



Social Return on Investment Pilot Report

September 2011

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A note on this investigation:

This report uses many of the elements of Social Return on Investment to analyse the work that goes on at Brendoncare's friendship clubs. We have abided by the principles and spirit of SROI at all stages and aimed to be as transparent as possible during our investigations and the compilation of this report. The results which we have generated are robust, significant and demonstrate in both qualitative and financial terms the myriad benefits brought about by our Clubs Division. While full SROI investigations can cost many thousands of pounds to instigate, Brendoncare has taken an approach that has focussed primarily on the most important stakeholders who are involved in its clubs: our service users.

Executive Summary

Brendoncare runs seventy friendship and wellbeing clubs in the South of England and we know we make a real difference to our members' lives. Time and time again we hear from people that the greatest benefit they get from their club is the sense of friendship and belonging it brings to them. We recently surveyed 25% of our 1700 members and here is a selection of quotes typical of the things they told us:

'I was very lonely until I joined Brendoncare'

'Socialising prevents isolation'

'It has helped me after the recent death of my husband'

'[Coming to the club] has stopped me being so depressed'

'I never thought so many people were lonely'

Recent studies have shown that loneliness is as big a killer as smoking¹ and Brendoncare's commitment to the South's older people means we're always keen to be able to expand our Clubs division, whilst continuing to offer the same fun and informative activities and opportunities to our members.

As a charity, our desire to prove the worth of what we do is something that we are always striving to do and because of this, we decided to conduct a piece of research to analyse the benefits our club services hold for our service users. The principles and methodologies we have utilised during this process are grounded in the framework of Social Return on Investment (SROI); SROI grew out of the Californian philanthropic community in the 1990s as a means of putting a financial figure on the social outcomes which charities can achieve. Ultimately a return ratio is arrived at, demonstrating the social and financial value saved to society as a result of an organisation's interventions. While there are significant cost implications in conducting such an analysis, Brendoncare's commitment to its service users meant we did not let this stand in our way. We have developed a dynamic technique using significant elements of SROI in order to demonstrate how much good we do for the region's older people. As part of our recent survey, we included an anonymous and financially linked health-state questionnaire called the EQ-5D, which conclusively demonstrates that people who have been members of our clubs for a longer period of time are in significantly better health than those who have only recently joined.

All of these exciting developments will be explained in more detail in this report, but the bottom line is that as a charity, **for every £1 invested in Brendoncare Clubs £2.10 is saved to society at large.** What's more, investors improve the lives of some

¹ See Holt-Lunstad J, Smith TB, Layton JB (2010) *Social Relationships and Mortality Risk: A Meta-analytic Review*. PLoS Med 7(7): e1000316. doi:10.1371/journal.pmed.1000316, p. 14.

of the South's most vulnerable older people to a significant extent and, as will become clear, in a very real and human way.



“I look forward to seeing
the friends I have made and
the helpers are lovely
people, well done”

Club member, Brendoncare Riverside

Who comes to a Brendoncare Club?

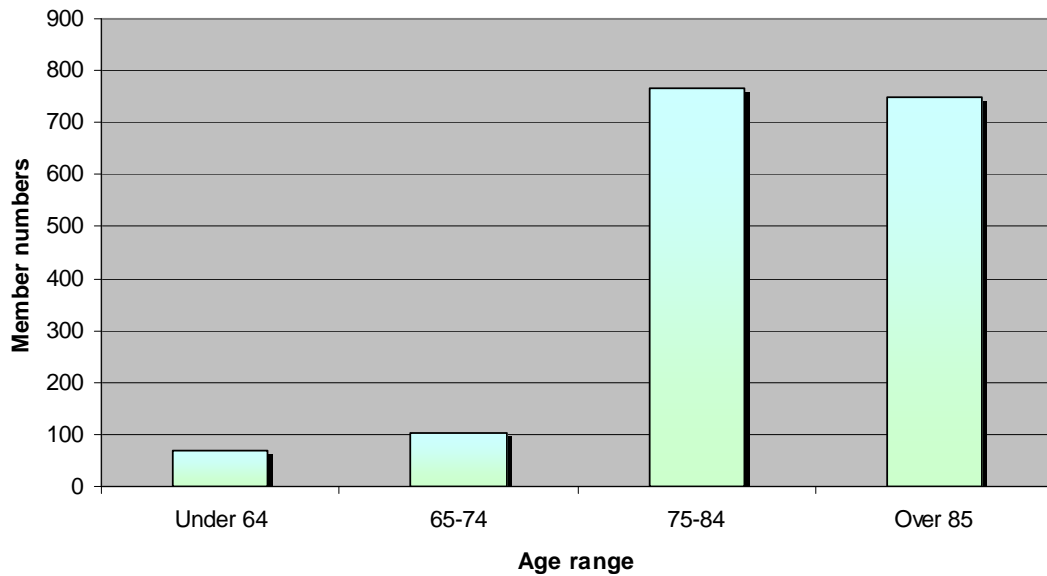
‘About three years after moving here with my wife, she sadly passed away. I tried to keep in contact with her family, but it didn’t really work out. My son comes to visit every so often, but he’s too far away for the journey to be easy. Someone comes to cut the grass once every couple of weeks as I can’t do it myself, or even leave the house on my own anymore.

That’s how bad my health has got recently. My carer recommended this club to me a few weeks ago, and it’s such a positive thing. I felt like I was going mad, staring at the four walls of my living room all the time and never going out. The bus comes every week and I’m amongst friends for the afternoon. It has made such a difference to my life.’

‘Peter’, 83, Brendoncare Club member, February 2011

Stories like this are typical of the things we hear from our members everyday: failing health, reduced social interactions and contacts and a sense of the difficulty modern living can place upon society’s older members. We also frequently hear that doctors, carers and nurses recommend our clubs, not just because they want to help their wards, but also because they *know* they can rely on Brendoncare to provide reliable, safe and enjoyable afternoons, evenings and mornings to their members – members who tell us in turn, that they feel their clubs are a real lifeline for them.

Club member age distribution



Although the majority of our club members are female, we have a significant proportion of male members. We're constantly on the lookout for new members, be they male or female because we believe that older people live happier and more fulfilled lives if they are able to enjoy the companionship of like-minded people, stay physically and mentally active, and mix with friends. With regard to our age ranges, by far and away the majority of our members are 75 and over – not only is this demographic arguably at greatest risk of declining health and increasing levels of isolation, but the fact that as we shall demonstrate, our clubs improve the health of this most vulnerable age group is an enormous testament to the extraordinary hard work of all our invaluable volunteers and staff, not to mention all the work our members themselves put in to get the most out of their club.

This is an important aspect of our clubs: one of the fundamental things Brendoncare Clubs provide is the opportunity for people to make friends and contacts, and enjoy each other's company, whilst taking part in activities that are both fun and informative. By doing this, we aim to be the facilitators for older people in the region to make their *own* networks and friendships. Whilst this is done with the help of volunteers, many of these volunteers are themselves former members (and vice versa), so the entire Clubs enterprise is one of genuine member to member, and volunteer to member support. We endeavour to ensure that our clubs are an organic enterprise, which allow people to help themselves by providing facilitation opportunities, as opposed to us providing active care to passive recipients. In this way, we aim to enable the region's older people to help themselves in an empowered and reciprocal environment.

What goes on in a Brendoncare Club?

We try to ensure that our members have the opportunity to experience as much fun and variety as possible when they come to their club. Although many of the outings and activities that occur are the result of member and volunteer suggestions, we do ask all our clubs to follow certain guidelines and criteria when it comes to activity provision. The aim behind this is to guarantee that our members can expect certain levels of quality and variety across all our clubs. The table below provides a broad view of the sorts of things our members and volunteers get up to.

Club Activities	
Activity Category	Examples
Games	Card games, word searches, Scrabble, bingo
Entertainment	Singers, poetry readings, bell ringing, local interest talks
Physical	Armchair based exercise classes, Kurling, skittles
Creative	Card making, bead-craft, pottery
Information and Advice	Cooking for one classes, Fire Brigade advice, health and advocacy talks
Outings and one-off events	Trips to places of interest, cream teas, Christmas meals

Whatever the activity or occasion, Brendoncare Clubs have always set out to be *useful* as well as being fun. We run classes on mobile 'phone use, internet training sessions and gentle aquarobics for example, in addition to providing the weekly opportunity to have a coffee and talk with friends, and maybe play a game of cards or two. This broad range of activities and entertainment is one of the many reasons why we think our clubs have the positive health effect on members that they do.

Club inputs

Outlined below is a breakdown of the fundamental financial inputs for our clubs. They involve some pretty large numbers, but each year our clubs provide 40,000 individual attendances for around 1700 members, and money spent on Brendoncare Clubs is never wasted. We've taken these figures from our 2011/12 budgets, so they are as accurate as possible.

Club Inputs	
Description	Cost
Member subscriptions	£151,100
Local Authority contributions and charitable grants	£162,300
The Brendoncare Foundation	£330,300
Total:	£643,700

Club Expenditure

Although the amount of time and organisation implicit in training and managing our 340 volunteers and 1700 members is significant, at Brendoncare we're happy to put our money where our mouth is – the £330,000 or so we put into our clubs each year comes from our fundraising activities and the operating surplus from the ten care homes we also run. Any money we generate is channelled back to help the region's vulnerable older people. The table below details where the costs in our clubs lie:

Club Expenditure		
Description	Examples	Cost
Service delivery costs	Activity & sustenance provision, external speakers, insurance, volunteer training	£271,700
Free member transport	Taxis & minibuses provided free of charge	£168,900
Premises rent	Village/Church halls, community centres	£75,800
Club support and administration	Volunteer recruitment & administration, grant support & development, locality managers	£127,300
Total:		£643,700

Our social research journey: stakeholder engagement

You've read about what goes on at Brendoncare clubs, as well as roughly how much they cost to run. So why this piece of research, and how have we come to the findings we have?

We continually seek greater insight into our clubs and our club members so we can improve the service we provide, whilst also being able to demonstrate in tangible terms what the benefits are of the work we carry out. This report technically contains two pieces of research: in order to decide what we were ultimately going to measure, we conducted some preliminary qualitative investigations with our club members and volunteers, so we could hear directly from them what they felt the benefits of their clubs were. This in turn determined what would be measured when the time came to conduct quantitative investigations.

This first piece of research – which we shall call our stakeholder engagement – took place in February 2011. Over two weeks an independent consultant visited nine of our seventy clubs, speaking to around 200 of our club members. The consultant was introduced as someone who “was there to find out a bit about what goes on in the clubs”, and essentially became a club member during his time there, joining in on activities and exercises, sharing stories over a cup of tea and generally “doing the rounds” with the clubs’ members. It was recognised the presence of a researcher might act to alter normal behaviour, so it was decided that the approach to clubs members should be low key with regard to the researcher’s manner of dress, open in the reason for attendance and broadly focussed in what information might be gathered. This was done to avoid sterile data collection and encourage representative comments and research findings.

Often, members would tell jokes, share stories and generally talk about their lives and families; conversation was guided almost entirely by the members and not the researcher, but without fail those spoken to invariably brought up the subject of their club and what it meant to them. The comments which were received were almost universally positive and developed into five distinct themes, which are outlined below:

- **Brendoncare Clubs reduce social isolation**
- **Brendoncare Clubs are superior to other friendship and wellbeing clubs**
- **The free transport Brendoncare provides for its club members is invaluable**
- **Brendoncare Clubs promote physical activity and wellbeing**
- **Many Brendoncare Club members are former volunteers**

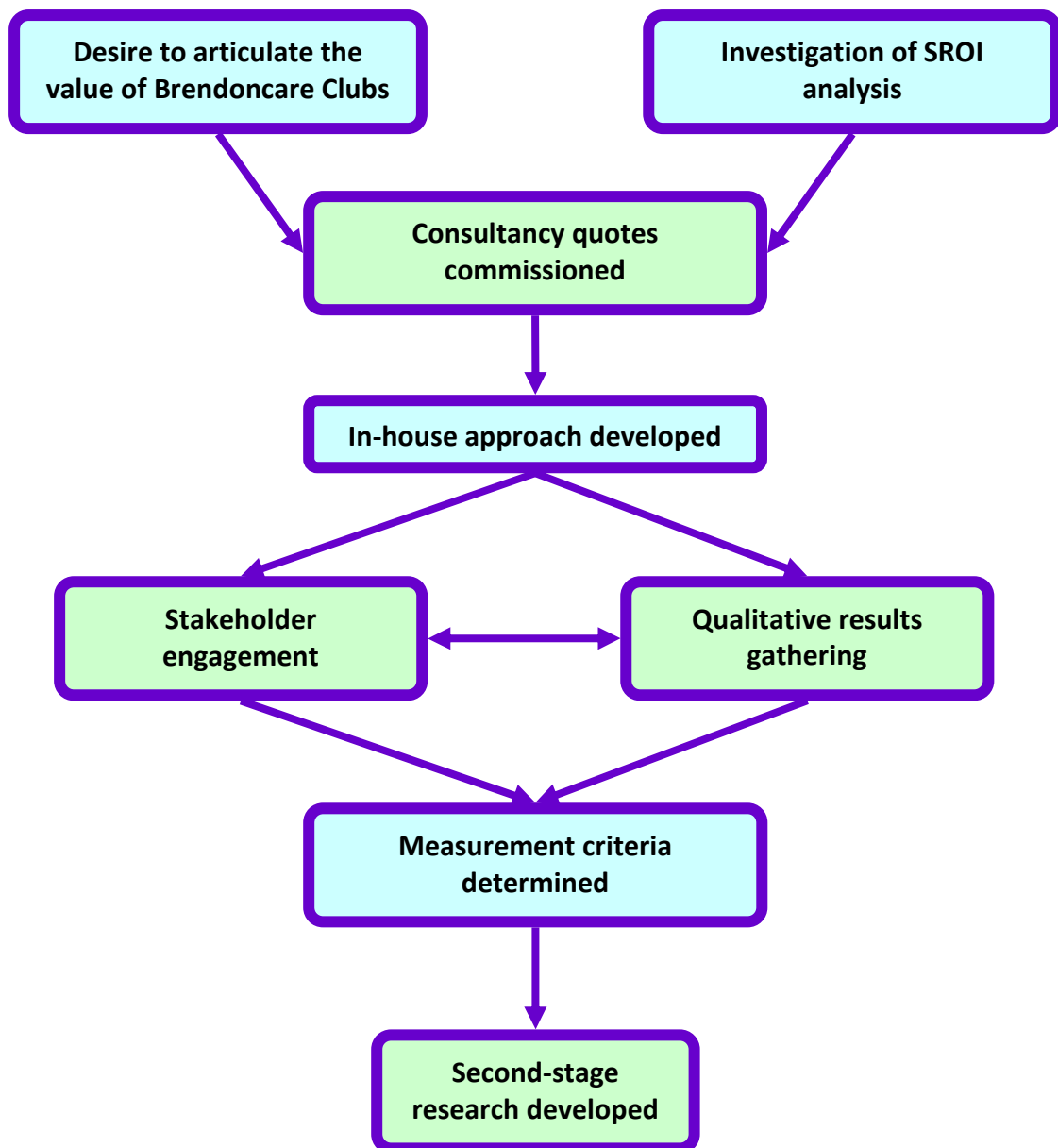
These themes came up in some form or another with almost every club member spoken to; although the option was left open for more visits in order to garner an even greater view of what members felt their clubs did for them, the conversations our researcher had with members at each club contained similar sentiments at each turn, and it was decided that nine clubs and 200 or so informal interviews were

enough to provide a representative sample on which to base future measurements and analysis.

Hearing about what our work means to our members is invaluable, but being able to articulate these findings in concrete terms required a different approach, and this is where Social Return on Investment becomes a vital tool for our analysis. SROI has been used since the late 1990s to demonstrate the social value created through philanthropic and Third Sector projects, and provides a framework which enables the social and financial outcomes brought about by social enterprises and programmes to be projected and described. Throughout our investigations, keeping analytical costs down has been at the forefront of our approach, because we know that every pound we spend investigating our clubs is a pound that isn't spent *on* our clubs.

It was this mindset that led us to concentrate most closely on the most important people in our clubs: their members. A full SROI analysis would intensively analyse the implications our services hold for *all* stakeholders – in our case this would most likely take in Primary Care Trusts (PCTs), County Councils, members' relatives and friends, other providers of friendship clubs, NHS resources and many others. However, to have instigated an analysis such as this would have involved significant sacrifices in terms of time, resources and money, so we decided to concentrate primarily on our club members and the benefits brought to them by their clubs. Because of this, we have not looked in detail at other stakeholders – we have not monetised their inputs (which for volunteers, for example would involve rating the time they give up in order to run their club at the current minimum wage) but at the same time, we have not monetised the benefits of the outcomes it might be expected they experience. In the surveys we circulated for instance, many volunteers made comments about how their club had helped them after the death of a loved one, or made them feel useful and valued once again in the community; however, because we have not valued their inputs, we have not monetised these outputs. Although we *have* monetised the financial contributions from County Councils and grant-making trusts, this was done because we wanted to be clear about where our funding streams come from and how much our clubs really cost to run. Due to the fact we have not analysed in financial terms the likely benefits organisations such as County Councils or PCTs are expected to receive, it is quite feasible that the return ratio brought about by our clubs would ultimately be significantly better than the one laid out in this report.

The following flow chart should go some way to explaining the course which our investigations took.



Social Return on Investment has been widely used in the charity sector to demonstrate the value generated by projects, interventions, initiatives and philanthropic endeavours. It has often been implemented when the focus of its analysis has been around intervention based projects such as drug rehabilitation programmes, or initiatives designed to get young people back into work. With regard to older people's friendship clubs however, the application of SROI was not so immediately clear. If, for example, one is looking at a programme to get young people back into employment, it is a relatively simple process to measure the number of people out of work before the programme started, compare this to the number of people involved in the scheme who found work, and analyse the costs implicit in unemployment versus the costs the programme in question cost to run, thus ascertaining the amount of social value generated by the scheme.

With regard to our friendship clubs, the most important and widely reported benefit our service users shared with us during the stakeholder engagement process was that our clubs provide just that: friendship. We were told again and again that coming to the club offered members the chance of company and in turn, reduced the sense of isolation and loneliness they felt. Some members also told us that their clubs have helped alleviate their depression, and while the financial costs of depression to the state and the National Health Service are relatively well known and run to about £9 billion annually², it would be disingenuous to extrapolate these costs to all our members. How could we measure loneliness? As previously mentioned, we surveyed 25% of our 1700 members and 400 volunteers, and received about 75% of these forms back completed. In these surveys, which were shaped partly by the results of our stakeholder engagement, 100% of the 100 volunteers who responded felt that Brendoncare Clubs helped members with loneliness, and 98% of the 300 or so club members who responded felt similarly. Whilst the link between loneliness and depression is recognised, it is not fully understood let alone financially measured - so we needed to think on.

We discovered through extensive research the Quality Adjusted Life Year, or QALY. QALYs have been around since the 1950s, and involve a matrix which grades a person's health on a scale of 0 to 1. QALYs are one of the primary methods the National Institute for Clinical Excellence (NICE) use to decide if treatment programmes for illnesses and diseases are financially viable. At one end of the scale, death is rated with a value of zero, and a year spent in perfect health is rated as one. NICE currently value a QALY at £20-30,000³, meaning that if a medical treatment were to improve someone's life 0.25 of a QALY and cost £5,000 to deliver over a year, they would advise that the drugs or procedure be made available to the patient.

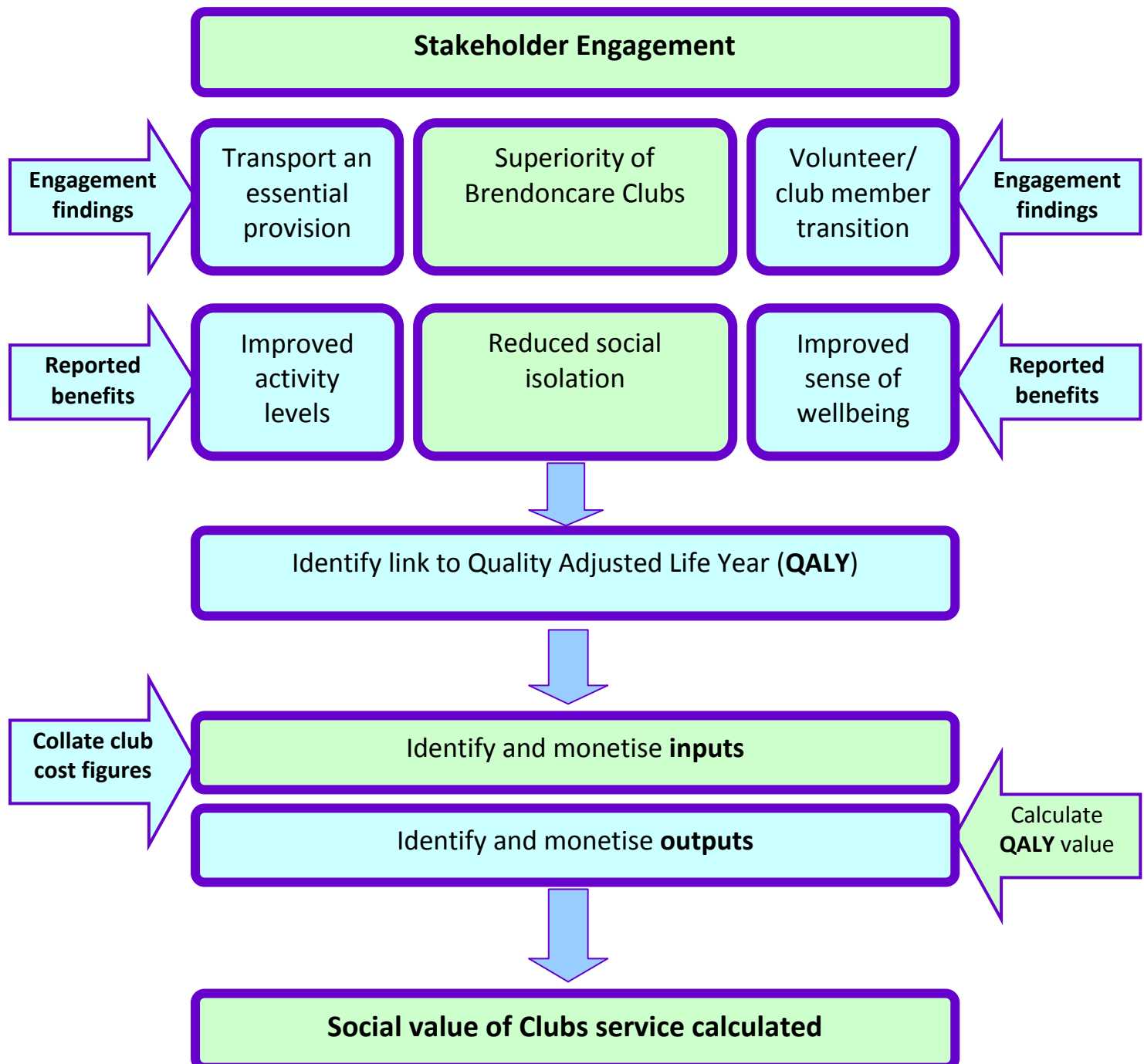
² Thomas, C.M, and Morris, S., 'Cost of depression among adults in England in 2000' *British Journal of Psychiatry*, (2003), 18 3, pp 514-519.

³ See:

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

Our research journey: measuring Club health impacts

While bringing in outside consultants was one route we considered, the expenditure we would have to commit to such an investment made us reluctant to do so – therefore, we quantified the outputs of our clubs via our own research. The flow chart below should illustrate the process we went through as we continued our research journey:



What QALYs provided for us was a method of anonymously assessing the health states of our members and allaying these states to a financial proxy – a vital step of any SROI analysis. Brendoncare acquired a free licence from EuroQol to use their EQ-5D questionnaire, and this in turn provided us with the QALY based health states of our members. The EQ-5D questionnaire asks respondents to rate five areas of wellbeing (mobility, self-care, usual activities, pain/discomfort and anxiety/depression) on a scale of 1-3. The table below sets out how the EQ-5D results link up against QALY ratings.⁴ Note that the left-hand column contains the coded ratings on a scale of 1-3 for each of the five categories of self-assessment.

EQ-5D health state valuations		
EQ-5D results	Description	QALY Valuation
11111	No problems	1.000
11221	No problems walking about; no problems with self-care; some problems with performing usual activities; some pain or discomfort; not anxious or depressed	0.760
22222	Some problems walking about; some problems washing or dressing self; some problems with performing usual activities; moderate pain or discomfort; moderately anxious or depressed	0.516
12321	No problems walking about; some problems washing or dressing self; unable to perform usual activities; some pain or discomfort; not anxious or depressed	0.329
21123	Some problems walking about; no problems with self-care; no problems with performing usual activities; moderate pain or discomfort; extremely anxious or depressed	0.222
23322	Some problems walking about, unable to wash or dress self, unable to perform usual activities, moderate pain or discomfort, moderately anxious or depressed	0.079
33332	Confined to bed; unable to wash or dress self; unable to perform usual activities; extreme pain or discomfort; moderately anxious or depressed	0.429

We found that respondents who were long established members of their club had, on average, significantly better health when compared to those members who had only recently joined. The national institute for Clinical Excellence would value the improvement in health our members experience during their time as Brendoncare club members as being worth the equivalent of almost £3 million.

⁴ Phillips C. *What is a QALY?* 2nd edn. London: Hayward Medical Communications, 2009. Figure reproduced by kind permission of Hayward Medical Communications, which retains the copyright. All rights reserved.

Calculating the Return Ratio 1: QALY analysis

As you will have read, we spend roughly £643,700 each year on providing the 40,000 or so club attendances that our members so rely on; as previously discussed, we turned to the Quality Adjusted Life Year and the EQ-5D questionnaire in order to assess the health states of our club members. So how did we arrive at the results we did in order to demonstrate the £2.85 million gross savings to society at large? The whole process is a fairly logical one: as part of our member survey which we circulated with the EQ-5D questionnaire, we asked our members how long they had been with their Brendoncare Club. All we then needed to do was separate the questionnaire responses into three groups, based on a 'Before' and 'After' pattern. These categories were:

- Respondent a member of Brendoncare Clubs for less than one year
- Respondent a member of Brendoncare Clubs for 1-2 years
- Respondent a member of Brendoncare Clubs for more than two years

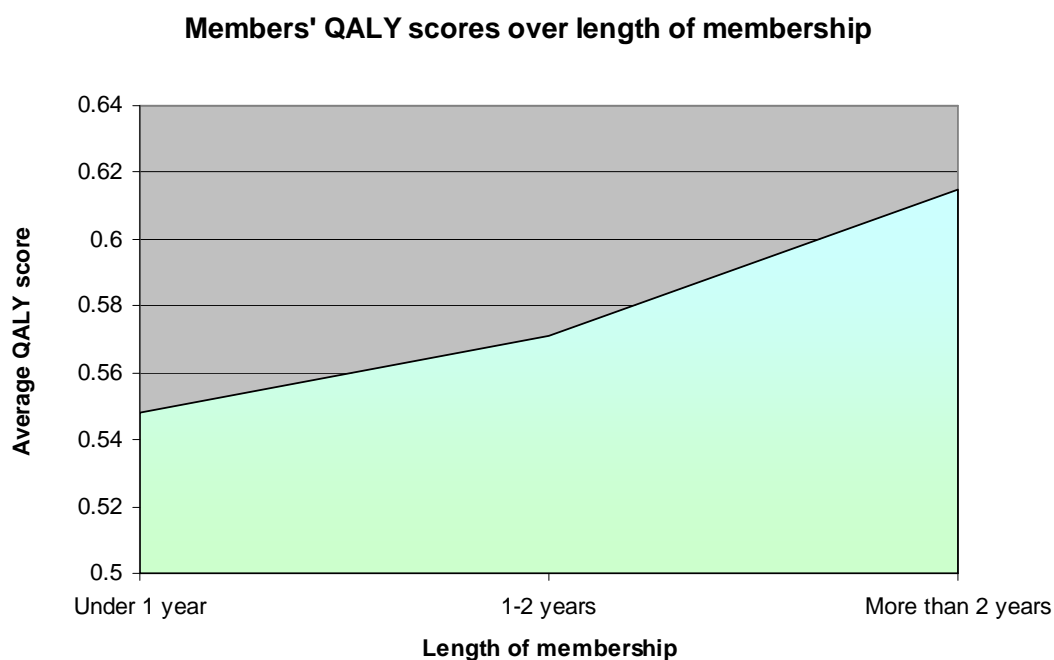
We then coded our EQ-5D results by working with the scoring matrix provided by EuroQol and tied the scores from these surveys into the QALY scale. This provided us with the QALY rating of our members, and we took the average score of each group as detailed above. The results were as follows:

EQ-5D/QALY results	
Membership condition	Average QALY score
Member of a Brendoncare Club for less than 1 year	0.548
Member of a Brendoncare Club for 1-2 years	0.571
Member of a Brendoncare Club for more than 2 years	0.615
Gross difference:	0.067

Bearing in mind that NICE consider a QALY score of 1 to be indicative of someone who is in perfect health, and 0 to indicate a state equivalent to death, then it is clear from these results that our more established members inhabit better health states than those who have been with us for a shorter period of time. Although the difference is small (0.067 of a QALY), that is the average improvement in each one of our members. If one considers that NICE value 1 QALY's improvement as being worth between £20 and £30,000, then taking the average of these two figures (£25,000) and multiplying it by 0.067 over the year for our 1700 or so members, we are left

with a strong indication that our club members experience an improvement in their health during the course of their membership, for which NICE would pay the equivalent of **£2,847,500** to achieve.

Not only have we been able to demonstrate a marked difference in the health states of our members dependent upon the length of time they have been with us, but we have also been able to demonstrate that this improvement is part of a trend. Members who have been with us for 1-2 years had average QALY scores which were halfway between new and long-established members. The graph below should make this even clearer:



So, our results show that being a member of a Brendoncare Club is intrinsically linked to an improvement in the health of our members over the course of their time with us. The results also indicate that the length of club membership is directly proportional to the improvement in health state brought about. What is all the more impressive about this fact is that one might logically expect members' health to decline over the years due to the aging process. Essentially, however, the longer you are a member of a Brendoncare Club, the better your health is likely to be.

Calculating the Return Ratio 2: the ‘Deadweighting’, ‘Attribution’ and ‘Drop off’ processes

We have been conservative with the analysis of our results. One of the processes involved in any Social Return on Investment analysis is ‘Deadweighting’. This is the stage at which one estimates how much change would have happened to our stakeholders without our intervention. ‘Attribution’ is the extent to which Brendoncare can claim to be the sole agent responsible for the change that has taken place in our members during their membership. Essentially, in our case it takes into account the difference between correlation and causation – our members experience improved health over the course of their membership of a Brendoncare Club, but we do not wish to suggest that we are the sole cause of this improvement. Because we wanted to treat our results with caution, abiding by principles set out in the SROI process we have significantly discounted the results generated by our research, so as not to ‘overclaim’, and to take into account other changes that might have been going on in our members’ lives which may also have had some impact upon their health. Whilst it is difficult to accurately gauge this proportion, we have placed a value of 50% combined Deadweight and Attribution at part of the process – meaning that for all the improvements our clubs members experience in their health during their time with Brendoncare Clubs, our calculations assign only 50% of this improvement directly to the work we do. We have also discounted our findings with regard to the ‘Drop off’ process.

Drop off is the extent to which the effects of an organisation’s activities wear off over time. At Brendoncare, all our clubs follow a varied and interesting programme of events, activities and occasions because we believe that our club members deserve access to this sort of variety. These factors should go some way to ensuring that there is little Drop off with regard to the benefit our members get from their clubs. We have estimated that in a year, the effectiveness of our clubs is diminished by 5% due to the familiarity with the experience our members are anticipated to acquire.

“I made a friend when I was a teenager during the war and we have become friends again at the club”

Club member, Brendoncare Halfway Monday, Poole

Return ratio: calculations

The figures below set out the fundamental calculations we carried out in order to determine the social value created by our clubs on an annual basis.

Cost of clubs to run: **£643,700**

Health-based benefits generated: **£2,847,500**

50% Deadweight/Attribution and 5% Drop off subtracted = **£1,352,562.50**

£1,352,562.50 divided by **£643,700** = **1 : 2.1 return ratio**



The Impact Map

Over the next couple of pages you'll find the 'Impact Map', which is a vital part of any SROI based analysis. It details the thought processes, stakeholder engagement, financial assessments, monetisation and discounting which we have been through in order to calculate the fact that **for every £1 invested in Brendoncare Clubs, £2.10 is saved to society at large.**



Impact map		Intended/unintended changes		Description/Indicator	
Stakeholders				Outputs	
Club members	Improved socialisation; Improved health and wellbeing; Keeping active	£151,100 (Subscriptions)	Seventy clubs providing friendship, social activity, exercise opportunities and food	Extensive stakeholder engagement rendering qualitative data sets, all indicating self-reported sense of friendship, inclusion, wellbeing and improved self-worth.	
Local Authorities and grant making trusts	Reduced involvement of social services; Commitments to fund fulfilled	£162,300			
Club volunteers	Knowledge of having made a difference to people's lives. Circa 68,500 hours given up each year	£ 0 Myriad contributions - not readily monetisable			
Members' relatives	Increased peace of mind; Knowledge relatives are amongst friends and not isolated	£ 0 Myriad contributions - not readily monetisable	Free transport for circa 24,000 out of 40,000 annual attendances		
The Brendoncare Foundation	Commitment to the region's older people fulfilled; Philanthropic philosophy fulfilled	£330,300 (Fundraising requirement)			
		Total inputs = £643,700			

Inputs (annual)

Impact map		0.067 of a Quality Adjusted Life Year (QALY) improvement per member, per year (1 complete QALY being valued at £25,000)				
Stakeholders	Amount of change	Duration	Financial proxy value (QALY based)	Deadweight (-50%)	Drop off (-5%)	Impact
Club members	1 day in 7 reduction in social isolation; 1 day in 7 improvement in wellbeing	12 months	£2,847,500 (0.067 QALY per member, per year)	(£1,423,750)	(£71,187.50)	£1,352,562.50
Local Authorities						
Grant making trusts						
The Brendoncare Foundation						
Members' relatives						
		<div> <div></div> <div>12 months</div> <div></div> </div>		Total inputs: £643,700 Total outputs: £2,847,500 Less deductions: (£1,494,937.50) SROI Return Ratio: 1 : 2.1		
		Gross outputs = £2,847,500		Net present Value = £1,352,562.50		

Conclusion

Brendoncare is committed to really improving the lives of the South's older people. The dedicated staff and volunteers who run our services know and believe that the work that goes on in Brendoncare is a real lifeline for those that use and depend upon our services. Often, our Club meetings provide the only chance for interaction and friendship our members get each week; many of the comments we received during our research indicated that Brendoncare Club meetings were the only chance our members got to leave the house and socialise with others.

SROI reports can cost many thousands of pounds to design and carry out, but the in-house approach we have developed is robust, inventive, and really quantifies the improvements we bring about to some of the region's most vulnerable people. We're so passionate about the services we provide that we invest hundreds of thousands of pounds into our friendship and wellbeing clubs every year, but we want to be able to grow and expand these services against a backdrop of ever increasing costs, such as those implicit in transport. We wish to do this not only because we know that our clubs are beneficial to society at large in financial (and many other) ways, but also because we here at Brendoncare fervently believe that older people deserve the fun and wellbeing that they get from their clubs; in short, why should you support Brendoncare Clubs? Because not only do Brendoncare Clubs save money to society at large, but also because they tangibly improve the health and lives of the older people who use and rely on them week in, week out.

Glossary

Attribution: The extent to which any measured change can be attributed specifically to the events which are the subject of study.

Deadweight: The amount of change which could be said to have occurred anyway, regardless of whether a programme or scheme existed or not.

Drop off: The amount of change estimated to wear off as a result of time a programme runs for. Drop off can be compared to 'fatigue effect' in experimental terms. 5% is the rate we have taken with regard to our results

EQ-5D: A highly validated, statistically rigorous survey-based self-reporting tool for estimating an individual's health state. The EQ-5D measure is one of the most frequently used methods for assessing health states in conjunction with the Quality Adjusted Life Year.

Impact Map: A visual representation of the processes gone through in a Social Return on Investment analysis.

Impact: The effects affected by the **outcomes**. For instance, the **impact** of better nutrition levels in a population would be reduced use of cardiac services as a result of the reduction of coronary disease and fewer cases of obesity in a population.

Inputs: The financial, social and time based efforts required to run a programme, scheme or endeavour.

Net Present Value: The amount of financial outputs generated, after the appropriate discounting has taken place on these figures.

Outcomes: The net effect of the outputs. For instance, if a scheme aimed to teach people how to eat healthily, the **output** would be better educated individuals, whereas the **outcome** from this would be better nutrition levels amongst the population.

Outputs: The direct result of the actions that take place as a result of the inputs given to a particular project.

Proxy: The financial measure which is used to put a figure on the social value generated by a scheme. In the case of Brendoncare Clubs, the financial proxy we used is linked to the Quality Adjusted Life Year.

QALY: (Quality Adjusted Life Year) A measure of 'disease burden', used by the World Health Organisation and the National Institute for Clinical Excellence, to determine the health states of individuals, and the benefits of any intervention to improve this

state. NICE is usually willing to spend between £20 – 30,000 to bring about one QALY's worth of improvement.

Social Return Ratio: The ratio which expresses the amount of financial benefit generated to society, based upon the inputs which have been utilised by a scheme. In the case of Brendoncare Clubs, our return ratio is 1:2.1 – meaning that for every pound invested in a Brendoncare Club, £2.10 worth of value is generated to society at large.

SROI: (Social Return on Investment): A process driven estimation of the social and financial value generated by a social endeavour or intervention. It was developed by the Californian philanthropic sector in the late 1990s. The value this refers to should be taken as a 'social value'. It is not the concrete expression of a fiscal figure, but is the amount of value that is considered to be brought to society by a scheme.

Stakeholders: People who have an interest or role in a scheme, programme or endeavour, either due to direct or indirect involvement. In the case of Brendoncare Clubs, this applies to our members, their families, the Brendoncare Foundation, local authorities, philanthropic funders and other associated bodies.