meeting during their lunch hours, to monitor their mood and act on any issues that may arise.

Since taking up their position in a call centre, the candidate's confidence has increased greatly and occasions of relapse have not occurred for some time. As a consequence of this, the candidate no longer requires input from their CPN.

III. Change as experienced by the Vocational Rehabilitation Consultant (VRC)

The VRC provides support and encouragement for the candidates to achieve their goals. They make recommendations about specific steps toward reaching the goal. Their work is approached with respect and dignity and is part of every encounter they have with a candidate. They are trained to provide support and guidance for individuals with mental health support, using the IPS model through a specific 4 day IPS training module, thus improving their skills.

Case Study 3 – VRC Quote

“I get a lot of job satisfaction in my position. I love seeing people happy and getting control back into their lives. What I like about my role is the flexibility of it and being able to keep contact with the candidates, even if they have a relapse and have to go back into hospital. I feel I have learnt such a lot working with the mental health team and know that I don't have to solve everything on my own”.

IV. Change as experienced by Families

All candidates interviewed were living alone and in some cases estranged from their families so as a result we were unable to directly consult with any families in our sample. We know from other IPS programmes that it can have a positive impact on families. The Dartmouth IPS Supported Employment Centre¹⁴ feels that families are an untapped resource and play an important role in helping to promote recovery and involve them and have piloted a model to engage with families as part of the IPS programme. They can be a valuable resource for improving community connections, gaining different ideas through their experiences and observations and being an additional and natural support mechanism, although this was not evidenced in our study. We have used this information to inform our sensitivity analysis, analysing the effect a positive impact on family relationships can have.

V. Change as experienced by Employers

Whilst having attempted to gain information from this stakeholder group, due to the nature of the candidate grouping, there is limited information that has been returned relating to employers and their outcomes due to the candidates right to non-disclosure and the employer being unaware of how many of their existing employees suffer with mental health problems.¹⁵ Around half (52%) of UK organisations say they have never knowingly recruited anyone with a history of mental ill health, therefore any data that has been captured and published is not totally robust. With the following in-work

¹⁴ (Families & Supported Employment , 2012) *Families & Supported Employment*. (2012, September 11). Retrieved 10 14, 2012, from Dartmouth IPS Supported Employment Center: <http://www.dartmouth.edu/~ips/page16/page16.html>

¹⁵ (CIPD, 2007) Labour Market Outlook: Quarterly survey report Autumn 2007, Focus on Employing people with mental health problems. London: CIPD <http://www.cipd.co.uk/NR/rdonlyres/DB5B426A-398C-4574-9326-C335A24D1E4A/0/lmo1107.pdf>

adjustments and alterations to hours and pace of work and changing elements of a role, the only outcome that was measured in this SROI was a cost saving to the employer relating to improved attendance. With IPS intervention there was a 30% reduction in absenteeism. From our experience of working with a number of employers over the years, evidence shows that attendance and workplace wellbeing improves with the support from our employment advisors/VRC.

Case Study 4 – Employer Quotes

“The three main positive things that our organisation has gained since working with Remploy are more tolerance, a better understanding of the needs of co workers and getting a valued member of staff back on form”

“The most important type of support that we have had to provide is flexibility with regards to time keeping and deadlines and greater awareness of what might stress an employee which has been aided by remploy”

“Remploy has saved our organisation money as it has kept our employee in work doing excellent work. Without the support I think they would have been on the sick much more”.

VI. Change as Experienced by the NHS (CMHT)

The NHS Trust at Cardiff really embraces and supports the delivery of the IPS and is delighted with the progress and the results they have seen. They currently do not contribute to the funding of the programme, as this is solely born by Remploy, but believe the services delivered by the VRC are of great value not only to the NHS but the candidate, as they have seen a substantial reduction on the reliance of their services. The theory that employment is good for personal identity and an improvement in income, coupled with all the benefits that this brings, is something the CMHT wholly advocate.

In the period that this forecast SROI covers, this stakeholder group is the biggest benefactor with regards to cost savings. It has clearly illustrated the reduction of support provided to the candidates by the CMHT post intervention. Whilst the levels of support varied from candidate to candidate, information was gathered establishing the type of support that was being received from the CMHT, coupled with the frequency levels before and after IPS intervention and a mean was taken in each grouping. For

example 46% of candidates received support from the CPN before IPS, averaging 26 visits per annum; after intervention none of these candidates required support from their CPN. In a couple of instances support was no longer required by a councillor and a support worker. Whilst this change only occurred for 2 candidates and could be deemed as immaterial, from our vast experience of working with thousands of candidates and Access to Work, we know that councillors and social workers are used as a support network for our candidates and feel that the change would not be an isolated case. There was only one negative outcome highlighted against the support that was being provided to the candidates by the GP. In this instance, due to a relapse in mental wellbeing, an increase in reliance was required post intervention. A detailed listing to all the outcomes in this stakeholder group is illustrated in the impact map in Appendix 1 of this report.

Case Study 5 – NHS Quotes

“The main positive changes I have seen in the candidates are employment, self esteem, new skills, social skills and motivation”

“IPS It is a very valued and significant service that we hope to secure and expand in the future”

“The impact IPS and Remploy has had a positive impact on our team. There has been a culture shift. Having VRC's in the team has recognised that work is a possibility and has raised the bar in people's expectations. The thought of employment has become a key part in the patients plan.”

“There have been many positive changes in our candidates. People that are moving towards employment are much more confident and assertive and report an improvement in their personal lives and relationships, higher self-esteem and aspirations. They often are better off once they are in employment. A better off calculation is done before they find work to give them higher expectations.”

“It is the only evidence based intervention for people with severe mental health conditions. Without IPS this candidate group will highly unlikely get work. This programme brings employment and advice to them directly, rather than them having to go out and find it.”

“The three main positive things that have come out of running IPS with Remploy are the numbers of people that have achieved their employment goals. The contribution made to the positive changes in culture in the mental health service and lastly positive contribution to the local working relationship between NHS and Remploy. “

VII. Change as experienced by The State

Whilst not directly liaising with the DWP and HMRC, medium to long term outcomes were directly linked to the 18 candidates that have successfully moved into employment, reducing the amount of benefits being claimed and increasing taxes to the exchequer.

7. Inputs, Outputs and Outcomes

The following section describes the inputs, outputs and outcomes for each stakeholder. SROI also shows the negative outcomes as well as positive ones. The negative ones are highlighted in red.

I. Inputs

Stakeholder groups were identified as to their financial contribution to the SROI. The *only* financial contributor to IPS was Remploy and the staff, producing a total input value of £77,000. They were removed from the output evaluation as it was felt there was no material outcome as a stakeholder beyond delivering the Remploy mission and its objectives.

Table 2: Input Table

Stakeholders	Inputs
Remploy	Annual budget for IPS is £77,000
Remploy Employees (Vocational Rehabilitation Consultants)	Time, commitment, effort, skills, expertise and experience. £822 – job coaching and IPS training

II. Outputs and Outcomes

“Outputs are a quantitative summary of an activity” (refer to *Table 2* Output and Outcome Table) and an outcome is identifying what has changed for the stakeholder as a result of the project. With SROI being a stakeholder informed process, the stakeholders were consulted in varying ways from workshops, one to one interviews and questionnaires.

It was decided not to use any outputs associated with Remploy as the outcome was not material beyond the input of the budget and to deliver the Remploy mission “to transform the lives”.

Table 3 - Output and Outcome Table

Stakeholders	Outputs	The Outcomes	Indicators	Source
Remploy Employees - VRC's	2 VRC's who delivered one to one sessions on a weekly basis	New skills	IPS Training	Remploy Data
Candidates on IPS not working	Weekly one to one sessions and job action workshops.	Increased confidence and felt more positive about the future.	Increased social activities such as eating out and seeing more friends and family	Interview
		Improved relationships with family and friends.	Increased travelling to see friends and family.	Interview
		Exercising more and feeling healthier.	Getting out of the house and exercising more	Interview
		Increased their ability to find and apply for jobs more suited to their skills.	Candidates having the confidence and applying for jobs and attending interviews	Interview
Candidates in employment	Weekly one to one sessions and job action workshops. 18 job outcomes	Increased confidence and felt more positive about the future.	Increased social activities such as eating out and seeing more friends and family	Interview
		Improved relationships with family and friends.	Increased travelling to see friends and family.	Interview
		Improved wellbeing	Feeling healthier, life getting better and feeling more positive. Increased self-esteem.	Interview
		Paid employment - Full Time	Candidates that have moved into full time employment that have sustained over 12 months	Remploy Data
		Paid employment - Part Time	Candidates that have moved into part time employment that have sustained over 12 months.	Remploy Data
Employers	18 candidates that have secured employment	Reduction in sickness and absenteeism	A 30% reduction in sickness after IPS intervention for an employee with mental health problems.	Questionnaire and Research
NHS	Consultations and support provided on varying degrees and frequency levels	Less support provided by the CPN	The difference between the regularity of support provided before IPS and after intervention	Interview, meetings and research
		Less support provided by the Occupational Therapist		
Less support provided by the Psychiatrist				
Less support provided by the Councillor				
Less support provided by the Support Worker				
	Consultations and support provided on varying degrees and frequency levels	More support provided by the GP		
The State	18 Candidates are now in employment over 12 months	Reduced Benefit Payments	Reduction in benefits paid and increase in taxes based on a net value to the exchequer	Remploy Data /Research

8. Social Impact of IPS

To get the most accurate picture possible of the predicted social impact of IPS and not over claiming the findings, the deadweight, attribution and drop off have also been estimated, these terms are explained below:

- I. **Deadweight** - this is a measure of the social benefits that would have been created anyway without the intervention of Remploy and IPS. The estimations against the financial proxies for each stakeholder are listed below:
 - Having considered whether the outcomes of increased confidence etc. for candidates that had not been successful in securing employment would have happened, we believe that our candidates would not have experienced any change without any intervention. Research also suggests that individuals with mental illness who are not in work receiving non vocational rehabilitation experience little change in self-esteem and life satisfaction.¹⁶¹⁷ However to be prudent and keep to the principles of SROI methodology and not over claim, we have allocated a deadweight of 5%.
 - 23% was allocated to the NHS outcomes, as research indicates that the IPS programme has significant higher employment outcomes of 61% compared to other vocational rehabilitation programmes that have an employment outcome of 23%. ¹⁸ We would assume that if a candidate was not on the IPS programme they would have access to other support programmes.
 - 15% was allocated against all other outcomes as numerous studies and statistics state that ¹⁹95% of people with moderate to severe mental health

¹⁶ Bond, G. R., Resnick, S. G., Drake, R. E., Xie, H., McHugo, G. J., & Bebout, R. R. (2001). Does Competitive Employment Improve Nonvocational Outcomes for People with Severe Mental Illness. *Journal of Consulting and Clinical Psychology*, 489-501.

¹⁷ Kukla, M., Bond, G. R., & Xie, H. (2012). A prospective Investigation of Work and Nonvocational Outcomes in Adults with Severe Mental Illness. *The Journal of Nervous and Mental disease*, 200 (3), 214-222.

¹⁸ Mental Health Network. (2010, March). *Working it out: employment for people with a mental health condition*. Retrieved October 2012, from

http://www.nhsconfed.org/Publications/Documents/Mental_health_briefing_200mar10.pdf

¹⁹ *Measuring effectiveness and cost effectiveness: the QALY*. (2010, April 20). Retrieved Nov 2012, from NHS National Institute for Health and Clinical Excellence:

<http://www.nice.org.uk/newsroom/features/measuringeffectivenessandcosteffectivenesstheqaly.jsp>

disorders are unemployed. It was decided that Cardiff would have used some form of intervention, so to use the maximum 15% as a reasonable figure as a deadweight.

II. Displacement is an assessment of how much of the IPS benefits are at the expense of others. An example of this would be an individual with a mental health illness gains employment; it prevents someone else from getting work. We felt that this was something that realistically could not be measured and quantified, as this argument could be placed against anyone getting a job, irrespective of their life's situation and circumstance. We did not feel that this was relevant to this SROI as it is unlikely that the activities of IPS are displacing outcomes for any of our stakeholders.

III. Attribution - A proportion of some of the outcomes will be attributable to the activities of other people or organisations, not all the outcomes will be entirely due to IPS.

A 50% discount was allocated against the individuals not in employment outcomes, as the service and support was very much delivered together with the community mental health team (CMHT). This was also confirmed by the interview responses when 100% of the questionnaires stated that the community mental health team also contributed the outcomes and changes in their wellbeing. For the candidates successful in gaining employment, an attribution of 66% was allocated, as the very nature of being in employment has a positive impact for those with severe mental health difficulties so the Employer has made some contribution. Whilst not capturing this data to allocate how much change was attributable to the CMTH v Employers, it was decided that the outcome would be divided equally and that future studies would include a more detailed attribution methodology to ascertain more accurate accountability. Research suggests that work may help individuals spend more time in the community and have fewer hospitalisation days²⁰ and may lead to reduced mental health treatment costs. It also suggests that working enable individuals to manage their symptoms better

²⁰ Burns T., Catty, J., White, J., Kolesti, T., Fioritti, M., Rossler, A., et al. (2009). The impact of supported employment and working clinical and social functioning: Results of an international study of Individual Placement and Support. *Schizophrenia Bulletin* , 949-958.

and to leave the mental health system. This reconfirms that employment does have a positive effect on mental well being.²¹

IV. Drop off – Drop off refers to the deterioration on an outcome objective over time, such as the number of candidates each year lose their self esteem or confidence gained as a result on an intervention. However this is not relevant if the duration is just one year. Some outcomes last more than one year, for example candidates securing employment. Whilst we do not have data going back 5 years for this outcome 100% of the candidates placed are still in employment, research suggests that 13% of these may leave and have a change of employment status.²² This percentage was allocated to the candidates in employment and to the DWP. Further research finds that competitive work nurtures positive personal changes outside the work domain and a higher percentage of individuals after “a 10 year follow up” have increased confidence, improved relationships and improved health.²³ Based on this research 6% of individuals stated their confidence had worsened; 3% stated their relationships with other people had worsened; 21% stated their physical health had worsened; An average of 4% stated their self-confidence, feelings about oneself and life in general had worsened. We allocated these percentages against these outcomes experienced by the candidates in employment. A 13.5% drop off was given to the NHS outcomes as research that looked into long term trajectories in supported employment suggests there is an average increase of 13.5% of individuals requiring more support from their CMHT.²⁴

V. Duration – The duration for each outcome is estimated to be 5 years for most outcomes, apart from the outcomes experienced by individuals that were not in employment, where we estimated 1 year (with the exception of candidates gaining new skills with regards to finding suitable employment, as it was felt that

²¹ Bush, P W; Drake, R E; Xie, H; McHugo, G J; Haslett, W R;. (2009). The long term impact on employment on mental health service use and costs. *Psychiatric Services* , 1034-1031.

²² Tom Burns et al. (2007). The effectiveness of supported employment for people with severe mental illness: a randomised controll trial. *Lancet* , 1146-52.

²³ Salyers, Michelle P; Becker , Deborah R; Drake, Robert E; Torrey, William C; Wyzik, Philip F;. (2001, March). A Ten Year Follow Up of a Supported Employment Program. *Psychiatric Services*.

²⁴ Becker, D., Whitley, R., Bailey, E. L., & Drake, R. E. (2007). Long term employment trajectories among participants with severe mental illness in supported employment. *Psychiatric Services* .

these skills are learnt and would not be forgotten.) Our findings coupled with external research lead us to believe that these outcomes will last beyond a 5 year period.^{25 26}

A full list of the outcomes with the corresponding duration, deadweight, attribution and drop off is available to view in Appendix 1.

9. Calculating the SROI

The SROI forecast has been calculated in the impact map (Appendix 1). To calculate the SROI of IPS the overall Impact Value to the identified stakeholders (7 groups) is divided by the total input value.

However before the calculation, the Impact Value is adjusted to reflect the Present Value of the Impact. This is to reflect the present day value of benefits projected into the future. Present Value (NPV) is applied to those values here that have been projected for longer than one year. The interest used to discount the value of future benefits in this case is 3.5% as determined in the Government Green Book – recommended discount rate for public funds.

Table 4

	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Present value of each year (before discounting) NPV	£152,926.79	£126,415.76	£111,806.39	£99,033.04	£87,858.85	£578,040.84
Present value of each year (after discounting) NPV	£147,755.36	£118,010.47	£100,842.96	£86,301.58	£73,974.79	£526,885.15

The calculation of the SROI rational is:

The total present value (PV) of IPS for 2010/2011 is valued at £526,885.15

The total investment figure in the same period to generate this value is £77,822 Total present value less total investment figure (NPV) is £449,063.15

²⁵ Salyers, Michelle P; Becker , Deborah R; Drake, Robert E; Torrey, William C; Wyzik, Philip F;. (2001, March). A Ten Year Follow Up of a Supported Employment Program. *Psychiatric Services*

²⁶ Becker, D., Whitley, R., Bailey, E. L., & Drake, R. E. (2007). Long term employment trajectories among participants with severe mental illness in supported employment. *Psychiatric Services*

The SROI index is the total present value divided by the total investment, taking into account net present value, which means there is a predicted SROI range of £5.01 to £6.77 for every £1 invested in IPS

10. Sensitivity Analysis

The purpose of undertaking a sensitivity analysis is to vary the main assumptions that have been made during the forecast evaluation and to test which assumptions have had the greatest effect in the calculations.

The recommended approach is to calculate how much change is needed in order to make the social return investment of £1:£1 and explore if these changes are credible. In general the greater the change that you need to make in order for the SROI to become £1 to every £1 invested; the more likely the result is not sensitive.

Test 1 – Changing quantities

We were able to interview 29% of the candidates; assumptions were then applied with regards to outcome changes to all of the 45 candidates on programme. If this assumption was not applied and the outcome changes were used purely on the candidates interviewed the return would still be a healthy £5.01.

Test 2 – Changes to deadweight and drop off

Whilst the percentages allocated against both drop off and deadweight have been backed up by study and research, the doubling of both deadweight and drop off still illustrated that IPS would potentially show a return of £4.48. Table 4 shows the varying returns.

Test 3 – Changes to duration and actual candidates interviewed

This scenario saw the biggest predicted change to the return. By reducing the outcomes to last only 12 months and including only the candidate's interviewed it reduced the return on investment to £1.39. Whilst this is a significant difference, it is an unlikely scenario, as all the 18 candidates that secured employment have exceeded 2 years in the workplace and are still economically active, coupled with IPS being an ongoing supported programme, it is unlikely that many of the outcomes experienced by the stakeholders would cease after 12 months. In addition a further 8 candidates that

did not secure employment during the timeframe of this report have managed to secure employment, increasing the total employed to 26.

Test 3 – To achieve a 1:1 ratio

To get close to a 1:1 ratio against the scope of the analysis it was necessary to:

Change the candidate quantities to just the candidates interviewed

Change the duration to one year on all outcomes

Doubling the deadweight allocations

Doubling all the drop off allocations

These changes resulted in a ratio of £1.15

Significant changes would be required to the impact map to achieve this ratio and therefore deemed an unrealistic scenario.

Other assumptions were tested, but deemed to have little impact.

Test 4 – In the absence of including families as a stakeholder in the calculations of this SROI, we thought we could do a sensitivity analysis based on a scenario of the 8 candidates that stated they had experienced an improvement in their relationships with their friends and family, using a proxy that The Centre for Mental Health has used as a cost on mental illness through the use of QALYs (Quality Adjusted Life Years)²⁷. Their report looks at the average loss of health status in QALYs from a level 3 mental health problem, i.e. severe problem, (0.352 QALYs) and values this by using the NICE (National Institute for Health and Clinical Excellence) cost effectiveness threshold of £30,000 per QALY.²⁸ Equating well-being with mental health therefore allows a valuation of overall well-being of $0.352 \times £30,000 = £10,560$ per year. This is proportioned to the following:

1. Confidence/self-esteem £1056,
2. Positive functioning £1056,
3. Emotional wellbeing £1056,

²⁷ Health, The Sainsbury Centre for Mental Health. (June 2003. Updated October 2010). *The economic costs of mental illness*.

²⁸ *Measuring effectiveness and cost effectiveness: the QALY*. (2010, April 20). Retrieved Nov 2012, from NHS National Institute for Health and Clinical Excellence:

<http://www.nice.org.uk/newsroom/features/measuringeffectivenessandcosteffectivenessstheqaly.jsp>

4. Vitality £1056,
5. Satisfying life £1056,
6. Improved relationships £2640,
7. Trust & belonging £2640.

For this proxy we have used 3 and 6 totalling £3696 to value improved family wellbeing. Had we included this in the original analysis the SROI would have been £1: £7.46

Table 4 - Table summary of sensitivity scenarios

Sensitivity Scenarios	Return on Investment	Return on Investment if families were included
Changing candidate quantities to just the candidates interviewed	£1 : £5.01	£1 : £5.70
Doubling the deadweight of all outcomes from 5% to 10%, 15% to 30%, 23% to 46	£1 : £5.51	£1 : £6.08
Doubling the drop off of all outcomes 3% to 6%, 4% to 8%, 6% to 12%, 13% to 26%, 13.5% to 27%	£1 : £5.50	£1 : £6.14
Doubling both deadweight and drop off of all outcomes %	£1 : £4.48	£1 : £5.01
Excluding the employers outcome	£1 : £6.70	£1 : £7.39
Excluding the NHS outcomes for the support worker and councillor	£1 : £6.53	£1 : £7.22
Changing the duration to 1 year on all outcomes	£1 : £1.90	£1 : £2.05
Changing candidate quantities to just the candidates interviewed and duration to one year on all outcomes	£1 : £1.39	£1 : £1.55
Changing candidate quantities to just the candidates interviewed, duration to one year on all outcomes, doubling deadweight	£1 : £1.15	£1 : £1.28

This is a SROI forecast based on actual data collected and the aggregated figure of all the candidates that went through the programme, so the ratio could range from of £1:£5.01 to £6.77. This is well supported by evidence from the analysis and is realistic, robust and justifiable.

11. Verification of findings

- * **NHS** - The findings from this SROI forecast were shared with the Community Mental Health team and clinicians at Cardiff and Vale NHS Trust. They confirmed our results and predictions through their own experience of the programme and committed to continue to support it over 2011 and 2012.
- * **Candidates** - Whilst each candidate customer had their own circumstances, there were a number of common findings of this SROI which were confirmed over a number of one to one interviews. The candidates who took part were then sent copies of the draft report, we have received no questions or concerns about our conclusions or assumptions to date.
- * **Remploy** - The SROI forecast report has been shared across Remploy at a number of levels in the organisation, in particular with the VRC working at Cardiff, to check any assumptions. The final report was reviewed and agreed with Remploy management and signed off by the Remploy Board.
- * **Verification against the Research** - We carried out a sense check to look at our findings against the extensive research that has been carried out internationally around the IPS model of supported employment. Our conclusions were in line with all the previous published research which has been cited throughout this report.
- * We verified the key impacts and theory of change assumptions against the academic research carried out on this programme in Cardiff. Our findings were in line with previous evidence gained from the Independent research carried out.

12. Conclusions and Recommendations

Remploy's mission is to transform the lives of disabled people and those experiencing complex barriers to work by providing sustainable employment opportunities.

This SROI forecast suggests that Remploy in delivering IPS is transforming the lives of disabled people but it also demonstrates that it is doing it in a cost effective way that benefits its stakeholders as well as society as a whole.

With the candidates who are on IPS having severe mental health issues, the main stakeholder reliance is mainly on the NHS and Remploy, as this candidate group tends to withdraw from society and their lifestyle becomes very isolated. Quite often in employment they feel ostracised by colleagues, who do not know how to support them and therefore do not always disclose their problems to their employer. This explains why there are fewer stakeholders with measurable outcomes in this SROI. Extensive evidence shows that employment is good for mental health and can lead to improvements in clinical and social functioning, with very little negative impact.

The shortcomings of this SROI are the limited period of time over which costs and benefits are measured, the sample size of stakeholders, coupled with not being able to gain any information from the candidate's families. If, as seems plausible, IPS makes people sustainably more employable, its potential benefits may extend over many years, but without historical data to track impact changes for this programme, assumptions have been made that many outcomes will last at least 5 years.

For a future evaluative report of IPS, we would recommend to build in deadweight and attribution questions into the data capture process, which would provide a more precise calculation and involve the stakeholders when valuing the outcomes.

However, this SROI on IPS clearly demonstrates that there is a successful way to help individuals with severe mental health difficulties to get into and sustain mainstream employment. It also mirrors widespread evidence that shows that IPS is more effective than any other form of vocational support in helping people with mental health issues into work and is a relatively inexpensive and highly cost effective delivery model, not only socially but operationally too.

13. Further Recommendations

The potential exists for SROI to be used as a means of monitoring Remploy's social impact for small or large parts of the organisation and across different disabilities and contracts. This could also enhance our offering to secure funding and new business opportunities. With Remploy being experienced in the field of disability, it could be used to talk to our partners and highlighting to them that mental health accounts for one third of sickness absence and by changing any negative assumptions and being better equipped to deal problems that may arise could save them money in terms of sick pay and recruitment. We have also learnt a substantial amount in doing this research and will refine our questionnaires to give us more robust qualitative data.

In order for Remploy to maintain and update the SROI without having to commit to timely activities such as one to one interviews and workshops etc, a recommendation would be to start capturing the softer outcomes such as confidence, health, communication etc, when first registering a candidate in the format of a questionnaire and then revisiting this either quarterly or half yearly to measure the distance travelled and the direct impact Remploy has had on the candidate and their journey. This data would be quantifiable and would be a cost effective and efficient way of capturing and evaluating many of the outcomes experienced by our candidates, which could be imported directly into updating or creating a new SROI.

Lastly due the great changes experienced by the candidates on IPS and the good work of the VRC's, this could be a great training opportunity for EA's struggling with the furthest removed from employment candidates within our branch services, to get a deeper insight on how our specialist programmes really do make a difference and inspire not only the candidates but all involved in the delivery of the programme and really understand the grass roots of what Remploy really is about.

.

14. Appendix 1 – Impact Map

Social Return on Investment - The Impact Map						
Organisation	Remploy				Name	Krystyna Szplit
Objectives	To transform the lives of disabled people and those experiencing complex barriers to work by providing sustainable employment opportunities currently on IPS				Date	
Scope	Activity	IPS	Objective of Activity	To establish the SROI of Individual Placement and Support (IPS). The primary aim of this service is to enable people with severe mental health difficulties to gain paid employment, with the assistance and guidance of Community Mental Health Teams	Time Period	12 months 10/11
	Contract/Funding/ Part of org'	IPS (Specific model of delivery across several funding streams with ring fenced budget)	Purpose of Analysis	To calculate the impact on lives of supported individuals, employees, partners and other stakeholders	Forecast or Evaluation	Forecast

Stage 1		Stage 2			Stage 3											
Stakeholders	Intended/unintended changes	Inputs		Outputs	The Outcomes (what changes)											
Who will we have an effect on? Who will have an effect on us?	What do we think will change for them?	What will they invest?	Value £	Summary of activity in numbers	Description what changes? (based on how stakeholders would describe the change)	Indicator (s) How would we measure it?	Source Where did we get the information from?	Qty How much change will there be?	Duration How long will it last?	Financial Proxy What proxy did we use to value the change?						
Remploy	Business Development - Winning new contracts	Annual budget for IPS in Cardiff is £77,000	£77,000.00	45 Candidates supported on project of which 18 were placed into employment in Cardiff. A sample of 13 (29%) was interviewed. An assumption was made to apply the outcome % to the total number of candidates referred.	Outcome not material beyond input of budget to deliver Remploy mission											
	Delivering the Remploy mission & objectives															
Remploy Employees - VRC's	Job satisfaction	Time, commitment, effort, skills, expertise and experience.	£822.00	2 EA's who delivered one to one sessions on a weekly basis	New skills	Job Coaching Training	Remploy's Training Department	2	5	Inclusive cost of job coach training with an external company						
	New skills															
Candidates on IPS not working	To gain paid employment	Time, commitment, effort, skills, expertise and experience.	£0.00	Weekly one to one sessions and job action workshops for 27 candidates	Increased confidence and felt more positive about the future.	Increased social activities such as eating out and seeing more friends and family	Interview	24	1	8 (89%) candidate interviewed cited increased confidence. This % was applied to total number of candidates that were referred. Cost of restaurants based on the ONS's lowest deciles of income expenditure of £9.2 per week for 1.3 people, which equates to £7.08 per week per individual was used to monetise this outcome.						
	Support towards employment and career matching, creating CV, job search and interviewing										Improved relationships with family and friends.	Increased travelling to see friends and family.	Interview	12	1	4 (44%) candidates interviewed, cited they were travelling more and seeing more friends and family. This % assumption was applied all candidates referred. Cost of transport based on the ONS's lowest deciles of income expenditure of £13.90 per week for 1.3 people, which equates to £10.70 per week per individual was used to monetise this outcome.
	Impact on relationships with family and friends. Positive & negative										Exercising more and feeling healthier.	Getting out of the house and exercising more	Interview	21	1	7 (77%) candidate interviewed cited they were now doing more exercise and felt healthier. This % assumption was applied all candidates referred. The cost of an average gym membership was used to monetise this outcome.
											Increased their ability to find and apply for jobs more suited to their skills.	Candidates having the confidence and applying for jobs and attending interviews	Interview	24	5	8 (89%) Candidates interviewed increased their ability to find and apply for jobs that were more suited to their skills. This % assumption was applied all candidates referred. The cost of an Employability course £400 was used to monetise this outcome.

Stage 1		Stage 2			Stage 3					
Stakeholders	Intended/unintended changes	Inputs		Outputs	The Outcomes (what changes)					
Who will we have an effect on? Who will have an effect on us?	What do we think will change for them?	What will they invest?	Value £	Summary of activity in numbers	Description	Indicator (s)	Source	Quantity	Duration	Financial Proxy
					what changes? (based on how stakeholders would describe the change)	How would we measure it?	Where did we get the information from?	How much change will there be?	How long will it last?	What proxy did we use to value the change?
Candidates in employment	To gain paid employment	Time, commitment, effort, skills, expertise and experience.	0	Weekly one to one sessions and job action workshops. 18 job outcomes	Increased confidence and felt more positive about the future.	Increased social activities such as eating out and seeing more friends and family	Interview	18	5	4 (100%) candidate interviewed cited increased confidence. This % was applied to total number of employed candidates that were referred. Cost of spend in restaurants based on the ONS's lowest deciles of income expenditure of £9.2 per week for 1.3 people, which equates to £7.08 per week per individual was used to monetise this outcome.
	Improved relationships with family and friends.				Increased travelling to see friends and family. Increased social networking.	Interview	15	5	4 (100%) candidates interviewed, cited they were travelling more and seeing more friends and family. This % assumption was applied all employed candidates referred. Cost of transport based on the ONS's lowest deciles of income expenditure of £13.90 per week for 1.3 people, which equates to £10.70 per week per individual was used to monetise this outcome.	
	Improved wellbeing				Feeling healthier, life getting better and feeling more positive. Increased self esteem.	Interview	18	5	4 (100%) candidate interviewed felt their life had got better and they felt happier. This % assumption was applied all employed candidates referred. The Centre for Mental Health has attempted to put a cost on mental illness through the use of QALYs (Quality Adjusted Life Years). Their report looks at the average loss of health status in QALYs from a level 3 mental health problem, i.e. severe problem, (0.352 QALYs) and values this by using the NICE (National Institute for Health and Clinical Excellence) cost effectiveness threshold of £30,000 per QALY. Equating well-being with mental health therefore allows a valuation of overall well-being of 0.352 x £30,000 = £10,560 per year. This is proportioned to the following: 1- confidence/self esteem £1056, 2 - positive functioning £1056, 3 - emotional wellbeing £1056, 4 - vitality £1056, 5- satisfying life £1056, 6 - improved relationships £2640, 7 - trust & belonging £2640. For this proxy we have used 1, 2 & 3 to value improved wellbeing.	
	Paid employment - Full Time				Candidates that have moved into full time employment that have sustained over 12 months.	Remploy Data	12	5	The difference between the net increase of disposable income, including tax credit in employment compared to benefits based on working full time with an average salary of £15,921 and being on benefits £9040	
	Impact on relationships with family and friends. Positive & negative				Candidates that have moved into part time employment that have sustained over 12 months.	Remploy Data	6	5	The difference between the net increase of disposable income, including tax credit in employment compared to benefits based on working part time with an average salary of £6292 and being on benefits.	

Stage 1		Stage 2			Stage 3					
Stakeholders	Intended/unintended changes	Inputs		Outputs	The Outcomes (what changes)					
		What will they invest?	Value £		Description	Indicator (s)	Source	Quantity	Duration	Financial Proxy
Who will we have an effect on? Who will have an effect on us?	What do we think will change for them?			Summary of activity in numbers	what changes? (based on how stakeholders would describe the change)	How would we measure it?	Where did we get the information from?	How much change will there be?	How long will it last?	What proxy did we use to value the change?
Employers	Reduction in sickness and absenteeism	Flexibility and support. Stress management advice	£0.00	18 candidates that have secured employment	Reduction in sickness and absenteeism	A 30% reduction in sickness after IPS intervention for an employee with mental health problems.	Questionnaire and Research	18	5	The difference between the cost of mental health problems per employee of £1035 and a 30% reduction for IPS intervention
NHS	Reduction in support provided by the community mental health team	Time, commitment, effort, skills, expertise and experience.	£0.00	Consultations and support provided on varying degrees and frequency levels	Less support provided by the CPN	The difference between the regularity of support provided before IPS and after intervention	Interview	21	5	6 (46%) candidates received support from the CPN before IPS averaging 26 visits pa and after, all 6 were not longer receiving any support. Consultations would last anything between 30 to 90 mins. The mean of 60 minutes was applied to work out the annual cost of CPN support. This % assumption was applied to all candidates on IPS
				Consultations and support provided on varying degrees and frequency levels	Less support provided by the Occupational Therapist			14	5	4 (31%) candidates received support from the OT before IPS averaging 25 visits pa and after IPS intervention all 3 were not longer receiving any support and the remainder (1 was averaging 9 visits pa. Consultations would last anything between 30 to 90 mins. The mean of 60 minutes was applied to work out the annual cost of an OT support. The difference between the annual cost pre IPS £950 and post IPS £304 was applied to monetise this proxy. This % assumption was applied to all candidates on IPS.
				Consultations and support provided on varying degrees and frequency levels	Less support provided by the Psychiatrist			31	5	9 (69%) candidates received support from the Psychiatrist before IPS averaging 13 visits pa and after IPS intervention all only 6 were still receiving support averaging 3 visits pa. Consultations would last anything between 30 to 90 mins. The mean of 60 minutes was applied to work out the annual cost of a Psychiatrist's support. The difference between the annual cost pre IPS (£1053) and post IPS (£243) was applied to monetise this proxy. This % assumption was applied to all candidates on IPS.
				Consultations and support provided on varying degrees and frequency levels	Less support provided by the Councilor			4	5	1 (8%) candidate received support from a councilor before IPS averaging 62 visits pa and after was no longer receiving any support. Consultations would last anything between 30 to 90 mins. The mean of 60 minutes was applied to work out the annual cost of a councilor support. The difference between the annual cost pre IPS (£2268) and post IPS (£0) was applied to monetise this proxy. This % assumption was applied to all candidates on IPS
				Consultations and support provided on varying degrees and frequency levels	Less support provided by the Support Worker			4	6	1 (8%) candidate received support from a support worker before IPS averaging 365 visits pa and after was no longer receiving any support. Consultations would last on average 20 minutes. (£8 per 20mins) The difference between the annual cost pre IPS (£2796) and post IPS (£0) was applied to monetise this proxy. This % assumption was applied to all candidates on IPS
				Consultations and support provided on varying degrees and frequency levels	More support provided by the GP			17	1	3 (23%) candidate received support from their GP before IPS averaging 9 visits pa and after IPS intervention more support was required increasing their visits to 17 pa. The difference between the annual cost pre IPS (£324) and post IPS (£612) was applied to monetise this proxy. This % assumption was applied to all candidates on IPS
The State	Reduction in claimed Benefits			18 Candidates are now in employment over 12 months	Reduced Benefit Payments	Reduction in benefits paid and increase in taxes based on a net value to the exchequer	Remploy Data	18	5	DWP rates for incapacity benefit, income support and JSA
Total			£77,822.00							

Stage 1		Stage 3		Stage 4					Stage 5					
Stakeholders	The Outcomes (what changes)			Deadweight %	Displacement %	Attribution %	Drop off %	Impact	Calculating Social Return					
Who will we have an effect on? Who will have an effect on us?	Value £	Source		What would have happened without the activity?	What activity would we displace?	Who else would contribute to the change?	Will the outcome drop off in future years?	Quantity times financial proxy, less deadweight, displacement and attribution	Discount rate		3.5%			
	What is the value of the change?	Where did we get the information from?							Year 1 (after activity)	Year 2	Year 3	Year 4	Year 5	
Remploy				0%	0%	0%	0%	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	
Remploy Employees - VRC's	£416.00	Remploy Training Dept		5%	0%	0%	0%	£790.40	£790.40	£790.40	£790.40	£790.40	£790.40	
Candidates on IPS not working	£368.00	ONS family spending survey 2010 editions (page 48)		5%	0%	50%	0%	£4,195.20	£4,195.20	£0.00	£0.00	£0.00	£0.00	
	£556.00	ONS family spend survey 2010 edition (page 48)		5%	0%	50%	0%	£3,169.20	£3,169.20	£0.00	£0.00	£0.00	£0.00	
	£372.00	http://www.independent.co.uk/money/spend-save/joining-a-gym-can-do-serious-damage-to-your-wealth-692308.html		5%	0%	50%	0%	£3,710.70	£3,710.70	£0.00	£0.00	£0.00	£0.00	
	£400.00	TABS Training		5%	0%	50%	13%	£4,560.00	£4,560.00	£3,967.20	£3,451.46	£3,002.77	£2,612.41	
Candidates in employment	£368.00	ONS family spending survey 2010 editions (page 48)		15%	0%	66%	6%	£1,914.34	£1,914.34	£1,799.48	£1,691.51	£1,590.02	£1,494.62	
	£556.00	ONS family spend survey 2010 edition (page 48)		15%	0%	66%	3%	£2,410.26	£2,410.26	£2,337.95	£2,267.81	£2,199.78	£2,133.79	
	£3,168.00	http://www.centreformentalhealth.org.uk/pdfs/costs_of_mental_illness_policy_paper_3.pdf		15%	0%	66%	4%	£16,479.94	£16,479.94	£15,820.74	£15,187.91	£14,580.39	£13,997.18	
	£6,881.00	Remploy Data, Benefits calculation average from Reducing dependency, increasing opportunity, options for the future of welfare to work by David Freud (DWP) and tax calculations from HM Revenue and Customs		15%	0%	66%	13%	£23,863.31	£23,863.31	£20,761.08	£18,062.14	£16,714.06	£13,671.23	
	£702.00	Remploy Data, Benefits calculation average from Reducing dependency, increasing opportunity, options for the future of welfare to work by David Freud (DWP) and tax calculations from HM Revenue and Customs		15%	0%	66%	13%	£1,217.27	£1,217.27	£1,059.02	£921.35	£801.57	£697.37	

Stage 1 →		Stage 3 →					Stage 4 →					Stage 5 →					
Stakeholders	The Outcomes (what changes)					Deadweight %	Displacement %	Attribution %	Drop off %	Impact	Calculating Social Return						
Who will we have an effect on? Who will have an effect on us?	Value £	Source				What would have happened without the activity?	What activity would we displace?	Who else would contribute to the change?	Will the outcome drop off in future years?	Quantity times financial proxy, less deadweight, displacement and attribution	Discount rate						
	What is the value of the change?	Where did we get the information from?									3.5%	Year 1 (after activity)	Year 2	Year 3	Year 4	Year 5	
Employers	£310.50	Centre for Mental Health, http://www.centreformentalhealth.org.uk/news/2011_Centre_reponds_to_DWP_health_work_surveys.aspx				15%	0%	66%	13%	£1,615.22	£1,615.22	£1,405.24	£1,222.56	£1,063.63	£925.36		
NHS	£1,248.00	Unit costs of Health & Social Care PSSRU Page 160 - Unit cost £48 per hour of face to face contact				23%	0%	66%	13%	£6,861.25	£6,861.25	£5,969.29	£5,193.28	£4,518.16	£3,930.80		
	£646.00	Unit costs of Health & Social Care PSSRU Page 152. Unit cost £38 per hour of client contact				23%	0%	66%	13.5%	£2,367.72	£2,367.72	£2,048.08	£1,771.59	£1,532.42	£1,325.55		
	£810.00	Unit costs of Health & Social Care PSSRU Page 155. Unit cost £81 per hour of client contact				23%	0%	66%	13.5%	£6,573.80	£6,573.80	£5,686.34	£4,918.68	£4,254.66	£3,680.28		
	£2,288.00	Unit costs of Health & Social Care PSSRU Page 78. Unit cost £44 per hour of client contact				23%	0%	66%	13.5%	£2,395.99	£2,395.99	£2,072.53	£1,792.74	£1,550.72	£1,341.37		
	£2,796.00	Unit costs of Health & Social Care PSSRU Page 163. Unit cost £23 per hour spent with patient. Average consultation				23%	0%	66%	13.5%	£2,927.97	£2,927.97	£2,532.70	£2,190.78	£1,895.03	£1,639.20		
	-£288.00	Unit costs of Health & Social Care PSSRU Page 167. £36 per surgery consultation of 11.7 minutes				23%	0%	66%	13.5%	-£1,281.77	-£1,281.77	£0.00	£0.00	£0.00	£0.00		
The State	£9,040.00	DWP Reducing Dependency, Increasing Opportunity: options for the future of welfare to work - David Freud				15%	0%	50%	13%	£69,156.00	£69,156.00	£60,165.72	£52,344.18	£45,539.43	£39,619.31		
Total										£152,926.79	£152,926.79	£126,415.76	£111,806.39	£99,033.04	£87,858.85		

Present value of each year (after discounting)	£147,755.36	£118,010.47	£100,842.96	£86,301.58	£73,974.79
Total Present Value (PV)					£526,885.15
Net Present Value (PV minus the investment)					£449,063.15
Social Return £ per £					£6.77

15. Appendix 2 – Candidate Questionnaire

Candidate Questionnaire on Social Return on Investment

1. Is Remploi Making a Difference?

We are carrying out a project called 'Social Return on Investment', to help us to understand what the impact our activities have on the lives of the people who come into contact with Remploi but also their families, Remploi staff and any other organisations.

We are doing this so that we can fully understand what it means to people to have a local Remploi branch in their community and to help us ensure we are doing the right things in the future.

Below is a questionnaire that we would be grateful if you could complete and submit.

Please be assured information given by you will remain anonymous.

Many thanks in advance for taking the time to contribute to this project.

*** 1. What is your primary disability and or any other disabilities?**

*** 2. Which branch are you registered with?**

*** 3. How did you hear about Remploi?**

*** 4. Have you ever worked before registering with Remploi?**

Yes

No

If your answer to the last question was Yes, please can you provide a brief overview of the type of work you did and for how long. For example retail assistant for ASDA for 4 years or an engineer for the last 15 years for Rolls Royce..... etc

Page 1

Candidate Questionnaire on Social Return on Investment

* 5. How many jobs have you had and how long were you in each job?

* 6. How long have you been out of work or if you are currently working, how long were you out of work for?

* 7. Can you remember what your life was like before registering with Remploy? For example how did you feel and what did you do with your time?

8. Has anything changed in your life since registering with Remploy?

Yes

No

If Yes, please explain how?

* 9. What if anything do you now do more of since registering with Remploy?

	A lot more	A little more	No change
Sport/Exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeing friends and family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go to the cinema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eat out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other leisure activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* 10. What if anything do you now do less off?

Page 2

Candidate Questionnaire on Social Return on Investment

11. Why is this?

* 12. How did your not working affect your family and your friends? For example did they spend any time helping you? What kind of things did they do for you? And what are things like now?

* 13. Are you working at the moment?

- Yes
 No

* 14. If yes, did Remploy help you get the job?

- Yes
 No

If yes please explain how?

* 15. Has your life got better or worse?

- Better
 Worse
 Stayed the same

* 16. Please explain how your life feels different?

Page 3

Candidate Questionnaire on Social Return on Investment

* 17. Please click one answer for each line.

	Yes/Improved	No/Deteriorated	No Change	Not applicable
I feel more confident	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has any other organisation helped contribute to the above answer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My communication skills have improved	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has any other organisation helped contribute to the above answer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am happier	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has any other organisation helped contribute to the above answer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have overcome depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has any other organisation helped contribute to the above answer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I take less medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has any other organisation helped contribute to the above answer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I now have a sense of worth and purpose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has any other organisation helped contribute to the above answer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel healthier	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has any other organisation helped contribute to the above answer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have fewer visits to the doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page 4

Candidate Questionnaire on Social Return on Investment

Has any other organisation helped contribute to the above answer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have improved my skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has any other organisation helped contribute to the above answer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have improved my career prospects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has any other organisation helped contribute to the above answer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My self esteem has improved	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has any other organisation helped contribute to the above answer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel more positive about the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has any other organisation helped contribute to the above answer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My relationships with friends and family has improved	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has any other organisation helped contribute to the above answer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I got out more	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has any other organisation helped contribute to the above answer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I spend more money on social activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has any other organisation helped	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page 5

Candidate Questionnaire on Social Return on Investment

contribute to the above answer?

18. Has the status changed of anyone in your household (eg family member) since you have registered with Remploi?

	Before registering with Remploi	After registering with Remploi
Not Working	<input type="checkbox"/>	<input type="checkbox"/>
Employed in paid work - full time	<input type="checkbox"/>	<input type="checkbox"/>
Employed in paid work - part time	<input type="checkbox"/>	<input type="checkbox"/>
Volunteering	<input type="checkbox"/>	<input type="checkbox"/>
Training/Studying	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

19. If you answer to the above question was other for before registering with Remploi or and after, please can you provide more details.

*** 20. Have you ever had any support from any agencies/bodies such as community mental health team, social workers, day care or home help?**

- Yes
 No

21. If you received support from your GP, please answer the questions below.

What level of support did they provide you before Remploi?

What level of support do they provide you now?

How many times a month did you see them before Remploi?

How many times a month do you see them now?

Has their support helped you? Yes/No

Please explain why it has or hasn't?

Candidate Questionnaire on Social Return on Investment

22. If you received support from a Psychiatrist, please answer the questions below.

What level of support did they provide you before Remploi?

What level of support do they provide you now?

How many times a month did you see them before Remploi?

How many times a month do you see them now?

Has their support helped you? Yes/No

Please explain why it has or hasn't?

23. If you received support from a CPN, please answer the questions below.

What level of support did they provide you before Remploi?

What level of support do they provide you now?

How many times a month did you see them before Remploi?

How many times a month do you see them now?

Has their support helped you? Yes/No

Please explain why it has or hasn't?

Candidate Questionnaire on Social Return on Investment

24. If you received support from a Key Worker, please answer the questions below.

What level of support did they provide you before Remploi?

What level of support do they provide you now?

How many times a month did you see them before Remploi?

How many times a month do you see them now?

Has their support helped you? Yes/No

Please explain why it has or hasn't?

25. If you received support from an Occupational Therapist, please answer the questions below.

What level of support did they provide you before Remploi?

What level of support do they provide you now?

How many times a month did you see them before Remploi?

How many times a month do you see them now?

Has their support helped you? Yes/No

Please explain why it has or hasn't?

Candidate Questionnaire on Social Return on Investment

26. If you received support from a Social Worker, please answer the questions below.

What level of support did they provide you before Remploi?

What level of support do they provide you now?

How many times a month did you see them before Remploi?

How many times a month do you see them now?

Has their support helped you? Yes/No

Please explain why it has or hasn't?

27. If you received support from a Support Worker, please answer the questions below.

What level of support did they provide you before Remploi?

What level of support do they provide you now?

How many times a month did you see them before Remploi?

How many times a month do you see them now?

Has their support helped you? Yes/No

Please explain why it has or hasn't?

Candidate Questionnaire on Social Return on Investment

28. If you received support from a Psychotherapist, please answer the questions below.

What level of support did they provide you before Remploi?

What level of support do they provide you now?

How many times a month did you see them before Remploi?

How many times a month do you see them now?

Has their support helped you? Yes/No

Please explain why it has or hasn't?

29. If you received support from a Counsellor, please answer the questions below.

What level of support did they provide you before Remploi?

What level of support do they provide you now?

How many times a month did you see them before Remploi?

How many times a month do you see them now?

Has their support helped you? Yes/No

Please explain why it has or hasn't?

Candidate Questionnaire on Social Return on Investment

*** 30. Is Remploy still supporting you at work or to gain employment?**

- Yes
 No

If yes how?

*** 31. Do you think you are more able to go to interviews and find work because of using Remploy services?**

- Yes
 No
 No change

*** 32. Do you think your ability to talk to people has improved since you worked with Remploy or started your job?**

- Yes
 No
 No change

*** 33. How long have you/did you use Remploy services?**

*** 34. What activities/workshops have you participate in?**

*** 35. Which skills if any do you think improved?**

*** 36. So what does having these new skills mean to you?**

Page 11

Candidate Questionnaire on Social Return on Investment

*** 37. Do you think you have more money to spend on the things you want now than before you worked?**

- Yes I am better off
 No I am worse off
 No change

*** 38. What are the most positive things, if any, to come out of your contact with Remploy?**

*** 39. Are you registered with other organisations to help you find work?**

- Yes
 No

If yes, who are they?

*** 40. How long were you with them?**

- No time spent
 0-1 month
 1-3 months
 3-6 months
 6-12 months
 1 year plus

*** 41. What activities/workshops did you do with them?**

*** 42. What skills do you think you improved during your time with them?**

16. Appendix 3 – Employers Questionnaire

SROI Employers Survey Questionnaire

Is Remploy Making a Difference

As part of our Social Return on Investment (SROI), we would like to find out from employers about their experience of using Remploy's services in employing or supporting someone; in what ways and how much has Remploy been of value to you.

We would be grateful if you could take a few minutes to answer the questions below. The responses to this survey will be analysed and the findings will be used in the SROI that Remploy is currently undertaking.

If you are interested in learning more about SROI please refer to the SROI-UK website www.thesroinetwork.org

*** 1. About you and your organisation**

Name or your organisation

Your job title

*** 2. How long have you been working with Remploy?**

*** 3. How many positions have you filled with candidates from Remploy in the last 12 months?**

*** 4. Can you please list the type of positions that were filled?**

*** 5. Were the positions**

Permanent Voluntary

Temporary Fixed Term Contracts

If temporary or fixed term what was the average duration of placement?

*** 6. Were the positions**

Full time Mainly full time

Part time Mainly part time

An equal split of both full and part time

Page 1

SROI Employers Survey Questionnaire

*** 7. What was the average hourly pay rate?**

Between £6 - £7

Between £9 - £10

Between £7 - £8

Over £10

Between £8 - £9

If over £10, please state average hourly rate

*** 8. What percentage of employees referred by Remploy have been employed**

Over 18 months

Between 12 & 18
months

12 months

Between 6 and 12
months

Under 6 months

*** 9. On average how often do the employees receive support from their Remploy Employment Advisor?**

Less than once a month

Once a week

A couple of times a month

Don't know

*** 10. How much support, if any, have you and your colleagues provided to the employees that were referred from Remploy?**

Less than once a month

Once a week

A couple of times a month

Don't know

*** 11. On average, has the amount of support time provided by you and your colleagues changed over time since the employee started?**

Increased

Decreased

Stayed the same

Please specify the percentage increase/decrease

*** 12. In your opinion, what types of support have been the most important in enabling the employees to be committed and productive in your workplace?**

Page 2

SROI Employers Survey Questionnaire

*** 13. How does staff turnover differ between candidates recruited from Remploy versus your normal recruitment channels?**

- Remploy candidates have a lower turnover No difference between the two
 Remploy candidates have a higher turnover I don't know

If lower or higher please state the percentage difference

*** 14. How does staff attendance differ between candidates recruited from Remploy versus your normal recruitment channels?**

- Remploy candidates have fewer days off sick No difference between the two
 Remploy candidates have a higher sickness record I don't know

If lower or higher please state the percentage difference

*** 15. In order to work out the average costings relating to attendance and turnover**

What is the average salary within your organisation?

What is the average recruitment cost per individual?

*** 16. In your opinion, what types of support have been the most important, in enabling the employee to be committed and productive in your workplace?**

SROI Employers Survey Questionnaire

* 17. Since working with Remploy

	Yes	No	No change	N/A
Your workforce now has a greater understanding of disability issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employing candidates with disabilities has enhanced your approach to Corporate Social Responsibility (CSR)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You have won new business on the back of your CSR agenda	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your employees job satisfaction has increased	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You have increased the diversity of your workforce	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employing candidates with disabilities has helped tackle stigma and discrimination in the workplace	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 18. Does your organisation have any other CSR initiatives that involves working with people with disabilities or the disadvantaged?

- Yes
 No

If yes, what are they?

SROI Employers Survey Questionnaire

* 19. In which ways has working with Remploi saved you money?

* 20. How much money do you think you have saved?

* 21. What are the 3 most positive things do you feel your organisations has gianed from working with Remploi?

* 22. Are there any negative impacts on your business from working with Remploi?

* 23. Are you currently working with any other organisations that provide the same or similar services as Remploi?

- Yes
 No

If yes, who are they

* 24. If other organisations are also providing services, which one is making the bigger impact to your company with regards to

	Remploi	Other providor	Both the same	NA
Cost savings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Better Attrition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Better Attendance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Better understanding of disabilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. Appendix 4 – Family Questionnaire

SROI Family Questionnaire

Is Remploy Making a Difference?

We are carrying out a project called 'Social Return on Investment', to help us to understand what the impact our activities have on the lives of the people who come into contact with Remploy but also their families, Remploy staff and any other organisations.

We are doing this so that we can fully understand what it means to people to have Remploy providing their services in their community and to help us ensure we are doing the right things in the future.

Below is a questionnaire that we would be grateful if you could complete.

Please be assured information given by you will remain anonymous.

Many thanks in advance for taking the time to contribute to this project.

(To save time, this questionnaire can be completed online
<http://www.surveymonkey.com/s/KKQNSPY>)

*** 1. What is the name of the candidate?**

*** 2. What is your relationship to them?**

Mother
 Sister
 Father
 Other Family member
 Brother
 Other

*** 3. What has changed in your life/household since the person has been involved with Remploy?**

	Yes/Improved	No/Deteriorated	No Change	Not Applicable
I have more spare time for myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I socialise more	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My physical health has improved	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My mental health has improved	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My relationship with the person has improved	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have fewer worries about the person and their future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I provide less support for the person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SROI Family Questionnaire

* 4. What do you do more of now the person is being supported by Remploy?

	A lot more (weekly)	A little more (monthly)	Not much more (every 3 months or less)	No change
Sport/Exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Socialising with friends and family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Going to the cinema	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cooking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gardening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Leisure activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

* 5. How has you, or any other member of the household's, work status changed since the person joined Remploy?

	Before being involved with Remploy	After being involved with Remploy
Not Working	<input type="checkbox"/>	<input type="checkbox"/>
Employed in paid work (Full time)	<input type="checkbox"/>	<input type="checkbox"/>
Employed in paid work (Part Time)	<input type="checkbox"/>	<input type="checkbox"/>
Volunteering	<input type="checkbox"/>	<input type="checkbox"/>
Training/Studying	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

6. What if anything do you now do less of?

7. Why is this?

* 8. How has the family's household income changed since the person became involved with Remploy?

- Increased
 Decreased
 Stayed The Same

SROI Family Questionnaire

*** 9. By how much has it changed by on a monthly basis?**

Monthly increase of £

Monthly Decrease of

£

No change

*** 10. In which was if any, has the person you know being supported by Rempoy made changes to your life and or to the life of other household members?**

*** 11. Is there anything else you'd like to tell us about your experience of having a family member/friend supported by Rempoy?**

SROI NHS and Project IPS Questionnaire

Is Remploy Making A Difference?

We are carrying out a project called 'Social Return on Investment', to help us to understand what the impact our activities have on the lives of the people who come into contact with Remploy but also their families, Remploy staff and any other organisations.

We are doing this so that we can fully understand what it means to people to have Remploy providing their services in their community and to help us ensure we are doing the right things in the future.

Below is a questionnaire that we would be grateful if you could complete.

Please be assured information given by you is confidential and used for data analysis only.

Many thanks in advance for taking the time to contribute to this project.

*** 1. Please complete the following:**

Name

Surname

Position

Organisation

Location

*** 2. What is your budget for IPS?**

*** 3. How many staff to do you have working on IPS?**

*** 4. How many candidates have you referred to Remploy through IPS in 2010/2011**

*** 5. How many candidates have gained employment as a direct result of IPS in 2010/2011?**

*** 6. What activities/services/support did you provide to the candidate before referring them to Remploy and IPS?**

SROI NHS and Project IPS Questionnaire

* 7. What activities/services/support do you provide to the candidate after referring them to Remploy and IPS?

* 8. The level of support provided to the candidate since referring them onto IPS has

- Increased
 Decreased
 Stayed the Same

* 9. What financial savings if any, has IPS made to your organisation?

* 10. In which areas, if any, have the savings been made?

* 11. What impact has IPS and Remploy had on your organisation and your staff?

* 12. What positive changes, if any, have you seen in your staff since working with Remploy?

* 13. What negative changes, if any, have you seen in your staff since working with Remploy?

* 14. What positive changes, if any, have you seen in the candidates since working with Remploy?

* 15. What negative changes, if any, have you seen in the candidates since working with Remploy?

SROI NHS and Project IPS Questionnaire

*** 16. Are there any other organisations/projects that are also contributing to the wellbeing and progression of the candidates**

Yes

No

If Yes (please specify who and the services they are providing)

*** 17. What would you say the 3 main positives have come out of running IPS?**

*** 18. Can you provide an example of where IPS has had a negative impact on the candidate?**

19. Please provide any other information with regards to IPS that you feel may be of any relevance.

19. Appendix 6 - Bibliography

- Measuring effectiveness and cost effectiveness: the QALY.* (2010, April 20). Retrieved Nov 2012, from NHS National Institute for Health and Clinical Excellence: <http://www.nice.org.uk/newsroom/features/measuringeffectivenessandcosteffectivenessstheqaly.jsp>
- Families & Supported Employment.* (2012, September 11). Retrieved 10 14, 2012, from Dartmouth IPS Supported Employment Center: <http://www.dartmouth.edu/~ips/page16/page16.html>
- al, T. B. (2007). The effectiveness of supported employment for people with severe mental illness: a randomised controlled trial. *Lancet*, 1146–52.
- Becker, D., Whitley, R., Bailey, E. L., & Drake, R. E. (2007). Long term employment trajectories among participants with severe mental illness in supported employment. *Psychiatric Services*.
- Black, C. (2008). *Working for a Healthier Tomorrow*. London: The Stationary Office.
- Bond, G. R., Resnick, S. G., Drake, R. E., Xie, H., McHugo, G. J., & Bebout, R. R. (2001). Does Competitive Employment Improve Nonvocational Outcomes for People with Severe Mental Illness. *Journal of Consulting and Clinical Psychology*, 489-501.
- Burns, T., & al, e. (2007). The effectiveness of supported employment for people with severe mental illness: a randomised controlled trial. *Lancet*, 1146–52.
- Bush, P W; Drake, R E; Xie, H; McHugo, G J; Haslett, W R; (2009). The long term impact on employment on mental health service use and costs. *Psychiatric Services*, 1034-1031.
- CIPD. (2007). *Labour Market Outlook: Quarterly survey report Autumn 2007, Focus on Employing people with mental health problems*. London: CIPD.
- Freud, D. (2007). *Reducing dependency, increasing opportunity: options for the future of welfare to work*. Leeds: Department for Work and Pensions under licence from the Controller of Her Majesty's Stationery Office by Corporate Document Services.
- G Waddell & K Burton. (Is Work Good for Your Health and Well-being?). 2006. London: The Stationary Office.
- Health, T. S. (June 2003. Updated October 2010). *The economic costs of mental illness*.
- Kukla, M., Bond, G. R., & Xie, H. (2012, March). A prospective Investigation of Work and Nonvocational Outcomes in Adults with Severe Mental Illness. *The Journal of Nervous and Mental disease*, 200(3), 214-222.
- Martin Dominy and Toby Hayward-Butcher. (2012). *Does paid employment produce positive social capital returns for people with severe and enduring mental health conditions*.
- Mental Health Network. (2010, March). *Working it out: employment for people with a mental health condition*. Retrieved October 2012, from http://www.nhsconfed.org/Publications/Documents/Mental_health_briefing_200mar10.pdf

- Miles Renaldi, Rachel Perkins, Edmund Glynn, Tatiana Montibeller, Mark Clenaghan, Joan Rutherford. (2008). Individual placement and support: from research to practice. *Advances in Psychiatric Treatment*, 50-60.
- Network, T. S. (2011, November). *Supplementary Guidance on Materiality*. Retrieved October 2012, from The SROI Network: http://www.thesroinetwork.org/publications/doc_details/110-supplementary-guide-on-materiality
- Phobe S.K.Sui, Hector W.H.Tsang and Gary R.Bond. (2010). Nonvocational outcomes for clients with severe mental illness. *Journal of Vocational Rehabilitation* 32, 15-24.
- Salyers, Michelle P; Becker, Deborah R; Drake, Robert E; Torrey, William C; Wyzik, Philip F;. (2001, March). A Ten Year Follow Up of a Supported Employment Program. *Psychiatric Services*.
- T, B., Catty, J., White, J., Kolesti, T., Fioritti, M., Rossler, A., et al. (2009). The impact of supported employment and working clinical and social functioning: Results of an international study of Individual Placement and Support. *Schizophrenia Bulletin*, 949-958.
- Tom Burns et al. (2007). The effectiveness of supported employment for people with severe mental illness: a randomised controlled trial. *Lancet*, 1146-52.
- Tom Burns et al. (2007). The effectiveness of supported employment for people with severe mental illness: a randomised controlled trial. *Lancet*, 1146-52.