

# **Women's Support Network (WSN)**

## **Social Return on Investment**

### **Pilot Reports:**

#### **Ardoyne Women's Group &**

#### **Women's Information Northern Ireland**



## Executive Summary

This report presents the findings of a pilot Social Return on Investment (SROI) analysis of two programmes within two different organisations, Ardoyne Women’s Group and Women’s Information Northern Ireland (formerly Women’s Information Group). The work was completed on behalf of the Women’s Support Network (WSN), an umbrella organisation for community based women’s centres, women’s projects and women’s infrastructure groups in Northern Ireland. Both the Ardoyne Women’s Group and Women’s Information Northern Ireland are member groups of WSN. This project is a pilot for WSN with a focus on utilising SROI as a tool to measure and value the importance of the work provided by Women’s groups. This report was completed in tandem with another report on three other projects within WSN membership network including Falls Women’s Centre, Shankill Women’s Centre and Windsor Women’s Centre.

The first SROI analysis is completed on the Ardoyne Women’s Group (AWG) Young Women’s Programme. This Programme focuses on providing a series of activities, residential, and drama workshops that develop young women aged 11-17. The centre strives to reach those that are disengaged with other organisations that typically are difficult to reach and maintain. This Report was an Evaluative SROI, reviewing a one year period retrospectively from April 2010 to March 2011, inclusive.

The second SROI analysis is on Women’s Information Northern Ireland (WINI) Champion’s Programme. This Programme will be an additional tier to their current Community Information Workers Project that provides local health advice and support within communities by volunteers. There will be four Champions in total but for the purpose of this SROI only one Champion will be analysed. This is a Forecast SROI looking at future outcomes extrapolated over a 5-year period 2010 – 2014, inclusive.

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## 1.0 Women's Support Network

### 1.1 Organisational Overview

The Women's Support Network was established in 1989 as an umbrella organisation for community based Women's Centres, Women's Projects and Women's Infrastructure Groups in Northern Ireland.

It includes in its membership, community based Women's Centres, Groups and Organisations, with a concentration in disadvantaged areas. WSN is a charitable and feminist organisation which adopts a community development approach. They provide a range of support and services to 55 community based Women's Centres, Projects and Infrastructure Groups and 17 Associate Members drawn from across the Community and Voluntary Sector who support women, families and communities.

The Women's Support Network is not only accessible to its constituency but also directed by it. The Board of WSN is voluntary and is made up of representatives from a cross-section of WSN member groups.

### 1.2 Vision, Mission, Values, and Aims



### Values

WSN aims to achieve social, political and economic justice through the promotion of the autonomous organisation of women. They provide an invaluable service that is deemed relevant and is valued by its members. There are nine main values that are the backbone of the work completed by WSN.



### Aims:

- **Membership Support**
- **Challenge and Influence**
- **Raise Profile and Provide a Voice**
- **Organisational Development**

### **Membership Support:**

- Providing access to information needed by the members, through a comprehensive library of relevant research material
- Signposting member groups to other relevant agencies
- Promote networking opportunities amongst members, and with other relevant groups
- Provide outreach to existing members and recruit new members and assess group's needs.

### **Challenge and Influence:**

- As a representative organisation, act as a conduit between members and the government and statutory sectors

- To continue to lobby and campaign on key issues on behalf of our member groups
- To continue to promote and advocate for Gender Equality
- Research childcare, advice and education and training provision in the community based Women's Sector

**Raise profile and provide a voice:**

- Promoting the work of the community based women's sector
- Providing a voice for members on key issues
- Developing member's capacity to influence government on key issues
- Represent the views of the Community Based Women's Sector on relevant forums and committees

**Organisational Development:**

- Ensuring sustainability for the long term
- Learning, developing and improving the quality of the services
- Raise the profile of WSN by developing an effective Communications Strategy

**1.3 Service Provision**

The Women's Support Network provides:

**Promotion of Community-based Women's Sector:**

- Showcasing the work of the sector
- Demonstrate the unique attributes of specific organisations which are part of WSN as well as the Women's' sector as a whole through reports and research

**Information to Support Groups:**

- E-briefings
- Newsletters sharing opportunities
- Best practice and developments
- Briefing papers

**Advice & Signposting:**

- Signpost members to appropriate sources
- Advice and support
- Seek out appropriate providers as necessary

**Networking Opportunities and Events:**

- WSN hosts quarterly membership events
- Provides information sessions on a range of issues
- Facilitates consultations and celebrations
- Provides a platform to allow groups to network and exchange info

**Outreach Support:**

- Provide support on an on-going basis customised per needs of group(s)
- Support either collectively and/or individually

NB Issues include: education, childcare, recruitment and governance

**Policy Consultations & Campaigning:**

- Respond to sectorally specific consultations
- Allow for collective response and unified voice
- Campaign & Lobbying Activities

NB Past issues included: Childcare, Advice, Community-Based Education.

**2.0 Capacity Building SROI Pilot**

**Background to the Project**

The WSN SROI Capacity Building Project is funded by the Belfast City Council Capacity Building grants scheme <sup>1</sup> under the auspices of the Department of

<sup>1</sup> Belfast City Council website [www.belfastcity.gov.uk](http://www.belfastcity.gov.uk)

Social Development's Community Support Programme.<sup>2</sup>

The Community Support Programme<sup>3</sup> is a unique and collaborative initiative involving the Department for Social Development, the 26 District Councils in Northern Ireland, Local Community and Voluntary Groups and Local Advice Organisations. The grant scheme is designed to support Community Organisations to help other groups in their area with development work which strengthens their ability to build their structures, systems, people and skills. The Programme aim is:

**"To strengthen local communities, increase community participation and promote social inclusion through the stimulation and support of community groups, community activity and local advice services".**

Based on that premise WSN is having SROI reports completed on some of its member organisations to assist with analysing a specific programme and to implement new practices that will allow for capturing the value of their work. This report will be used as a mechanism to record the social added value generated by WSN member groups.

Participation in the Project will develop the capacity of the groups by incorporating the SROI principles into their day to day operational activities.

## 2.1 Introduction to SROI Methodology

Social Return on Investment (SROI)<sup>4</sup> is a measurement framework intended to assist organisations with placing a value on the social and economic outcomes they are creating. It is a way of accounting for the value created by an organisation's activities and the contributions that made that activity possible. It is also the story of the change affected from

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<sup>2</sup> Department for Social Development website [www.dsdni.gov.uk](http://www.dsdni.gov.uk)

<sup>3</sup> Department for Social Development website [www.dsdni.gov.uk](http://www.dsdni.gov.uk)

<sup>4</sup> Social Impact Scotland [www.sroiproject.org.uk](http://www.sroiproject.org.uk)

organisations' activities, told from the perspective of the stakeholders.

SROI can encompass all types of outcomes - social, economic and environmental - but it is based on involving stakeholders in determining which outcomes are relevant. There are two types of SROI:

- **Evaluative** - conducted retrospectively based on outcomes that have already taken place.
- **Forecast** - predicts how much social value will be created if the activities meet their intended outcomes.

Forecast SROI's are useful at the planning stage of a project, or if you have not been collecting the right types of outcome data to enable you to undertake an evaluative SROI Report. SROI was developed from social accounting and cost benefit analysis, and has a lot in common with other outcomes approaches. However, SROI is distinct from other approaches in that it places a monetary value on outcomes so that they can be added up and compared with the investment made.

SROI measures change in ways that are relevant to the people or organisations that experience or contribute to it. It tells the story of how change is being created by measuring social, environmental and economic outcomes and uses monetary values to represent them.

This enables a ratio of benefits to costs to be calculated. For example, a ratio of 1:3 indicates that an investment of £1 delivers £3 of social value. In the same way that a Business Plan contains much more information than the financial projections, SROI is much more than just a number. It is a story about change (from which decisions can be made) that includes case studies, qualitative, quantitative and financial information. The Principles; A Cabinet Office Sponsored Guide to SROI, and, further information is available at: [www.thesroinetwork.org](http://www.thesroinetwork.org)

## Process of Analysis

The development of the *Impact map* was used as the roadmap for this report. The Impact map takes us through the following stages:

**Identify, involve and communicate** with relevant identified **stakeholders**, their overarching goals and their specific objectives for the programme.

**Prioritise key stakeholders and objectives.** Identify common or overriding objectives.

**Determine what change happens** for each of these stakeholders and what investment they make towards that change. (**Theory of Change and Inputs**).

**Determine what the key objectives** of the programme's activities are – **Outputs**.

**Identify how the Programme works** and how the Programme affects key stakeholders (linking this to stakeholders' objectives). Capture this through an analysis of **Outcomes and Impacts** through communication with the stakeholders.

**Determine a way of measuring** these outcomes by identifying **financial proxies** and their source, checking and communicating this with the stakeholders throughout.

**Calculate the overall value** of the financial proxies taking into account various discount factors:

- **Deadweight** to take account of the extent to which the outcomes would have happened without the intervention.
- **Attribution** to take into account the extent to which the outcomes could be attributed to other parties help.
- **Displacement** to take into account the extent to which the delivery of the outcomes would result in other areas of work being affected.

**Analyse** income and expenditure between social and financial elements.

**Prepare projections** of future costs and benefits over the 5 years (if Forecast evaluation)

**Calculate the SROI.** Create a discounted cash flow model using gathered data and projections.

**Calculate** the net present value of benefits and investment, total value added, and SROI. **Use sensitivity analysis** to identify the relative significance of data.

**Present the results** in a way that brings out the subtleties and underlying limitations and assumptions and make recommendations.

**Highlight** limitations of the study.

**Sensitivity Analysis-** determine values that have a major effect on SROI ratio and discuss adjustments and impact on SROI.

## 2.2 Capacity Building Project SROI Study Methodology

This Project is a pilot for WSN with a focus on utilising SROI as a tool to measure and value the importance of the work provided by Women's Centres and Groups. Women's Centres provide an essential and high-quality service tailored to meet the needs of the women. Thousands of women in Northern Ireland avail of their services, many of whom are deemed the most forgotten and isolated women in our society, whose needs are not met by Statutory, Voluntary or Other Community Organisations. Women's Organisations are paramount in empowering and enabling women to transform their lives, the lives of their families and their communities.

Five diverse Programmes from WSN member groups were studied using the SROI principles. These five programmes are delivered via local Women's Centre Projects. Four will be Evaluative SROI's and the fifth will be a Forecast SROI. This report will cover two of those centres with the other three in a separate report.

### Participant Organisations Informing the SROI Study

The five different groups throughout the Belfast area were chosen for the SROI study due to the uniqueness

of their programmes, as well as representing a cross section of communities. The member groups of the Women's Support Network chosen for this SROI study include the following:

### Ardoyne Women's Group



### Women's Information Northern Ireland



### Falls Women's Centre



### Shankill Women's Centre



### Windsor Women's Centre



All five of the Women's Groups are based within the Belfast City Council Area and provide a plethora of services to some of the most marginalised women in Belfast. These Centres and Groups are based in parts

of Belfast that have experienced community division and inter-community tensions that exist due to the legacy of 'The Troubles'.

### North Belfast

According to the North Belfast Partnership<sup>5</sup> it is sometimes described as "a patchwork of small communities, often separated by walls and peace lines, in which people have an intense sense of belonging." The majority of people living in this patchwork landscape of communities are from different national, religious, economic and social backgrounds and are attempting to deal with the social and economic consequences of 'The Troubles'. The segregation along politico-religious lines is particularly apparent in the poorer areas which exacerbate deprivation. North Belfast has numerous poverty black spots and these areas suffer from many social problems as a result. Across a broad range of indicators these same Areas and Communities are consistently recognised as some of the most deprived.

Consequently, North Belfast communities have encountered significant degrees of decline in the area's social and economic infrastructure. This decline is illustrated in the large number of electoral wards in the area ranked amongst the most multiple deprived neighbourhoods in Northern Ireland. Such deprivation is manifested in the high proportion of residents with no educational qualifications -10% lower than the Northern Ireland average. Economic activity in this area of The City is also lower at 53.3% when compared with Belfast at 56.9% and the Northern Ireland average of 62.3% - according to the 2001 Census.

### South Belfast

South Belfast is often considered the most affluent quarter of The City. This perception of South Belfast needs to be balanced against the reality that within its boundaries lie some of the most disadvantaged neighbourhoods in the City and, indeed, Northern Ireland. Two designated Neighbourhood Renewal areas are located in Inner City South Belfast, while Taughmonagh, on the outer edge of South Belfast, is included in the Department for Social Development's Areas at Risk Pilot.

South Belfast is home to a number of long established and historical communities such as those in the Village, Sandy Row, The Markets and Ballynafeigh. All of these communities are feeling the impact of a changing social and economic environment. Rising house prices and the increase in the numbers of Houses in Multiple Occupancy are forcing families to look elsewhere for housing. Likewise, residents are not always seeing the benefits of new employment opportunities provided by developments such as Laganside and The Gasworks. The population of South Belfast is representative of both Protestant and Catholic traditions and also contains several mixed communities. South Belfast is home to a number of identifiable black and minority ethnic groups including Chinese, Pakistani, Indian, African, Bengali and Iranian.

**West Belfast**

According to 2001 Census data, the resident population of the area is 74,490, which represents 27% of the total population of Belfast.

The West of the City is also home to a large Traveller Community primarily concentrated in sites within the Upper Springfield, Glen Road and Glen Colin wards.

A further two Group Housing Schemes for members of the Traveller Community are located on the Monagh Road and Glen Road.

Shankill, Crumlin and Woodvale Wards are ranked 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup>, respectively as the most educationally deprived in Northern Ireland. The quality and availability of youth provision in the Greater Shankill is not consistent across areas or providers.

Strategic Regeneration Framework for the Shankill Area highlights the fact that you are twice more likely to live in an area of poverty and high social deprivation in the Shankill than in any other part of Belfast.

During those years of violence some 40% of the deaths were in Belfast and most of them in North and West Belfast. Every part of Northern Ireland suffered but the intensity of the violence was greater there than anywhere else.

The violence may be over but there is a legacy that remains, including a legacy of educational underachievement, and it will take years to see that legacy eradicated. That is why we need long-term action not short-term initiatives.

Women’s Centres are based in areas that have been impacted by this economic and social disadvantage. They play a crucial role in not only in the sector as a whole, but of the wider community infrastructure. The Centres offer a range of comprehensive services including education and training, advice and support, self-help groups, social programmes and health programmes. The services offered are underpinned by childcare provision ranging from playgroups to full day-care, including care for children with special needs. In addition, many of the centres also provide a programme of activities for children and young people including homework clubs, cross-community initiatives, youth discos, and after-schools programmes.

Each Women’s Organisation provides such a wide range of services that for this Report one Project per centre will be evaluated. The following projects per centre have been selected for the SROI study:

- Ardoyne Women’s Group -**  
Young Women’s Project - focused on young women aged 11-17
- Women’s Information NI -**  
Champions Programme- focused on providing advice within five regions of Belfast
- Falls Women’s Centre -**  
Women’s Community Support Project
- Shankill Women’s Centre -**  
Focused on the Health Awareness Programme
- Windsor Women’s Centre -**  
Education & Training Project

This report incorporates the SROI studies for:

- Ardoyne Women’s Group (Evaluative); and
- Women’s Information NI (Forecast) only.

The three remaining reports accompany this report separately.

## Ardoyne Women’s Group



### 3.1 Ardoyne Women’s Group Organisational Overview

The Ardoyne Women’s Group (AWG) was created when a group of local women identified the need for a safe, secure, and nurturing place of respite for women and their children. It was established in 1984 in North Belfast by local women in Ardoyne to help relieve poverty, advance education, protect the health and well-being of women and assist women to grow and develop a better future for themselves and their community. The group has been operating for the past 26 years.

The catchment group is mainly women from Ardoyne, although other users from the surrounding areas of Cliftonville, Marrowbone, Old Park and New Lodge have also been facilitated by the group. AWG has been operating from the Belfast City Council’s Ardoyne Community Centre where they have access to training and ‘breakaway’ rooms for the women’s use with well resourced crèche facilities. There are currently one full-time and two part time members of

staff and The Project is managed by a Voluntary Management Committee made up of local women who hold positions including chair, treasurer, vice-chair and secretary.

The Management Committee meets on a monthly basis to discuss current issues, the work of projects and to get feedback from staff.

The Women’s Group has also been involved with current issues that impact on the local community and has worked closely with such bodies as the localised Health Action Zone (HAZ) and Community Empowerment Partnership (CEP). This Partnership is a Government Prompted Programme promoting the development of community capacity building and empowerment initiatives in the local area

Historically, Ardoyne has been faced with numerous challenges due to years of conflict- this has impacted on the women, children and wider community within the area. There are approximately 7,000 people living in Ardoyne and it is currently ranked number 9 out of 582 wards in regards to multi-deprivation as evaluated by The Northern Ireland Multiple Deprivation Measure 2010 (NIMDM 2010) Report. (1 being the most deprived and 582 the least deprived.) Within the Ardoyne area there are high levels of low self-esteem, low confidence, unemployment, low educational achievement, suicide and self-harm.

The AWG has played a key role in overcoming these problems through their work in the local community as well as working in partnership with other Community Groups and Statutory Agencies, such as DHSS, Social Services and/or The Housing Executive Political Figures and Voluntary Organisations.

Women tend to become involved in the AWG to better themselves or their families. Many undertake courses to build their self-esteem and confidence while also obtaining the necessary skills to obtain employment or to develop as an individual.

The Ardoyne Women’s Group also signposts women to other services provided by External Agencies, thus providing a route for hard to reach female learners who may not feel comfortable about finding out about services that may be provided by other

agencies. Many of these women have felt isolated. AWG provides the necessary developmental support for women to expand their personal support network.

periodicals, books, pamphlets, leaflets and other documents with the aim of facilitating communication between women about events and information relevant to women

### 3.2 Mission, Vision and Aims

#### Mission:

**To encourage the empowerment of each individual woman to achieve her full maximum potential in accordance with her own goals in life.**

#### Vision:

**Committed to advancing women’s equality and participation in society by providing a safe welcoming environment for women to develop their skills and talents and ensure their voices are heard, respected and valued.**

#### Aims:

- To establish, maintain and equip a Women Only Centre
- To provide a confidential atmosphere where women can receive support, advice and guidance
- To provide classes, lectures, exhibitions and events designed to improve the knowledge, skills, well-being and self confidence of women
- To procure and circulate written, printed, published, issued, distributed reports,

- To build up a library and information bank
- To provide childcare facilities for children so as to enable women to benefit from the services of the Group
- To recruit, train and employ volunteers with relevant skills for the furtherance of the above aims
- To promote or assist in carrying out research, surveys and investigations into the experience and needs of women in the area of benefit
- To work in partnership with statutory, voluntary and community organisations to enhance the further development of the Group
- To fund-raise and accept money by way of grants, donations, bequests and other lawful methods to further develop AWG
- To do all such other lawful things as necessary for the attainment of the said objects

The support of a variety of funders including Ardoyne Community Centre, Belfast City Council, Big Lottery Fund, Community Relations Council, Department of Social Development , Healthy Living Centre and others allows for the AWG to provide a range of services.

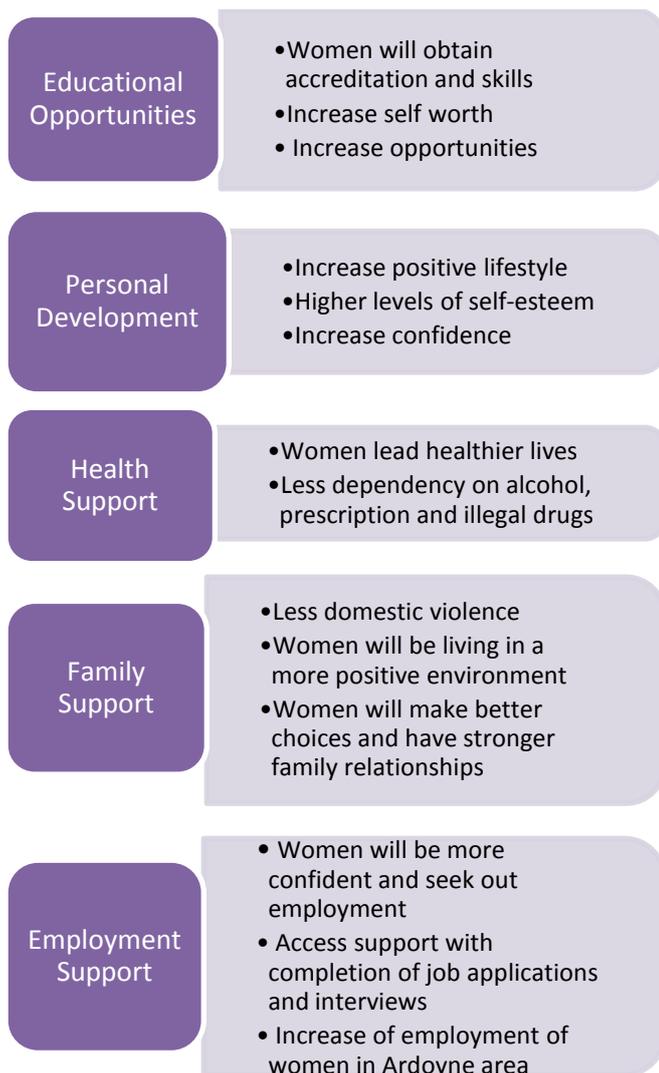
### 3.3 Service Provision

The services of the centre fall within five main categories:



The Ardoyne Women’s Centre prides itself on listening to its members and providing services that the women in the local area deem necessary and to provide opportunities where there are gaps in service from other providers. AWG also work closely in partnership with other Voluntary and Community Groups on an ongoing basis to provide a wide range of services and to signpost women to the services they require. This level of information sharing and collaboration ensures that overlapping of service provision is eradicated. There are a number of outcomes within the five categories of services. These include the following:

- Basic Computer Awareness Course
- Educational Guidance
- Heal Your Life Course
- Childcare Services
- Young Women’s Programme



There are many services provided within the five categories above including:

- Life Coaching
- Complimentary Therapies
- Job Club Services
- Drop in 1:1 individual sessions

### 3.4 Scope, Purpose and Duration of the study

**Service:** Young Women’s Programme

**Purpose:** To complete an Evaluative SROI on this Programme that provides young women with the opportunity to develop as an individual in a safe environment.

**Time period:** April 2010 - April 2011

At an initial meeting with Sally Smyth, the Centre Co-ordinator, it became apparent that even though The Centre has a small group of employees and volunteers the AWG offers quite a number and variety of programmes for the local women and young people. In the past year the services have catered for over 400 women. The centre also works with other service providers in the area to ensure that women are receiving the necessary provisions required. The AWG does not overlap with other service providers but delivers programmes that are needed in the area. After liaison with AWG, it was agreed that the scope of The Project needed to be narrowed down as it became too complex a learning curve to complete a first SROI on the entire list of services provided by AWG. After consultation with WSN and AWG it was decided to focus this study on the Young Women’s Programme as it is a programme that has been continually in place for a number of years and the same young people within the programme have been involved for over a year.

#### Theory of Change

The SROI Impact Map is based on the “Theory of Change” which is the account of the organisation’s resources (inputs) to do its work (activities) leading to

direct results (outcomes) that the organisation can take credit for (impact). The Impact Map is a framework for showing the causal link between inputs outputs and outcomes. The information from this map will allow Ardoyne Women’s Group to better understand and support its theory of change for the Young Women’s Programme.

The Young Women’s programme was set up by AWG to engage with women during adolescence. As young adolescents, AWG may have significant impact and influence them for a more positive future. Prevention and building up the network of support for these young women will help them to overcome the cyclical patterns that plague the area in which they live such as unemployment, poverty, lack of education and low levels of self esteem.

This Programme is preventative in nature and is unique to AWG. It encourages young women to actively participate and take ownership in developing an appropriate programme based on their needs and interests. The Young Women’s Programme is for 11-17 year old girls. There are 13 girls involved in The Project (which will be considered for this report). They have also expanded to include boys as well for some projects such as Draw Down the Walls. For the purpose of this analysis only the girls will be considered.

The Programme works with the young women to develop them as an individual. Building their self-confidence and self-esteem while also providing opportunities to engage with other young people and be a part of programmes that will encourage them to learn new skills. It is about breaking the cycles of poverty, unemployment, lack of education and giving the young woman a head start in life. The Programme focuses on building the young people by allowing them the opportunities to develop in a safe environment. It also encourages them to break down barriers and become engaged in the wider community.

They meet twice a week for two hours. There are also additional weekend programmes and summer schemes depending on the programming and funding per year. The programming will vary based on what

funding is available and obtained. For the past two years they have been a part of a variety of Cross Community initiatives including Draw Down the Walls and working with Prime Cut Productions on a number of dramas with young people from both sides of the community.

This programme is carried out through The Centre’s dedication to the young women. Sally Smith, Collette McCann, Staff and Management Committee are to be commended for their resourcefulness. There are a number of Volunteers that help with The Project on a regular basis as well. They have put together a programme with no monetary funding specifically allocated for this initiative. They continually search and apply to be part of different schemes, grants and initiatives that they can then in turn use for the Young Women’s Programme. Every year funding for The Programme varies depending on what is available and successful tendering. Ardoyne Women’s Group partners with a number of organisations including both Voluntary and Community Groups.

### 3.5 Stakeholder and Materiality

At the start of any SROI it is necessary to identify the stakeholders for The Project. The following chart highlights all the stakeholders:



The next part of the process was to determine what stakeholders were relevant and should be included in this SROI study. Please see below a breakdown of relevant stakeholders, changes, reason for inclusion, consultation method and number of participants.

### STAKEHOLDERS INCLUDED IN SROI

Stakeholder	Changes	Reason for Inclusion	Method of Consultation	Participants
<b>Young Women</b>	Involved in diversionary activities, increase confidence, self esteem, resiliency, develop drama skills, make new friends and break down barriers	Key Stakeholders	Focus Group/ Interviews	13 Young People
<b>Families of Young Women</b>	Less family breakdown	Stakeholders behaviour impacts significantly on the family	Interviews	8 Parents
<b>Workers &amp; Volunteers</b>	Mentor Young People and Develop skills	Stakeholders who play an important role in project and its continuation	Questionnaire & Focus Group	3
<b>Management Committee</b>	Changes for main beneficiaries (Young Women)	Heavily involved in the development and continuation of the programme	Questionnaire & Focus Group	4 members
<b>Prime Cut Productions</b>	Develop young people & build relationships (break down barriers)	Funder	Telephone interview	1 member
<b>Community Relations Council*</b>	Diversionary activities and develop young people	Funder	Info from AWG	
<b>Draw Down the Walls (NBIN)**</b>	Improve relations between young people in interface areas	Funder	Telephone interview	1 member
<b>Healthy Living Partnership</b>	Improve health of Young Women	Funder	Info from AWG	

\* Information from some funders was compiled via AWG's co-ordinator and staff

\*\* The lead partner on Draw Down the Walls is the North Belfast Interface Network who were consulted for this report

### STAKEHOLDERS NOT INCLUDED IN SROI

Stakeholder	Changes	Reason for Exclusion
<b>Community</b>	Better relationships and breaking down barriers	Too complex to gain information from a significant portion of the community. Also hard to measure change- it would vary greatly between members.
<b>Service Users- Women</b>	More uptake of services if child is involved in the Young Women's programme	The occurrence of parents of the young women taking up services was minimal at this stage. The impact of the Young Women's programme does not significantly impact the other users.
<b>Other Volunteer/ Community Groups</b>	Benefit from working in partnership	Difficult to measure as there is a wide range of partners and outcomes too negligible.

### **Consultation Methods**

After identifying the stakeholders the next phase involved interviewing to determine the input and the outcomes. All 13 young people involved in The Programme were involved in the consultation. Of the 13, 8 (62%) of the parents were interviewed. All Staff and Volunteers directly involved with The Programme were interviewed whilst 30% of The Management Committee participated. This was due to low turnout at one of their regularly scheduled meetings and low response rate to a questionnaire that were sent out.

A Focus Group was held with the Volunteer and Employees of The Programme. As this is a small group it was an intimate meeting that allowed for in depth discussion on The Programme and The Outcomes. Initially The Management Committee was given a questionnaire to complete. Due to low response the author of this report attended a pre-scheduled Management Meeting and facilitated a Focus Group.

In regards to funders, there is no one core funder of the Young Women's Programme. The Programme is made up of money from a variety of sources that fund different elements of the Young Women's Programme. Two main funders were interviewed- PrimeCut Production and Draw Down the Walls (North Belfast Interface Network) as they have additional outcomes along with the outcomes for the main beneficiaries (young women).

The parents were asked to complete a questionnaire on the outcomes of The Project. Initially it was sent out but due to low response Sally Smith, the Co-ordinator of The Centre carried out telephone interviews with parents; contacting eight parents (62%) to question them about the changes in their daughters on The Programme. Overall the response was very positive.

### **4.6 Inputs, Outputs, Outcomes**

The table below highlights the inputs, outputs and outcomes for each stakeholder group.

#### 4.61 Inputs

Stakeholder	Inputs- Narrative	Inputs- Financial
Service Users- Young Women	Time, Energy & Commitment	£0
Staff/Volunteers	Volunteer time (1-2 vol. X 3hrs per week X 45 X£6) plus (4 X 2 hrs X 42 X 6) for Management Committee	£3231
Parents/Carers	Time & Support	£0
Community Relations Council	Funding for 6 week Summer Scheme	£2,500
Prime cut *	Funding of weekly facilitation of drama workshops plus drama production	£21,240
Draw Down the Walls *	Funding for on-going 6 week art workshops throughout the year	£3,825
Healthy Living Partnership	Funding for Health & Beauty workshops	£900
	<b>Total Inputs</b>	<b>£31,696</b>

\*Note that only a percentage was taken as an input for Primecut and Draw Down the Walls as these are both cross community initiatives and include multiple groups. AWG is only one organisation of a number of groups involved in these programmes. Draw Down the Walls has a total of 4 partners (25% included) and Primecut has 3 partners (33%).

#### 4.62 Outputs

The main outputs for this programme include:

- Two nights per week diversionary activities for the young women including development of drama skills
- Residential, summer schemes and drama production
- Providing opportunities that build resilience, self-esteem and confidence while developing friendships with others within their local community and further afield
- Breaking down barriers in regards to interface conflict and allowing young women to learn and develop in a safe environment

When interviewing the stakeholders the focus was on how the programme has changed behaviour that can be measured.

#### 4.63 Outcomes

Please find the table below that highlights the outcomes per stakeholder:

Stakeholder	Outcome
Service Users- Young Women	Involved in diversionary activities- less antisocial behavior Increase in social activities Increase in friendships- better support networks & mental health Development of drama skills Build confidence, self esteem and higher levels of resiliency- less likely to need social services involvement
Staff/Volunteers	Develop skills and benefits to main beneficiaries (Young Women)
Parents/Carers	Improved family relations and communication, less likelihood of family breakdown & children in care
Community Relations Council	Benefits to main beneficiaries (Young Women)
Prime cut	Drama Production Benefits to main beneficiaries (Young Women) Build confidence and self-esteem for the young women
Draw Down the Walls	Benefits to main beneficiaries (Young Women) Better relationships and decrease prejudice within interface areas
Healthy Living Partnership	Benefits to main beneficiaries (Young Women) Increase self esteem of young women

## 4.7 SROI Study Results

STAKEHOLDER 1-Young Women							
Outcome	Indicator	Financial Proxy	Source for Proxy	Value of Proxy	Quantity	Value (over 1 year)	
1.10	Involved in diversionary activities	Less chance of receiving an ASBO	Cost of ASBO	Audit Commission 2009	£8,246- Yearly cost for ASBO	1 young person	£8246
1.11	Involved in diversionary activities	Less vandalism	Average cost of vandalism per incident	Cost of Crime- Department of Justice	£690 per incident	3 incidents	£2,070
1.2	Increased social activities	Cost of activities per month	Average cost of activities	Average cost for activities	£5 per activity X 6 times a month X12	13 young people	£4,680
1.3	Increase in friendships- better support networks & mental health	Less mental health issues & services associated with it	Cost of Mental Health In-patient day	Unit Costs of Social Care & Health 2010	£604 per day	35 days	£21,140
1.4	Drama workshops and production of plays	Development of drama skills	Cost of drama classes	Average cost of classes in Belfast	£23 per week	46 weeks X 13 young people	£13,754
1.5	Higher levels of confidence, self esteem, and resiliency	Less likely to be at-risk, less involvement of social services	Cost of social services to support young person living at home	Unit Costs of Social Care & Health 2010	£ 8,164 (£157 per week per young person)	4 young people	£32,656

**Note:** In order to put a financial proxy on anti-social behaviour the cost of an ASBO was utilised as this was the most transparent method for cost associated with this outcome. To take a percentage of the total of anti-social behaviour would be too obscure. The total cost of anti-social behaviour and youth crime is over £4billion (according to the Independent Commission on Youth Crime & Anti-Social Behaviour). There was severe rioting in the Ardoyne area in July 2010, costing over £1.1 million according to the BBC<sup>5</sup>.

<sup>5</sup> BBC News <http://www.bbc.co.uk/news/uk-northern-ireland-11168010>

## Young Women

A Focus Group was held with the young women to discuss The Programme and the changes in their behaviour. Overall the group was immensely mature and collectively collaborative in their nature with each other. For a group of teenagers they were forthcoming and open about their experiences.

When interviewing the main beneficiaries, to gain a better understanding of what has come out of The Programme, it was important to include the more subjective as well as objective outcomes. For many of the young women this Programme was a life line for them. Prior to being involved in this Programme many of them were not participating in any other youth programme. Since becoming involved in this Programme, many of them felt that they now are having opportunities that they would not have had. They are enjoying the friendships they are making and feel that they would be lost without having participated.

Many of the young women on The Programme feel it has made a significant difference in their lives and that The Programme is invaluable: It has made 'all the difference' and has given them the head start they need for a successful adulthood.

They expressed joy in meeting new people and working through the medium of drama. What makes his Programme 'extra special' is that the young women help to determine the programming content for their group, building autonomy and leadership skills. This is a life changing experience according to the young woman as well as the staff/volunteers. The long term impact is probably more powerful than the short term. For some this experience may provide a pivotal shift to a better life down the road. The young women on this Project also have a very special relationship with the Volunteer and Project Worker. able to go up to the young women and bring them away from the trouble."

This not only kept them from getting into trouble but she also helped diffuse the situation due to her strong relationship with the young women.

level of support stems from her strong relationship with them. She is viewed as a mentor and confidant and puts in a significant amount of time out of hours. 'The girls' all have her number and phone her in an emergency or when they need someone. She has informal relationships with the parents as well who call her if there is any trouble or anything has significantly impacted the young women. The general feeling is - Collette is always at the end of the phone if anyone needs anything.

This also means that the young women feel support when they are down and depressed. Many of the young women on The Programme feel it has made a significant difference in their lives and found the support given invaluable.

### Young Woman's Experience

"I have learned new things, met new people and have done things I would never have thought I could do. I've made friends that I normally would not have known. The dramas have been fun- it has shown our community what young people are like- we are all not thugs".

**STAKEHOLDER 2-  
Volunteers/Staff**

<b>Outcome</b>	<b>Indicator</b>	<b>Financial Proxy</b>	<b>Source for Proxy</b>	<b>Value of Proxy</b>	<b>Quantity</b>	<b>Value (over 1 year)</b>
<b>2.1</b> Build relationships with young people	Develop skills in working with youth	Cost of Youth Work Course	Average cost of Open University class	£400	1 Volunteer	£400

**STAKEHOLDER 3-  
Parents/Carers**

<b>3.1</b> Improved family relations- breakdown decreased	Less likely child in care	Cost to keep child in care for year	Unit Costs of Social Care & Health 2010	£43,843 per year	1 Young Person	£43,843
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**STAKEHOLDER 4,5,6,7**

**Funders- Community Relations Council, Primecut, North Belfast Interface Network (Draw Down the Walls)\* and Healthy Living Partnership\***

<b>4.1</b> Visiting local attractions plus outcomes for main stakeholder (through Community Relations Council funding)	Money spent when visiting attractions	Average pocket money spend per young person	young people's information	£5	8 visits for 13 young people	£520
<b>5.1</b> Drama Production	Money spent on tickets	Cost of ticket	Funder	£5	130 tickets sold	£650

Note- Outcomes for the North Belfast Interface Network and Healthy Living Partnership are not stated above as the outcomes are based around the young women's development therefore are included in the Young Women's outcomes section.

**Volunteers/Employees**

When interviewing the Volunteers and Staff within the AWG it was apparent that they are passionate about the work they do with the

young women. They believe that by working with this group at an earlier stage they are giving them the necessary support to become active, engaged members of their community. They have seen the women grow and develop into bright young women who are full of confidence and self-esteem.

#### **Management Committee Member**

“As well as providing a safe environment for the young women to creatively challenge their behaviour and thoughts, the Young Women’s Programme has also given them an opportunity to explore new opportunities such as being involved in the drama group, which culminated in them appearing in the Grand Opera House. While this is only one activity I believe it shows the excellent approach taken by AWG in helping the young women develop and grow at their own pace and in a safe environment.”

#### **Parents/Carers of Young People**

Eight parents were questioned about the changes of their daughters on The Programme. Overall, the response was very positive. Many of them felt this Programme had helped their daughter very much. The only recommendation from them on improving The Programme was to increase the number of days. For one parent the volunteer Collette was the reason that their child is still in the home. There was serious strain on their relationship. Collette was able to help work through it and maintain the young person living at home with her Mum.

For many in the area the thought of working with social services is unacceptable. There is a huge stigma associated with it and parents will tend to avoid getting involved with them whenever possible. According to the parents interviewed, the young women and the AWG Team, if parents need help they will not go Social Services. AWG is providing an avenue of engagement that would not have been previously sourced due to the Social Service exclusion.

#### **Parent**

“My daughter has had the opportunity to take part in activities that she would never dream of doing. I am amazed to see her get up on stage and taking part in a drama. She is more open minded, more confident and we have a better relationship.”

#### **Funders**

Primecut have been working with the young women for a number of years now. Matt Faris is the main facilitator and he is amazed by the growth of the young women on The Project. He has seen them develop through drama and states that the impact is truly amazing.

#### **Primecut**

“The girls really got so much out of The Project. It is really amazing to see the growth. As a group they are very engaging and show leaderships skills. This is reflective of the work of the AWG Young Women’s Programme and all the work they do. Collette really goes out of her way to support them and they have such a strong sense of responsibility. They always come to the workshops prepared and ready to work. AWG is to be commended for the work they do”

### **4.8 SROI Calculation, Ratio & Sensitivity Analysis**

#### **Discount Rates**

It is necessary to “discount” the values generated by each of the financial proxies. The following methods are used with the SROI application:

**Attribution:** An assessment of how much of the outcome was caused by the contributions of other organisations or people.

**Deadweight:** An assessment of how much of the outcome would have happened anyway, even if the Young Women’s Programme did not exist.

**Displacement:** An assessment of how much of the outcome displaced other activities or outcomes that would otherwise have occurred.

In applying this methodology to the Young Women’s Programme each change was considered in relation to the discount factors using existing staff knowledge, stakeholder surveys and internet research, percentages were decided and applied.

Accounting for **Attribution** required an historic and current examination of existing services and while attribution will vary from individual to individual the Young Women on this Project were not typically receiving services from any other providers.

**Displacement** considerations included a review of current activity and how changed activity has impacted on the outcomes.

In the case of **Deadweight** it was felt that the majority of the individuals would not have made any changes to their circumstances without an intervention of some kind. A 5% deadweight has been applied making an allowance for some self success in a small number of individuals for some of the outcomes.

### **Young Women**

#### **Considerations for Attribution, Displacement, Deadweight**

When reviewing the objectives for the main beneficiary (Young Women) the outcomes, indicators and financial proxy were discussed and it was determined that 5% would be used for and consideration given to possible alternatives for change. Information to support this came from the AWG Team and the Young Women.

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### **Parents & Carers**

#### **Considerations for Attribution, Displacement, Deadweight**

This was determined at 5% because there was a prime example of how the Young Women’s Programme stopped one young person from going into care.

### **Volunteer/Employees**

#### **Considerations for Attribution, Displacement, Deadweight**

This was considered 0% because without working on The Project these skills would not have been developed for the Volunteer.

### **Funders**

#### **Considerations for Attribution, Displacement, Deadweight**

10% was allocated for attribution for the Drama Production because this may have gone ahead with a different agency. 0% was given for attribution and deadweight, as for the Community Relations Summer Scheme as this would not have happened otherwise. No benchmark organisations were available for this analysis and it will be included in the recommendations to research this area further for any future analysis.

Outcome Reference number	Value	Attribution	Displacement	Deadweight	Total Impact Value
1.10	£8246	5%	0%	5%	£7,421.40
1.11	£2070	5%	0%	5%	£1,863
1.2	£4680	5%	0%	5%	£4,212
1.3	£21140	5%	0%	5%	£19,026
1.4	£13,754	5%	0%	5%	£12,378.60
1.5	£32,656	5%	0%	5%	£29,390.40
2.1	£400	0%	0%	0%	£400
3.1	£43,843	5%	0%	5%	£39,459
4.1	£520	0%	0%	0%	£520
5.1	£650	10%	0%	0%	£585
<b>Total Value</b>					<b>£115,255.10</b>

#### SROI Ratio

<b>TOTAL PRESENT VALUE</b>	<b>£115,255.10</b>
<b>NET PRESENT VALUE (PV minus investment)</b>	<b>£83,559.10</b>
<b>SOCIAL RETURN £ per £</b>	<b>3.64</b>
<b>SROI RATIO- 1:3.64</b>	

## Sensitivity Analysis

This analysis will look at the areas of The Report creating the most value in the results and change some of the intricacies of the calculation. This will show how much of an impact these alterations have on the result in the SROI ratio and, in turn, give a realistic banding to be considered as the result.

Outcome		Indicator Chosen	Changed to	Indicator Chosen	Changed to	SROI ratio current	SROI ratio alteration
1.3	Increase in friendships-better support networks & mental health	Value of Proxy £604 per day	£550 per day	Deadweight of 5%	10%	1:3.6	1:3.55
1.5	Higher levels of confidence, self esteem, and resiliency	£ 8,164 (£157 per week per young person)	48 weeks in the year	Attribution of 5%	10%	1:3.6	1:3.51
3.1	Improved family relations-breakdown decreased	£43,843 per year	£35,000 per year	Attribution of 5%	15%	1:3.6	1:3.38
2.1	Build relationships with young people	Removing whole outcome as too low a value for materiality				1:3.6	1:3.62

As the table above shows, the ratio banding is from the reported 1:3.6 to 1:3.38 using the sensitivity areas chosen.

## 4.9 Conclusions and Recommendations

The SROI Evaluation has found that for every £1 invested in The Project over £3.64 of value is created. As this SROI is only measuring one year's outcomes it

is difficult to measure the long term effects. It also focuses on years within a young person's life that are extremely important. This one programme provides a lifeline to many of the young women and will help them to become active positive members of their community. Some of the long term effects including, more of them are willing to go to college and further education, gain employment, and lead healthier, more fruitful lives. This programme supports significant change that can break the cycle of poverty, unemployment, low self esteem etc that are so prevalent in the area. The work of AWG is extremely powerful and the young women would be lost without it. Recommendations include:

- Keep detailed records of The Programme throughout the year and number of attendees, in kind services, and Volunteer hours for assessment purposes
- It would also be useful to include a pre and post evaluation with the young people to assess the progress that they have made to date. Either a customised version or a reliable and valid tool
- Utilise a confidence or well being index in tandem with evaluation on The Project to gain better insight into growth- The Strengths and Difficulties questionnaire may be an option
- Explore ways to measure resiliency and incorporate it into the yearly Programme Evaluation
- Utilise SROI or principles of it for other projects within Ardoyne Women's Centre and to value the impact of the entire programming of the centre
- Complete a longitudinal study on a core group of the Young Women to determine the long term outcomes and value that The Programme provides as well as complete a forecast SROI to truly reflect the longer term benefits of this work
- Research other similar organisations and explore ways they measure the outcomes and the weight given to the discount factors

Some of the limitations include:

- Some services and provision of The Programme is provided via goods and services in kind. For example- the local Community Centre has provided the use of a bus for the Young Women to attend events and activities. This was difficult to measure and include because there were no records to evidence the frequency of occurrences.
- As this is a pilot study it only covers high level findings and more work is needed within the more subjective outcomes- determining appropriate measuring tools and implementing them as part of The Evaluation
- This Project is preventative in nature and therefore makes it difficult to measure all the outcomes. This SROI has only included what can be measured. There are additional subjective outcomes as per the experience section as well as long term outcomes
- While this Report has been completed in tandem with a number of other SROI analysis of WSN Organisation Projects, it is not prudent to make comparisons of SROI ratio
- At present time it was not included to look at whether or not the Young Women were healthier- this is another area to explore which would increase the value of the investment

#### **4.10 Limitations of Study**



## Women's Information Northern Ireland

### 4.1 Women's Information Northern Ireland (WINI) Organisational Overview

The Women's Information NI (formerly Women's Information Group) is an umbrella organisation which brings together Women's Groups throughout Greater Belfast and the surrounding towns to provide a diverse programme including health, social issues, cultural diversity and community development.

They provide the opportunity for women to meet, to learn together, and to befriend other women and to access information. WIG believe that information is the key ingredient in confidence building, taking action and getting your voice heard, therefore access to information, particularly for women who are often isolated in their homes is of significant value. The Women's Information Group (WIG) was established to help break down the isolation of women in disadvantaged areas of Belfast by providing opportunities for women to come together to discuss issues of common concern on a cross community basis.

Parallel to the development of the WIG during the 1980s, the issue of health in socially disadvantaged communities became a matter of growing public and community concern through ground breaking initiatives such as the *Moyard Health Profile*. This provided a focus for the debate on how best to engage local people in the delivery of health services to local communities, leading to the of the concept of the *Lay Health Workers*, locally based people recognised for their knowledge and commitment to

their communities, employed to compliment the work of the health professionals.

A number of key women within the WIG were keen to explore an alternative approach to addressing health inequalities in local communities. They saw the potential of the Lay Health Worker model combined with the community development ethos of the WIG and set up the first local Community Health Information Workers Project in the Upper Springfield area of West Belfast in 1988.

### 4.2 Mission, Values and Aims

#### Vision:

To empower and support women through the provision of information, skills and knowledge

#### Mission:

Bring together women's groups to provide a diverse programme addressing health, social issues, cultural diversity and community development

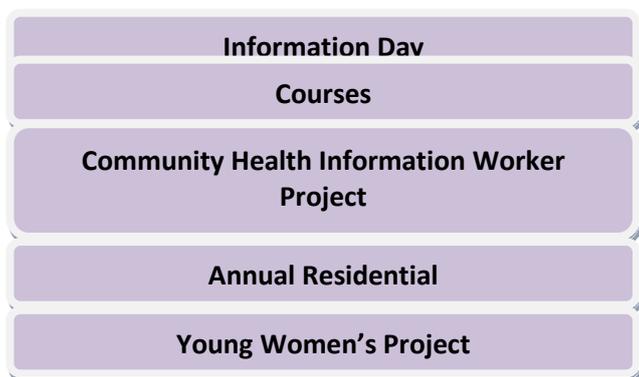
#### Aims:

- To help meet the needs of women attending Information Days and supporting their influence at local level
- To broaden women's understanding of themselves within the whole community so benefiting them in a political sense from contact with other religions and cultures
- To encourage confidence in their ability to access information giving a sense of ownership over their lives and also their families and community

### 4.3 Service Provision

A very full annual programme is provided throughout the year with the focus being information giving and empowerment. The monthly Information Days, which have been operating for 27 years, are used and enjoyed by women from throughout Northern Ireland.

WIG's Information Days, Projects and Courses are tailored to suit women with crèche facilities, travelling expenses and lunch provided so no women are ever excluded. There are five main areas of provision:



#### 4.4 Scope, Purpose and Duration of the study

**Service:** Champions Programme.

**Purpose:** To complete a Forecast SROI on the programme that will provide information on the predicted future social value of the project.

**Time period:** Over a five (5) year time period.

This SROI is focusing on the addition of another Volunteer tier to The Community Health Information Workers (CHIW) Programme, established in Belfast in 1988. CHIW is based on the rationale that *'information is power'* and that through the provision of health information by local women in an informal setting, individuals are empowered to improve their own health and well being, and that of their local communities.

The Programme recognises the pivotal role women in local communities can have in strengthening social and community networks, and the significance of such networks in the delivery of health services to people living in neighbourhoods of high social and economic need. The CHIW provides a distinctive and effective example of a community development approach to the delivery of health information. Local Volunteer Workers provide information, support and advice in an informal setting within their local communities on a wide range of health issues. Key concerns include support on stopping smoking; information on the risks of alcohol and drug abuse for adults and young people; parenting matters; sexual health issues; and, prevention and detection of different types of cancers. Mental health issues are also covered such as

coping with stress and depression as well advice on social and economic issues such as child development and debt management.

Mutual support, information sharing and a participative way of learning are at the heart of the work of the CHIW Programme. The Programme recognises the particular role women in disadvantaged communities in Northern Ireland have played in building stronger and healthier communities. Women have traditionally acted as caretakers in the health of their families and communities and the contribution of community based Women's Groups and Women's Organisations throughout *'the troubles'* has been widely acknowledged. The focus of the CHIW Programme has been to further develop the role of local women with a specific focus on health and well being.

The five Projects that currently exist throughout Belfast include the Upper Springfield Area, East Belfast, North Belfast, The Shankill area and South Belfast. These target areas have been chosen due to high social and economic disadvantage, and each Project has 10 Volunteer Workers. Each Local Project meets fortnightly to receive and exchange information from visiting speakers on a variety of health and wellbeing topics. In addition to local meetings there are visits to Voluntary and Statutory Sector Agencies as well as Cross Project Meetings and Events to encourage information sharing and gathering. Funding is provided from a variety of sources including the DHSS&PS, Local Health and Social Services Trusts and the Big Lottery Fund.

The CHIW Programme is based on three key elements:

- Empowering lay people to pass on health information
- Building on the experience of women already involved in their community
- Creating a network of women for exchanging information and mutual support

408 queries were recorded by 62% of workers over an average two week period. If this is further aggregated to represent a nine month period

(excluding summer months and other holiday periods) this would indicate an annual average of 11,844 queries across the five projects.

The CHIW provides a distinctive and effective example of a Community Development Approach to the delivery of health information. Local Volunteer Workers provide information, support and advice in an informal setting within their local communities on a wide range of health issues.

The delivery of the CHIW Programme is taking place at a time when there is a significant focus in Government Policy in tackling inequalities in health between geographic areas, socio economic and minority groups. Policies at both regional and local levels recommend actions to build knowledge of health issues in local communities; to target resources on the needs of the most disadvantaged neighbourhoods; and to tackle the '*determinants of health*' such as poverty, income and poor community infrastructure. This additional tier of the Champion will enhance the work of the CHIW by providing additional Volunteers. This will be formalised, then the CHIW with each Champion will have a specific focus based on the needs within the area. They will also have additional responsibility for arranging speakers and addressing groups on a specific health need in that area.

### **Theory of Change**

The SROI Impact Map is based on the "Theory of Change" which is the account of the Organisation's resources (inputs) to do its work (activities) leading to direct results (outcomes) that the Organisation can take credit for (impact). The Impact Map is a framework for showing the causal link between inputs outputs and outcomes. The information from this map will allow Women's Information Group to better understand and support its theory of change for the Champions Programme.

This is a relatively new initiative and it is still in its infancy stage of development. The concept has been developed but there is still development in how it is executed and funded. This initiative has been created on the back of the success of the CHIW Programme.

An Interim evaluation of the CHIW Programme was completed in December 2005 in which the findings indicate that the CHIW Programme has been very successful in delivering on its aims and objectives. The Programme is being delivered in areas of high social need in Belfast, increasing access to services for individuals and families most at risk and strengthening social inclusion through the participation of a range of groups from the Travelling Community to Ethnic Minorities.

The projected number of queries that CHIW workers are dealing with on an annual basis has been estimated at 11,844. Men form a significant group within the profile of Project Users, accounting for 25% of the total, with 75% of queries from women. The three most popular categories on which information is sought was specific *Physical Health* issues such as Cancer and Diabetes; *Mental Health and Well Being* concerns such as depression and stress; and queries relating to *Benefits, Employment and Community* issues.

There has been overwhelmingly positive feedback from respondents on the progress the Programme has made in empowering women in local communities and in building social and community networks. Key benefits identified included increased self-confidence, improved skills and knowledge of local women in the delivery of information in a wide range of health issues; improved communication and liaison with Voluntary and Statutory Agencies at local community level; and, greater participation of local women in addressing local needs. The Programme has also been very successful in supporting people to take more responsibility for their own health and to be more assertive in getting the treatment and services they need for their families and communities. Evidence presented in both the midterm and final evaluation reports illustrates the way CHIW is changing attitudes not only to health and well being issues but also to undermining racism and sectarianism as women from different religious and ethnic communities work together to make their communities a better place to live and work.

The CHIW Programme includes collaboration with many agencies, contributing to the development of partnership building in the health and well being sector, strengthening the practice of interagency work and increasing understanding of a community development approach to the delivery of health services in local communities. Work with the Health Action Zone, NW Belfast, the Investing for Health Partnership and Local Health and Social Services Trusts have been particularly significant.

In September 2009 WIG undertook a series of consultations, planning meetings and reviews of the five Community Health Worker areas representing some 50 women Volunteers. This assisted in the identification of the Champions Programme as an additional tier to The Project.

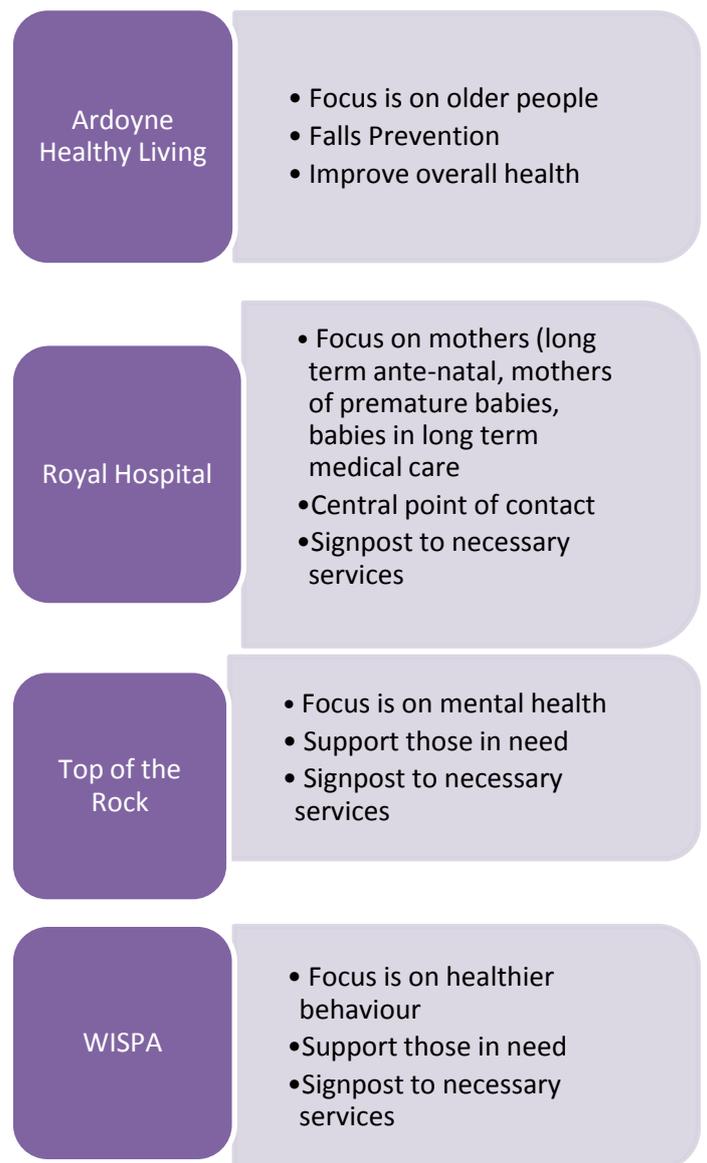
As stated previously, the Champions Programme will be more formalised than the CHIW with a specific health remit based on the needs of the area. The Champion will be responsible for addressing groups on relevant topics of interest. The Champions Programme will be based similarly on CHIW with the use of Volunteers for the positions. This Programme will give women new skills and knowledge on health and well being matters. This additional layer will provide targeted support to the CHIW.

The Champions Programme aim is targeting the improvement of health and the reduction of health inequalities in vulnerable areas. This will be achieved by The Champions Programme involving three Healthy Living Centres- including Ardoyne, Top of the Rock (West Belfast) and WISPA- Springfield Road and the Royal Children’s Hospital. The aims of the Champions Programme are below:

- To reduce dependency on medication
- To raise awareness of health and safety in the home for elderly
- To raise awareness of the risk of diabetes and of screening for appropriate at risk groups (such as ethnic women)

The four Champions will work approximately 10-20 hours a week per Volunteer. The Champion will organise and support the CHIW in delivering events

promoting healthier lifestyle, mental health and well being. The Champions will provide talks to local groups, create linkages and will act as a local point of contact and conduit between local women and agencies such as Patient and Client Council and Local Commissioning Groups. A core function of the Champions will be that of recording data on evidence of distribution of the information and measuring the impact of the programme. Each Champion will focus on a specific health subject based on the needs of the area. Please find the tentative focus areas for each champion below:



This report will focus only on the Ardoyne Day Centre for the Elderly as they are the furthest in the process of implementing a Champion. The Champion for that area will focus on increasing the number of users of the Day Centre which provides services to the local senior citizens. The SROI analysis will vary per Champion as they have different remits and outcomes.

The Ardoyne Community Healthcare Centre was established in 1990 as a community response to the lack of access to Health Services within Ardoyne. With the support of Flax Trust and the local community the Centre is the home of various Health provisions such as a G.P. Surgery with over 3,000 patients. There are two GPs, a Practice Manager and Practice Nurse. Local people are employed as receptionists. The Centre provides Medical services and employment to the local community. Some of the services offered are anti and post Natal Clinics, Asthma Clinic, Immunisation Clinic and general healthcare.

Ardoyne/Shankill Health Partnership (Healthy Living Project) is also housed in the Centre. With the help of the Flax Trust, Big Lottery Funding was awarded under the Healthy Living Centre Programme for 5 years. This funding enabled the Partnership to address inequalities in health and be the local flagship for health in the community. The Centre reaches out to people who have until now been excluded from opportunities for better health and is a powerful catalyst for change.

Projects involve local communities and reflect local priorities for health and wellbeing. They seek to address the wider determinants of health and health inequalities, such as social exclusion, lack of access to services and socio-economic deprivation. With over 15 areas of activity to take part in, e.g. personal development courses, health information fairs and classes, outdoor activities and creative arts, crafts and drama together with an interesting range of complementary and alternative therapies such as Reflexology, Hot Stone Therapy, Indian Head Massage, Reiki, and Aromatherapy ... All the Therapists and Programme Facilitators are selected from an extensive network of professionally qualified and insured people, usually local people, some of

whom have been trained through the Project. People are actively encouraged to get involved, get healthy and enable them to make healthier lifestyle choices, allowing them to live longer healthier and happier lives free from ill health.

The Centre also houses a Day Centre for Elderly providing activities which encourage the elderly to become involved in community life. It helps prevent social isolation leading to depression and mental ill health. The Day Centre provides services for the elderly three days a week (Monday, Wednesday and Friday). That includes providing tea and biscuits in the morning along with the cook providing a wholesome dinner for those who live alone and would not cook for themselves. The Day Care Centre offers a programme of healthy activities with a wide range of sessions on physical activity such as dancing, boccia, armchair aerobics all supporting better mobility and positive mental health. Participants also play bingo, have sing-along sessions, and go on day trips and annual holidays. Arts/crafts are very popular with the elderly making their own Christmas and Easter cards and Easter bonnets.

The Champion for the Ardoyne Healthy Living Centre will focus on outreach for the Day Centre by increasing the number of elderly attending. It will be the responsibility of the Champion to determine in partnership with Statutory, Community and Voluntary Groups who in the area would be best to receive the services and then invite them to attend (which may require providing some emotional and transportation support). They will also create linkages between other health focused organisations and agencies/projects in the local area. Part of the Champion's role will be to signpost the elderly to the appropriate service providers.

#### 4.5 Stakeholder and Materiality

At the start of any SROI it is necessary to identify the stakeholders for The Project. The following highlights all the stakeholders involved in The Programme.



#### Ardoyne Women's Group – Key Stakeholder Groups

The next part of the process was to determine what stakeholders were relevant and should be included in this SROI study. Please see below for a breakdown of relevant stakeholders, changes, reason for inclusion, consultation method and number of participants. The main beneficiaries are the Elderly Day Centre Users.

<b>STAKEHOLDERS INCLUDED IN SROI</b>				
<b>Stakeholder</b>	<b>Changes</b>	<b>Reason for Inclusion</b>	<b>Method of Consultation</b>	<b>Participants</b>
<b>Elderly</b>	Signposted to necessary agencies & support Access to warm meals Improve overall health Increase friendships More fit from exercise sessions, better health education	Key Stakeholders	Interviews & Focus Group	29 people
<b>Champion Volunteer*</b>	More knowledge of services available in area and gain new skills Sense of fulfilment at volunteering-healthier	Stakeholders who play an important role in project and its continuation	Estimates based on info provided	NA
<b>CHIW</b>	Increase in programming and support	Champions work enhances CHIW	Prior Evaluation utilised & info from WIG	1 person
<b>Ardoyne Healthy Living</b>	Increase in numbers of Day Centre Increase in programming capacity	Benefits greatly from Champion programme – key player	Interview	3 people
<b>Families of elderly</b>	Less time taking care of parents, sense of relief	Stakeholders behaviour impacts significantly on the family	Interview & Focus Group	29 people
<b>Big Lottery Fund</b>	Changes to main stakeholder stated above	Funder	Info from WIG Interviews	2 people

<b>STAKEHOLDERS NOT INCLUDED IN SROI</b>		
<b>Stakeholder</b>	<b>Changes</b>	<b>Reason for Exclusion</b>
<b>Community</b>	More services & community capacity	Too complex to gain information from a significant portion of the community. Also hard to measure change- it would vary greatly between members.
<b>Statutory Services</b>	Reduced workloads	As this is a forecast for a new initiative it would not be possible to obtain info from appropriate statutory services. They should be included in further analysis once programme is up and running
<b>Community/ Voluntary Groups</b>	Benefit from working in partnership and signposting of elderly	Difficult to measure as there is a wide range of partners and outcome. Would vary greatly per group.

### ***Consultation Methods***

For the elderly a Focus Group and interviews were completed whilst they were at the Day Centre. The Day Centre provides services for around 25-35 people on a regular basis. They have over 50 people on the books. There were 29 people in attendance during the Focus Groups and then further interviews were completed with five of them. Information on the impact of the family was also obtained from the elderly that were interviewed. This was due to time and resource constraints. It would have been too timely to interview a family member of every individual. Some of the elderly have been attending this Day Centre for a year whilst some have been there for over 20 years.

As stated above with the Champion Programme being a new initiative there were no current Project Volunteers to interview. Information was obtained from the Management Committee that is overseeing The Programme as well as WIG who are the drivers for The Project.

A previous evaluation on the CHIW's was used along with information from WIG to assist with information gathering on how The Programme will impact the Volunteers.

### **4.6 Inputs, Outputs, Outcomes**

This Programme not only builds support for those in the community that benefit from The Programme but the Volunteers themselves are also bettering their lives. It provides the opportunity for those that may not be currently engaged within their community to become actively involved. It also enables the Volunteers to gain new skills and training whilst playing a role in developing community capacity.

#### 4.6.1 Inputs

Stakeholder	Inputs- Narrative	Inputs- Financial
Elderly	Time, Money for meals, bingo and activities	£12,150*
Note- £12,150 was calculated by multiplying £9 X 30 attendees X 45 weeks		
Champion (volunteer worker)	Time and Support	£2880
Note- £2,880 was calculated by multiplying £6 (minimum wage) X 10 hours a week X 48 weeks (to take into consideration of holidays)		
CHIW	Support	£0
Ardoyne Healthy Living	Support	£0
Families of Elderly	Support	£0
Big Lottery Fund*		£7,970
<b>TOTAL INPUTS</b>		<b>£23,000</b>

#### 4.6.2 Outputs

The main outputs for this Programme include:

- Outreach for an additional 24 new users of the Day Centre for the elderly

Those elderly that become involved in The Programme may have some of the following outcomes:

- Signposted to necessary agencies to receive appropriate services
- Meals provided via Day Centre
- Increase in friendships and support in local community improving mental health
- Elderly are more fit from exercise sessions, better health education, friendships with other elderly - improving overall well being

### 4.6.3 Outcomes

When interviewing the stakeholders the focus was on how The Programme has changed behaviour that can be measured. Once the outcomes were determined the next step was to determine how to measure and place financial proxies on those outcomes.

Stakeholder	Outcomes
Elderly	Signposted to necessary agencies & receive appropriate support Access to warm meals Improve overall health Increase social activities & friendships More fit from exercise sessions Better health education
Champion (Volunteer Worker)	More knowledge of services available in area and gain new skills
CHIW	Increase in programming & support- better outreach which is targeted
Ardoyne Healthy Living	Increase in numbers of daycentre- better outreach for local elderly
Families of Elderly	Less time taking care of parents, sense of relief
Big Lottery	<b>Outcomes for main stakeholder (elderly)</b>

## 4.7 SROI Study Results

### STAKEHOLDER 1-Elderly

Outcome		Indicator	Financial Proxy	Source for Proxy	Value of Proxy	Quantity	Value (over 1 year)
1.1	Signposted to necessary agencies to provide services	fewer elderly in nursing homes-supported in home	Cost of nursing home care per year	Unit Costs of Social Care & Health 2010	23192	3	£69,576
1.2	Get warm meals three times a week	Fewer home care visits	Cost of home care visit	Unit Costs of Social Care & Health 2010	£21 per hour	3 visits per week X 30	£98,280
1.3	Increase in friendships and support improving well being	Less prescription meds	Cost of prescriptions	Unit Costs of Social Care & Health 2010	£11	14 (yearly average)	£770
1.3.1	Increase in friendships and support improving well being	Less mental health medical appointments	Cost of mental health In-patient	Unit Costs of Social Care & Health 2010	£604	21 days	£12,684
1.4	Exercise sessions & social outings-increase in health & clubs	Fewer stays in hospital	Cost of In-patient	Unit Costs of Social Care & Health 2010	£240 per day	35 days per 3 elderly	£13,754
1.4.1	Exercise sessions & social outings-increase in health & clubs	Fewer A&E visits	Cost of A&E visit	Unit Costs of Social Care & Health 2010	£107	12 visits	£1284
1.4.2	Exercise sessions & social outings-increase in health & clubs	Fewer GP visits and overall health improvement	Cost of GP home visit	Unit Costs of Social Care & Health 2010	£120	30 visits	£3,600
1.4.3	Exercise sessions & social outings-increase in health & clubs	New clubs/group activities joined during year	Average annual cost	Current Avg of trips and outings, bingo	£42	15	£630

## Elderly

This Day Centre provides a social outlet along with practical support such as meals to elderly within their local area. There is also transportation provided to the Day Centre for those who need assistance. For many of those interviewed this is an important part of their weekly routine. There have been strong friendships developed and there is a sense from being with them that they look after each other. As well, the Day Centre Employees will ensure that the residents are well. For example one resident did not attend one morning so the Employees were on the telephone immediately checking on him to make sure he was alright.

Whilst the Study Results and The Impact Map only account for the actual changes that are measureable there are also other outcomes that need to be considered. With the elderly being more active and fit physically and mentally, this may delay the onset of other diseases or illnesses such as cancer, dementia, flu, etc. When people are healthier overall, there tends to be less opportunity for the body to pick up other viruses etc.

The services provided by the Day Centre and in turn the Champion are not be underestimated. The estimations above are conservative and there is potential that this Programme would save an elderly person from an early death- they have something to live for and people to live for that truly support them. The Centre provides health talks and activities based on the needs of the users. This Day Centre is supporting people within their own homes and is extending their capability to stay within those homes.

### Elderly Man's Experience

"My nurse convinced me to start attending. I have severe diabetes and am on my own. I decided to start coming-it gets me out of the house. I met my mate and now we sit together every day the Day Centre runs. I am really glad that I started here".

The Champions Programme costs very little but in turn will have significant impact. For some, trying something new may be difficult but with a bit of support they are able to attend the Day Centre. Once there, striking up new friendships and engaging in activities, the drop off rate would be quite low. For some of the elderly this is the reason to get out of bed and dressed. It gets them out of the house and on outings/activities that they would not otherwise dream of doing

When questioned about the meals many of them felt that they would not be cooking at home for themselves. A warm meal was greatly appreciated. On the day the interviews and Focus Groups were completed, Bingo was on and they meant business. The social activities allow for interaction and engagement. The room was buzzing with energy and conversation. Of course most had their specific tables and specific chairs that they sit in when they are in attendance. For many this is a lifeline and the opportunity to enjoy life in the later years in a place that provides support and nurturing.

### Elderly Woman's Experience

"I started coming here and there was a group of us who used to work together. We hadn't seen each other in years. A few of our husbands have passed away so we are on our own. Now we come here and have a laugh together. We have caught up on all the gossip and really enjoy each other's company".

### STAKEHOLDER 2- Champion

Outcome	Indicator	Financial Proxy	Source for Proxy	Value of Proxy	Quantity	Value (over 1 year)	
2.1	Increase in skills	Attend classes/workshops	Avg cost of further education/training course	Belfast Metropolitan College Prospectus	£200	2	£400
2.2	Better overall health	Fewer GP visits	Cost of GP visit	Unit Costs of Social Care & Health 2010	£29 per hour	5 visits	£3,120

### STAKEHOLDER 3-CHIW

3.1	Improves programming & increases outreach	Time saved by CHIW	Cost of 10 volunteer hours per week	HMRC website	£6 per hour	10 hours	£3,120
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### STAKEHOLDER 4- Ardoyne Healthy Living

4.1	Saves time & increases number of users	Less volunteer/worker time	Cost of hours	HMRC website	£6 per hour	5 hours a week	£1560
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### STAKEHOLDER 4- Families of Elderly

5.1	Engagement in an economic or personal activity that was previously not an option	The engagement in additional activities	Minimum wage per hour	HMRC website	£6 per hour	4 hours a week	£18,720
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### STAKEHOLDER 4- Big Lottery

6.1	Outcomes for main stakeholders stated above						
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### **Champion**

The Champion Worker Volunteer will greatly benefit from being involved in this Programme. It will allow him/her to develop as an individual while making a difference in his/her local community. This is twofold in that it is not building the capacity of that individual but also of that community. It was found from the CHIW Programme that people like to talk to someone from their own community and find it more welcoming to go to a group that has others similar to him/her involved in it.

This Volunteer Worker will be supported by not only WIG's CHIW but also the Day Centre as well. The Champion Role allows for someone from the community who wants to give back the opportunity to become involved. This could be someone who previously was isolated and not engaged. The benefits could be even greater than predicted but again estimations lean towards the conservative.

### **CHIW**

The Champion's Programme additional tier will provide necessary support to the CHIW as per WIG's consultations. It will provide that focused outreach and will bring in additional people to the CHIW. This in turn will increase the impact of the CHIW which was not taken into consideration for this study as it might be a longer term effect. This assumption will need to be readdressed after the Champion Programme is up and running.

### **Ardoyne Healthy Living**

The Champion will be a much needed addition to the Day Centre. It will mean that the Volunteer Worker can work in partnership with the Ardoyne Healthy Living Centre, along with Community, Voluntary and Statutory Agencies to target the most at need in the area. The Champion can then engage with those people to encourage them to start attending the Day Centre. Once the elderly start attending they tend to get in the routine of attending with dropout rates being quite low. The most challenging aspect is getting the older person through the door. The Champion will save workers much needed time with the return being significant.

### **Families of Elderly**

The elderly in the Day Centre reported that the Day Centre takes some burden off those with families (an estimated 50%). It means that the families do not need to come over and take care of them. This in turn allows for the families to engage in other activities that were otherwise not possible. This would be an area that should also be revisited once The Programme is up and running with the new elderly recruits to gain a better insight into how much time is saved by the family.

There is also a sense of relief from the families in that they know that their relative is being looked after three days a week in a nurturing environment that allows for them to be involved in activities, social outings, exercise and a warm meal. It means that their family member is building a stronger support network and in turn may become healthier and live longer.

### **Big Lottery**

The funding came from Awards for All.

## 4.8 SROI Calculation, Ratio & Sensitivity Analysis

### Discount Rates

It is necessary to “discount” the values generated by each of the financial proxies. The following methods are used with the SROI application:

**Attribution:** An assessment of how much of the outcome was caused by the contributions of other organisations or people.

**Deadweight:** An assessment of how much of the outcome would have happened anyway, even if the Champions Programme did not exist.

**Displacement:** An assessment of how much of the outcome displaced other activities or outcomes that would otherwise have occurred.

**Drop-off:** An assessment of what will happen or what impact of change may continue beyond the run of The Champions Programme. A % estimation of the influence of other factors and an element of failure to continue the changes beyond the support provided by WIG has been applied.

In applying this methodology to the Champion Programme each change was considered in relation to the discount factors using existing staff knowledge, stakeholder interviews and internet research, percentages were decided and applied.

Accounting for **Attribution** required an historic and current examination of existing services and while attribution will vary from individual to individual an overall figure was chosen for each outcome.

**Displacement** considerations included a review of current activity and how changed activity has impacted on the outcomes.

In the case of **Deadweight** it was felt that the majority of the individuals would not have made any changes to their circumstances without an intervention of some kind. A 5% deadweight has been applied making an allowance for some self success in a small number of individuals for some of the outcomes.

### Elderly

#### Considerations for Attribution, Displacement, Deadweight, Drop off

When reviewing the objectives for the main stakeholder the outcomes, indicators and financial proxy were discussed and it was determined that 5% would be used for ??? and consideration given to possible alternatives for change. 5% deadweight was also used. Drop off varied per activity depending on what was reported. Drop off was at 10% for most outcomes. 30% was allocated for less in nursing homes as there might be a decrease after the first year’s impact. 50% was allocated for fewer home care visits based on similar reports.

### Champion

#### Considerations for Attribution, Displacement, Deadweight, Drop off

This was determined at 5% because the target Volunteer Worker would not be someone who is already engaged in the community. There was no drop off allocated.

### CHIW

#### Considerations for Attribution, Displacement, Deadweight, Drop off

This was considered 0% because without The Champions Programme these outcomes would not have happened.

### Ardoyne Healthy Living

#### Considerations for Attribution, Displacement, Deadweight, Drop off

This was considered 0% because without The Champions Programme these outcomes would not have happened.

### Families of Elderly

#### Considerations for Attribution, Displacement, Deadweight, Drop off

5% was allocated for attribution and deadweight. 15% was allocated for drop off as the novelty of doing something else during that might be decrease.

Please see full Impact Map in the Appendix to view the complete table.

5 Year Projected Calculation of Social Return with a Discount Rate of 3.5%*					
Outcomes	Year 1	Year 2	Year 3	Year 4	Year 5
1.1	£62,618.40	£0.00	£0.00	£0.00	£0.00
1.2	£98,034.30	£0.00	£0.00	£0.00	£0.00
1.30	£768.08	£691.27	£622.14	£559.93	£503.93
1.31	£11,415.60	£0.00	£0.00	£0.00	£0.00
1.40	£23,939.95	£0.00	£0.00	£0.00	£0.00
1.41	£1,219.75	£0.00	£0.00	£0.00	£0.00
1.42	£3,419.95	£3,077.96	£2,770.16	£2,493.14	£2,243.83
1.43	£441.00	£0.00	£0.00	£0.00	£0.00
2.1	£360.00	£0.00	£0.00	£0.00	£0.00
2.1	£130.50	£0.00	£0.00	£0.00	£0.00
3.1	£3,120.00	£3,120.00	£3,120.00	£3,120.00	£3,120.00
4.1	£1,560.00	£0.00	£0.00	£0.00	£0.00
5.1	£16,848.00	£14,320.80	£12,172.68	£10,346.78	£8,794.76
<b>TOTALS</b>	<b>£223,875.53</b>	<b>£21,210.02</b>	<b>£18,684.98</b>	<b>£16,519.85</b>	<b>£14,662.52</b>

\*A discount value of 3.5% was applied over the five-year period. This is in line with the Government's Green Book, which requires that public money be discounted at a rate of 3.5% per annum

#### **SROI Ratio**

<b>TOTAL PRESENT VALUE</b>	<b>£279,698.97</b>
<b>NET PRESENT VALUE (PV minus investment)</b>	<b>£256,698.97</b>
<b>SOCIAL RETURN £ per £</b>	<b>12.16</b>
<b>SROI RATIO- 1:12.16</b>	

## Sensitivity Analysis

This analysis will look at the areas of The Report creating the most value in the results and change some of the intricacies of the calculation. This will show how much of an impact these alterations have on the result in the SROI Ratio and in turn give a realistic banding to be considered as the result.

Outcome		Indicator Chosen	Changed to	Indicator Chosen	Changed to	SROI ratio current	SROI ratio alteration
1.1	Access to necessary agencies to provide services	Cost of nursing home care £23,192	£20,000	Attribution of 5%	15%	1:12.1	1:11.5
1.2	Get warm meals three times a week – improved health	Quantity of 3 visits a week	1 visit a week	Deadweight of 5%	15%	1:12.1	1:9.4
1.40	Exercise sessions & social outings- increase in health & clubs	Attribution of 5%	20%	Cost of £240 per day	£300	1:12.1	1:12.41

As the table above shows the ratio banding is from the reported 1:12.1 to 1:9.4 using the sensitivity areas chosen.

## 4.9 Conclusions and Recommendations

The SROI Evaluation has found that for every £1 put into The Project, over £12 of value is created. Overall, this Champion Programme, whilst requiring minimum operational funding, has a significant return on investment. It is leveraging the other CHIW Programme and the Ardoyne Healthy Living Centre which, in turn, saves cost and increases the return. The utilisation of Volunteer Support limits costs whilst also adding the benefit of engaging a potentially new member of the community who previously was not engaged. Again this has significant impact. This could also be viewed as a preventative measure to home placements breaking down for the elderly. The impact could be even greater than estimated with long term health care being put off with the elderly being healthier both physically and mentally. The friendships created around the Day Centre also need to be valued as this may make the difference for some to choose living and being happier which has health implications.

Recommendations include:

- Complete a more robust evaluation of the Ardoyne Day Centre Programme
- Keep detailed records of The Programme throughout the year and number of elderly and volunteer hours for assessment purposes
- Utilise the findings to embed SROI reporting into The Champions Programme at the onset
- Complete a more thorough SROI Report for all Champions once details of The Programme are solidified
- Determine outcomes for all the Champion Volunteers
- Instil reporting methods that will allow for the SROI to be measured and for thorough Evaluations to be completed
- Revisit the Champions outcomes once The Programme is up and running

## 4.10 Limitations of Study

Some of the limitations include:

- Due to this being a new project it was still in its infancy of development, it was challenging to interview a large number of stakeholders
- This SROI Report only analysed one of the Champion Volunteers due to the diversity of the outcomes for all the Champions and it is not possible to extrapolate the information for the other Champions as the outcomes vary greatly based on the remit of the Champion
- As there were no Champions in place at the time of this SROI Analysis there was no opportunity to obtain outcomes from this stakeholder- these have been estimations.
- While this Report has been completed in tandem with a number of other SROI Analyses of WSN Organisation Projects, it is not prudent to make comparisons of SROI Ratio

Appendices:

- **Impact Map of AWG**
- **Impact Map of WINI**