A Forecast Social Return on Investment Analysis of Four Themes of Services within Crann for 2023

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> *"On Crann's website, it says 'Solutions for families with neuro-physical disabilities." I like that because it's like they're putting the service users and their families first. I really like that."*
>
> **Adult client with a disability**

1. Introduction

1.1 About Crann

Crann, established in 2014, is a registered charity based in Ovens County Cork. It provides evidence based, high quality services and supports for children, adults and families living with neuro-physical disabilities. Its services are focused on, but not limited to, people who have Spina Bifida, Hydrocephalus, Muscular Dystrophy, Cerebral Palsy, Childhood stroke and Spinal Cord Injury.

Crann's vision is an inclusive partnership which empowers children, teens and adults living with a neuro-physical disability, along with their families, to live their best lives. The organisation utilises an evidence-based, best practice Model of Care that delivers meaningful outcomes for the children, adults and families who use its services. It strives to empower them throughout the whole of their lives.

Crann's services enable better health and wellbeing for adults, children, and their families by empowering them to participate in work or education, social activities and in their community, leading to an improved quality of life. Its approach is based on extensive research and international best practice.

The Crann Model of Care, based on the Ascend Two-Generation approach, places the family at the centre of a range of supports where services are delivered to each family member, either at the same time or separately. The organisation believes that by supporting the whole family it can help the child or adult with a disability and the whole family to thrive.

Figure 1: Crann's Model of Care Diagram

Crann is the only European organisation in the 500-strong Ascend network. It is also the only organisation in the network to use the model for disability services.

Crann's services and supports are delivered through six key themes:

- Health and Continence
- Psychological Wellbeing
- Community and Networks
- Mobility
- Education and Career Pathways
- Independent Living

It is a core part of Crann's mission to provide a unique service offering and not duplicate services that are already available to people with disabilities in Ireland.

Crann's own research confirms that its services are having a significant impact. Children, adults, siblings, and parents, in particular the child or adult family member with a disability, are reporting improved health and wellbeing, increased opportunities for participation in work, rest, and leisure.

Amongst the outcomes reported by families are:

- Reduced demand on acute services

- Improved physical health
- Improved independence, mobility, and self-care/ self-management
- Improved family relationships
- Improved quality of life and psychosocial wellbeing
- Increase in confidence and motivation
- Re-engagement into the community and employment
- Reduced caregiver burden

Crann believes in collaboration with peer organisations to improve the range and quality of supports available. It has a number of active collaborations in Ireland and the United States across academia and in organisations supporting people with disabilities.

In 2022 Crann completed three significant capital projects:

1. The Impact Hub @ Crann – a fully inclusive co-working space, providing the support for people with disabilities to work in a collaborative enterprise centre.
2. Conservation at Crann – a 25 acre working conservation area that is fully accessible for people with disabilities.
3. The Inclusive Playground and Leisure Space – a ¼ acre purpose-built, user-designed playground where all the play equipment and spaces are fully accessible.

1.2 Key Findings

Most stakeholders who engaged in services at Crann experienced highly valuable outcomes. Using the principles of SROI, this analysis found that the social return ratio was calculated at €4.05 for every €1.00 invested. Sensitivity analysis revealed that the social return likely appears in a range between €3.65 to €4.50.

Crann provides important services for people with neuro-physical disabilities and their families, who often cannot access these services elsewhere. It was reported by clients that especially for family members of people with disabilities, this was a unique experience, and they didn't feel there were services provided specifically for them by other organisations.

An extensive literature review and consultation with experts shows that people with neuro-physical disabilities in Ireland can experience a range of challenges and barriers in life. Access to services in Ireland is impacted by the legacies of institutionalisation and medicalisation of disability influencing current disability services in Ireland, and the strain on the system caused by under-staffing and long waiting lists. Inability to access services often leads to negative outcomes across the psychological, social, and health and wellbeing experiences of people with disabilities, and their families.

This report will demonstrate how person-centred disability services in the areas of Psychological Wellbeing, Community and Networks, Health and Continence, and Personal Support and Connection can impact people with disabilities and their families. Access to these services through Crann has generated a range of positive and valuable outcomes including increased social inclusion, support, and community, improved mental wellbeing, improved physical wellbeing, and increased hope for the future.

Crann has a highly positive reputation among its clients and is often described as a “life saver” by those who access services. Clients who attend services at Crann report feeling cared for, prioritised, and accommodated. This makes Crann stand out against other organisations for them. The social value created by Crann is an important step towards understanding the value that can be generated by person-centred disability services for the whole family in Ireland.

1.3 About this Report

Social Return on Investment (SROI) is a methodology used to evaluate the total value created by an organisation's activities on all of its stakeholders. It draws on well-established methodologies from economics, accounting, and social research.

The Social Return on Investment analysis of Crann's Services was underpinned by the seven guiding principles of social value:

- Involved stakeholders
- Understand what changes
- Value the things that matter
- Only include what is material
- Do not overclaim
- Be transparent
- Verify the result

The SROI method ascertains the value of outcomes experienced by stakeholders and is especially pertinent in valuing "soft" outcomes, or outcomes that do not have a simple market value. The social value is calculated by attributing a financial value to the quantified change experienced by stakeholders, commensurate with the size of the change. For many stakeholders, it is difficult to place a value on a "soft" outcome, like one's mental health, so SROI uses financial value as a proxy for value, allowing for comparison between the value of different outcomes that would otherwise be difficult to compare. These financial proxies represent the value of the change experienced and not the value or cost of the service provided.

The most important component of the SROI is to understand the value that the clients of the services and other stakeholders place on their outcomes, so that we can understand what they value the most. Decisions can then be made to increase that value and avoid actions that reduce it. Involving stakeholders is key to understanding this, so stakeholder views were collected from 103 stakeholders for this SROI forecast, through a mixture of qualitative interviews, focus groups and surveys. Stakeholders were given the opportunity to review the findings and confirm or clarify their perspectives as well as suggest new insights at each stage.

The value of the outcomes included in this SROI analysis represents the value created by Crann through the specific services included that would not have happened without the intervention of the services included. Any value that would have happened anyway (deadweight) or that is attributable to other interventions (attribution) has been deducted.

1.4 Scope of Research

The purpose of the SROI was to forecast the value that will be created by Crann's services within the below themes, from January 1st to December 31st, 2023.

The period of analysis for this forecast was January 19th to July 12th, 2022.

The themes of services included in this SROI are included in Table 1.

Table 1: Themes of services included in scope

Theme	Services
Psychological Wellbeing	A Moment for Me Counselling Play Therapy Growing in Confidence Sibshops
Community and Networks	Chat and Connect Breaking Barriers Theatre Group for Kids Breaking Barriers Theatre Group for Adults Parents' Café
Health and Continence	Continence Clinic Podiatry

These services were selected for inclusion in the SROI analysis as they have all run at least once in the 12 months prior to research being conducted with clients. This meant that there would be an adequate sample of clients from which to recruit for participation in the SROI research. Crann provides other services to its clients which were not selected for inclusion in the SROI. Due to Covid-19 and related restrictions in Ireland, many Crann services did not run as usual in 2020-21 and it was decided by the commissioned researcher in consultation with the Crann team that there was not adequate sample to evaluate these themes at this time. Crann intends to complete a full SROI analysis of all of its themes of services in the future.

Themes and services not in-scope for this SROI analysis include:

- Education and Career
    - Literacy and Numeracy Skills
    - AT and IT supports
    - Coaching Service
    - Navigating the Education System
    - SNA and Educator Training Services

    - Peer Mentoring Services
- Health and Continence
    - Dietetics and Healthy Eating
    - Health Workshops, including It Only Takes a Minute© Pressure Ulcer Awareness, Mind Your Back Manual Handling, and Understanding Your Condition
    - Cervical Smear Screening
    - Infant Massage
    - First Aid
- Mobility
    - Skills on Wheels (wheelchair skills)
    - Transfers
    - Upper Limb Rehab
    - Adaptive Movement
- Independent Living
    - Youth Independent Living Residential programme
    - Managing Finances
    - Cooking and Entertaining
    - Independent Travel
    - Personal Care and Wellbeing

During the initial stages of research for this SROI analysis, it became clear to the commissioned researcher, that the agreed scope was not capturing all the value created by Crann within the context of the agreed themes. Many respondents reported experiencing changes not created by the specific services they had attended, but instead related to their relationship with the organisation and its staff outside of those services. Due to the number of respondents reporting this shared experience, it was agreed in a consultation with the Crann team to expand the scope of this SROI analysis to include these changes as they were significant and meaningful for stakeholders. In order to capture these outcomes, the commissioned research and the Crann team decided that this service should be included in the SROI. This service is referred to and included in the SROI report as Personal Support and Connection Service.

1.5 Summary

As demonstrated in this introduction, Crann offers a valuable range of services for people with neuro-physical disabilities in Ireland, to promote psychological and social wellbeing, as well as health outcomes. These services are offered in a uniquely integrated way and based on a model of care designed within best practice.

This SROI forecast aims to understand the outcomes generated by Crann for all stakeholders of the included services, and to forecast the social return that will be generated by those services, based on investment made during the SROI forecast period from January 1st to December 31st 2023.

1.6 Glossary

Attribution: refers to how much of the change experienced by stakeholders is a direct result of the activity or intervention of the organisation, and how much is due to other organisations or interventions.

Deadweight: is an estimation of the amount of change that would have occurred without the intervention.

Displacement: is an assessment of how much of an outcome may have had a negative impact on other stakeholders, organisations, communities, or other potential outcomes.

Drop-off: refers to the reduction in causality between the intervention and an outcome that continues over a period of time. As time passes, the amount of that outcome which can be assigned to the intervention becomes less.

Duration: the length of time that the effect of an outcome lasts following the intervention.

Financial proxy: an estimation of a financial value for the outcome when a market value does not exist.

Inputs: the resources and investment used to create the interventions included in the SROI report.

Materiality: information is material for the SROI if its inclusion in the analysis would affect the final social value calculation, or decisions made on the basis of the SROI. An outcome is only considered to be material if it considered both significant and relevant by stakeholders.

Outcomes: the changes that are experienced by stakeholders as a result of the intervention. Both intended and unintended, as well as both positive and negative outcomes are included in an SROI.

Outputs: the amount of organisational activity, communicated in numerical units e.g., length of a service, number of participants.

Theme: a group of services offered by Crann which fit in the same area of the model of care e.g., Psychological Wellbeing

Service: an individual support offered by Crann e.g., Counselling. Services within the same area of the model of care make up a theme.

Stakeholders: people and organisations affected by the interventions included in the SROI assessment.

Theory of Change: the sequence of events and changes that lead to final well-defined outcomes for stakeholders.

Value map: a spreadsheet which contributes to and accompanies an SROI report and contains all the information and calculations for the final assessment.

2. Background and Overview of the Context

2.1 Disability Services in Context

The best estimated number of people with a disability in Ireland is based on data from 2016, it indicates that between 16-20% of the population is affected by a disability. Over 800,000 people in Ireland live with a neurological condition and many of them experience significant and challenging impacts on their lives as a result of their condition.[1]

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[1] Neurological Alliance of Ireland. “Living with a Neurological Condition in Ireland.” Report on the Findings of a National Survey. 2020

For the past 25 years, disability service provision in Ireland has been impacted by a number of critical issues and developments that have marked the transition from legacies of institutionalisation and medicalised models of a care to a stated focus on rights, inclusion, and participative engagement. Disability has frequently been described as the last great civil rights struggle. It has not, however, been at the forefront of civil rights in Ireland. Its position has been peripheral because it was regarded primarily as a medical, health or welfare issue. Significant organisational, financial, and attitudinal barriers have existed regarding the entire experience of disability, and these have been underpinned by a traditional view of disability as a focus of charity. Disability services are largely funded by the Health Service Executive (HSE) but are delivered predominantly by voluntary sector providers.

In Ireland, children and adults with disabilities and their families experience significant gaps in services. This impacts their health and wellbeing and limits their opportunities for participation in education, work, and leisure. International research shows that people with a disability more often experience loneliness, are more socially isolated, experience lower self-esteem, are more likely to be discriminated against and find it more difficult to access the healthcare that they are more likely to need, due to being more likely to suffer additional health needs.

Best practice asserts the rights of people with disabilities to live as equal citizens within the community, to enjoy good health and well-being, to participate fully in educational, social, cultural, religious, economic, and political activities. Issues around neuro-physical disabilities specifically have been complex in the fractured and fragmented sphere of Irish rehabilitation and service provision for both individuals and families and have posed real challenges in providing the supports needed to enable individuals to live a full and integrated life. The scale and impact of the legacies of exclusion, discrimination, institutionalisation, and blighted opportunities facing people with disabilities in Ireland should never be underestimated. All available research confirms that both adults and children with disabilities in Ireland faced often insurmountable challenges in being able to live valued lives of their own choosing.

The UN Convention on the Rights of Persons with Disabilities was adopted in 2006. Ireland signed the Convention in 2007 and further to its ratification in 2018 it entered into force from 19 April 2018.[2] The Convention sets out 50 Articles intended to promote, protect, and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity. States which ratify the UN Convention commit themselves to delivering civil and political rights to people with disabilities, and to progressive realisation of social and economic rights.[3] However, in October 2021, the Minister of State with responsibility for Disability advised the Oireachtas that the children's disability teams were short 400 staff and that there are long waiting lists for many services, with over 9,000 children on a waiting list for psychological services. The need for services that are designed to meet needs, to conform to international best practice and to have social, financial, and programmatic sustainability is strongly evident.

2.3 Crann's Response

Since 2019, Crann has been delivering a responsive, holistic, family-centred solution based on the Aspen Institute Ascend Two-Generation approach (2Gen approach)[4] which has been co-designed with their stakeholders. Crann represents a highly innovative and proactive response to the needs of people with neuro-physical disabilities. The national centre, based

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[2] National Disability Authority. Disability Overview, Legislation, UN Convention on the Rights of Persons with Disabilities. https://nda.ie/Disability-overview/Legislation/UN-Convention-on-the-Rights-of-Persons-with-Disabilities.html

[3] United Nations. "Convention on the Rights of Persons with Disabilities." Treaty Series 2515. December 2006

[4] Mosle A, Patel N. Two Generations, One Future: Moving Parents and Children beyond Poverty Together. The Aspen Institute. Retrieved from ascend. aspeninstitute.org/resources/two-generations-one-future. 2012

in Cork and delivering several services also in the online space, is driven by evidence-based practice and provides a significant contribution to service delivery. Crann's impact focus is on changing the system of how services and supports for people with neuro-physical disabilities are planned, financed, and delivered.

Through its model of care based on the 2Gen approach, Crann places the family at the centre of a coordinated suite of services and supports to improve physical and mental wellbeing and increase participation in society, including education and work. This model of care recognises whole family units in order to understand the multiple dimensions of family life that impact and influence the experience of the person with a disability, as well as others in the family. It considers a variety of pathways for promoting positive, pragmatic, and effective outcomes for everyone involved. Crann approaches service provision in a holistic way, identifying the family's goals and providing the supports needed across all members of the family to help them achieve those goals.

The WHO World Report on Disability 2011 reported that many people with disabilities seek more collaborative relationships with primary care providers and advises person-centred approaches.[5] Crann's model of care is centred around providing ongoing integrated support for the individual and their family, through education and self-management approaches, opportunities for societal participation and accessible spaces to interact as equals, all of which put the person with a disability and their family at the centre of the experience.

The organisation takes a rights-based approach, which relates back to the United Nations Standard Rules on the Equalisation of Opportunities for Persons with Disabilities.[6] The adapted 2Gen approach for Crann recognises potential vulnerabilities in families where there is a child or adult with a disability. These become apparent due to the complexity of challenges faced by these families across the person's lifespan, and include:

- A maze of programmes or supports with different eligibility requirements, policies, and procedures
- Demands of providing home health care for a child, dispensing medications, managing equipment, and carrying out therapies
- Similar demands on adults with disabilities and their families, who must bear the extra costs of this care too, including managing medications, equipment and undertaking therapies
- Extraordinary costs for medical and social expenses
- Re-navigating new programs as needs change

In order to deliver against its strategic pillars of collaborative care, health literacy and self-management, Crann has developed a suite of programmes and services for children, adults and families, which are delivered by experienced professionals at Crann, both online, using platforms such as Zoom, and on-site:

- Psychological Wellbeing
    - A Moment for Me
    - Counselling
    - Play Therapy
    - Growing in Confidence
    - Sibshops
- Community and Networks

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[5] World Health Organization & World Bank. World report on disability. 2011

[6] UN General Assembly. Standard rules on the equalization of opportunities for persons with disabilities: resolution / adopted by the General Assembly. December 1993

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    - Chat and Connect
    - Breaking Barriers Theatre Group for Kids
    - Breaking Barriers Theatre Group for Adults
    - Parents' Café
- Health and Continence
    - Continence Clinic
    - Podiatry
    - Dietetics and Healthy Eating
    - Health Workshops, including It Only Takes a Minute© Pressure Ulcer Awareness, Mind Your Back Manual Handling and Understanding Your Condition
    - Cervical Smear Screening
    - Infant Massage
    - First Aid
- Education and Career
    - Literacy and Numeracy Skills
    - AT and IT supports
    - Coaching Service
    - Navigating the Education System
    - SNA and Educator Training Services
    - Peer Mentoring Services
- Mobility
    - Skills on Wheels (wheelchair skills)
    - Transfers
    - Upper Limb Rehab
    - Adaptive Movement
- Independent Living
    - Youth Independent Living Residential programme
    - Managing Finances
    - Cooking and Entertaining
    - Independent Travel
    - Personal Care and Wellbeing

2.4 Barriers and Challenges Relevant to Services Included in this SROI

Within Western society, disability "exists at the junction between the demands of a particular impairment (e.g., physical, sensory, intellectual, psychiatric), society's interpretation of that impairment and the broader political and economic context of disability."[7]

Disability is more than just having an impairment; it is also a social construction that is imposed on the individual. We must acknowledge that disability is not a stable construct and the experience of it will shift based on changing perceptions, cultures, and economies.

According to the National Ability Support System 2020 annual report, of all registered service users who are not currently living in a residential setting, 57% have a primary carer and 96% of them are living with their primary carer. 84% of those primary carers are parents.[8] This is demonstrative of the impact that having a child with a disability has on the family unit.

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[7] Braddock D, Parish S. Disability at the Dawn of the 21st Century and The State of the States. 2012

[8] Casey C, O'Sullivan M, Flanagan N, Fanagan S. Annual Report of the National Ability Supports System (NASS). 2020

The WHO Disability Assessment Schedule 2020 was completed by 4,821 people with a disability, over 16 years, and whose disability is not primarily intellectual. 54% of respondents who filled it out had primarily a neurological condition and 14% had primarily a physical disability. 85% reported some difficulty in overall interference with life and 74% reported emotional effects due to their disability. 64% experienced difficulty in joining in community activities and almost half reported difficulty in dealing with strangers: the same proportion faced difficulties in maintaining a friendship.[9]

This SROI forecast considers three core themes offered by Crann: Psychological Wellbeing, Community and Networks, and Health and Continence. This section of the SROI report will examine the barriers and challenges experienced by people with disabilities, in relation to the three themes that have been included.

The National Physical and Sensory Disability Database reported in 2018 that people with neurological diagnoses experienced the most restriction participating in socialising (56%), leisure and cultural activities (49%) living with dignity (37%) and community life (37%). Of those people who experienced restriction, 90% or more stated that those restrictions had a negative impact on them.[10]

According to a survey by Neurological Alliance UK conducted in 2017, a high percentage of people with a neurological diagnosis also have a comorbidity with a mental health diagnosis.[11] The Neurological Alliance Ireland published a report in 2020 in which less than 10% of people stated that counselling services were accessible for them and meet their needs. 9% stated that they could access the service, but it was not sufficient for their needs. 20% of adults with a neurological condition stated that they needed this service but could not get access to it, and 28% of parents stated that their child needed this but could not access it. The figure for those in need of a counselling service but who do not have access is noticeably higher for family carers (48%) and parents of a child with a neurological condition (36%).[12]

People with disabilities are more likely to experience loneliness and isolation, which is linked to depression and other mental health issues. They are also more likely to experience discrimination, medical trauma and have negative social experiences more regularly; all of which contribute to lower mental wellbeing. Families of people with disabilities face their own mental health challenges alongside this, and often are not included in primary research.

Compared to the general population, people with disabilities tend to have fewer friends, less social support and are more socially isolated. Physical health and mental health have a major impact on a family’s ability to thrive. Childhood trauma, for instance, has lasting health and social consequences.

Having social capital, self-esteem and greater sense of autonomy and independence all contribute to a higher level of subjective wellbeing for people with disabilities. Crann’s services aim to deliver against all of these outcomes for clients and seek to increase overall wellbeing for people with neuro-physical disabilities.

For many people with a neuro-physical disability the area of incontinence and being able to master their own continence independently is often a major challenge. Often described as the hidden disability within the disability, this issue contributes to many of the other

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[9] Casey C, O’Sullivan M, Flanagan N, Fanagan S. Annual Report of the National Ability Supports System (NASS). 2020

[10] Doyle A, Carew AM. Annual Report of the National Physical and Sensory Disability Database Committee 2017 Main Findings. HRB Statistics Series 36. 2018

[11] Doyle A. Measure of Activity and Participation – The Experience of those with a Neurological condition Registered on the National Physical and Sensory Disability Database. HRB MAP Bulletin: Issue 9. 2018

[12] Neurological Alliance of Ireland. “Living with a Neurological Condition in Ireland.” Report on the Findings of a National Survey. 2020

challenges such as poorer health outcomes, mental health, isolation, independence, unemployment, and poor self-esteem.

More often, children and adults who could otherwise be independent need a spouse, parent, or carer to assist them with continence management, a notably intimate care need. The impact of this on both the care giver and the person with the neuro-physical disability is often expressed as:

- Feelings of burden to the spouse or partner or caregiver that they need help and can’t do it for themselves
- Loss of dignity and privacy as needing assistance for the most intimate of care needs
- Feelings of shame and embarrassment, particularly if they need support to manage their leakage and soiling of bedding and/or clothes
- Experiencing a loss of self-esteem, for example due to feeling a loss of control and/or issues related to cleanliness
- Being bullied and/or teased, which exacerbates shame, embarrassment, and loss of self-esteem
- Experiencing anxiety and depression
- Limiting their participation in, or even exclusion from, personal relations, social life, and community life.

Evidently, continence issues can affect both the person with a disability and their family or carer socially, emotionally, and behaviourally.

Crann’s Continence Clinic provides clients with personalised care plans to support them in improving not only their continence management but also in overcoming difficulties associated with continence issues.

Podiatry was prioritised as a service need for Crann because the client population are at high risk of pressure ulcer development and other foot health issues. It is difficult for children and adult clients to access services and follow care due to long waiting lists in acute and primary care. As a result, a lot of people with neuro-physical disabilities end up with serious pressure ulcer issues or other conditions which could easily be prevented if access to a podiatry service was easily available. For this reason and in keeping with Crann’s early detection and prevention approach to health needs, the podiatry clinic at Crann was established.

Another critical consideration is that where services do exist, especially within a mainstream healthcare setting, people with disabilities may encounter a range of physical, communication, information, and coordination barriers. Physical barriers may be related to the architectural design of health facilities, or to medical equipment, or transportation. Barriers to facilities include inaccessible parking areas, uneven access to buildings, poor signage, narrow doorways, internal steps, and inadequate bathroom facilities.

3. SROI Methodology

3.1 Overview

Social Return on Investment (SROI) is a methodology to evaluate the total value created by an organisation's activities on all of its stakeholders. It draws on well-established methodologies from economics, accounting, and social research. An SROI analysis aims to measure and assign value to the material changes that are occurring for all stakeholders impacted by an organisation's activities.

In order to understand, measure, and value the outcomes experienced by stakeholders, an SROI analysis requires extensive data collection from each stakeholder group that is potentially impacted positively or negatively. Data collected demonstrates whether a stakeholder group is experiencing a material change due to the activities of the organisation or programme being evaluated. The key stakeholder groups for Crann's services included in this SROI analysis are clients of services and parents of clients attending services. Stakeholder selection is discussed in more detail in section 3.3.2. Data is collected from each group, and is supported by supplementary research via primary sources, including expert input, scientific studies, and commentary relevant to the findings of the SROI analysis.

3.2 Principles

The SROI methodology is underpinned by seven key principles, which have been developed and defined by Social Value International, and these inform all elements of this analysis.

Table 2: Seven principles of the SROI methodology

Principle	Description
Principle 1: Involve Stakeholders	Stakeholders are people, organisations, or groups who experienced change as a result of Crann's services. The first principle of the SROI methodology is to ask these stakeholders to identify what changed for them and describe the outcomes they experienced in their own words. A range of possible stakeholders were identified in the scoping session prior to beginning the SROI analysis. Clients and proxies were engaged to participate in defining outcomes initially and were then engaged at every step of the research process. 32 people participated qualitatively and 71 people participated quantitatively. All stakeholders were asked who else was impacted, in order to identify any other relevant stakeholder groups. Parents and siblings of clients were mentioned by some as having been impacted by their engagement in services. Upon further exploration, it was decided by the commissioned researcher to include parents as secondary stakeholders but to exclude siblings due to a lack of data. This is covered in greater detail in section 3.3.2. Stakeholders were critical to identifying outcomes, defining how the change was experienced and how much of a change was experienced, as well as the value of these outcomes and relevant discounts for the SROI valuation process. Both qualitative and quantitative research methods were used, and respondents were given free space to contribute through discussion and free-form text in every methodology.

Principle 2: Understand what changes	All stakeholders engaged were asked about positive and negative outcomes and invited to discuss any changes they experienced, to capture both intended and unintended outcomes. These outcomes were reviewed with stakeholders and crafted into well-defined outcomes that expressed the change experienced by a group of people. The Theory of Change (ToC) was developed by the commissioned researcher in conjunction with the Crann team, based on input from stakeholders in qualitative research, as well as professional input. The ToC was reviewed, quantified, and refined based on quantitative research with stakeholders.
Principle 3: Value the things that matter	Stakeholders were involved in understanding how much change happened for them as a result of the Crann services they had engaged in, and what value that change had to them. To assign a financial value to outcomes, stakeholders were involved in two modified value games that encouraged them to determine their own estimated value for each outcome they experienced. The outlines for the modified value game methodologies can be found within the appendix. Once value data was obtained from all respondents and obvious outliers were removed, the average figure for all stakeholders, across both modified value games was calculated as the estimated value for each outcome in the SROI forecast.
Principle 4: Only include what is material	Not every change experienced by stakeholders is material for the SROI forecast. Materiality means something that will affect the SROI calculation or something that could affect a decision made if the information is excluded. If it could affect a decision, then the information is considered material. Outcomes were considered material for this SROI forecast if they were both relevant and significant to the stakeholder group. Based on this consideration, outcomes were not counted for those who said they experienced only a small change in relation to that outcome.
Principle 5: Do not over-claim	It is an important consideration within the SROI forecast to ensure Crann is not taking responsibility for value it has not created. All value assessments have been undertaken conservatively and sensitivity analysis has been carried out to assess the impact of more, or less, conservative decision-making around value expressions for the outcomes included. As this SROI is a forecast, a sensitivity analysis has also been conducted on quantities of stakeholders experiencing outcomes to ensure not to over-claim on forecasted attendance. To gain a clear understanding of the value of outcomes, it is necessary to also understand other services, people and events that might have

	contributed to outcomes (attribution), what could have happened without the relevant intervention (deadweight), as well as any outcomes displaced by this activity (displacement). Stakeholders were involved in informing this understanding through qualitative and quantitative research. Drop-off has not been considered in this SROI, despite some respondents indicating that outcomes do last longer than the year in which a service was attended. This decision was taken due to the lack of longitudinally tracked data, as all data was collected in a short timeframe (approx. 3.5 months) specifically to inform the SROI forecast. In order to confidently include outcomes past the end of one year duration, the Crann team and commissioned researcher felt that more longitudinal data would be necessary. To forecast the value Crann intends to create in 2023, one year's worth of value has been calculated. A full explanation of the valuation of outcomes and the approach taken to minimise overclaiming can be found in Chapter 10: Understanding Social Value.
Principle 6: Be Transparent	All of the calculations that were used to generate a social return ratio must be clear and traceable, so that the process is transparent to any reader of the SROI report. A value map, used in the calculation of this ratio, shows a complete record of the calculations, discounts and indicators used to measure the social value of Crann's services. An overview of this value map is included in the appendix. The research tools used to gather data are also included in the Appendix. Sensitivity analysis has been conducted, to consider alternative scenarios and test the findings of the SROI analysis. This testing provides a range for the SROI value ratio, which is considered more accurate than a single figure ratio. Evidence of the sensitivity analysis is included in section 10.11.
Principle 7: Verify the Results	Crann endeavours to have this report assured by Social Value UK to verify the results and ensure that the methodology was undertaken fully in line with the seven principles and all relevant guidance on the SROI method. Every effort was made to represent value for stakeholders in a way that is authentic to their experiences, and this was verified with respondents at each stage of the research process. Development of the SROI model was an iterative process – preliminary findings, including the relative value of outcomes, were verified in a verification workshop with the Crann staff prior to finalisation.

3.3 Methodology

The approach taken for this SROI forecast was informed by the seven principles of SROI and included the following steps. These steps are described in detail within this section of the report.

1. Agree the scope
2. Develop a stakeholder map
3. Recruitment of participants for research
4. Conduct interviews and focus groups to identify outcomes and develop Theories of Change
5. Conduct quantitative research to gather further data on outcomes and quantify stakeholders' experiences
6. Analyse data and conduct supporting research review to clarify assumptions
7. Input data to value map to calculate SROI ratio
8. Conduct sensitivity analysis of SROI
9. Develop conclusions and recommendations
10. Report assurance by SVI (in progress)

3.3.1 Step One: Agree the scope

The scope of the project was agreed across a series of scoping sessions, with Crann's CEO and Head of Services, and the researcher commissioned to conduct the SROI analysis. The agreed focus of the SROI was to forecast the social impact that will be generated by three of Crann's core themes in 2023: Psychological Wellbeing, Community and Networks, and Health and Continence. Based on initial findings from qualitative interviews, it was also decided to include a fourth area for exploration in the SROI. This service has been called the Personal Support and Connection Service and will be a key element of Crann's strategy going forward, based on these findings.

The target audience for the report is potential funders both statutory and private. An executive summary will be developed for a wider audience, including clients of Crann and their families once assurance from Social Value International has been achieved. The report will be used by management and the board to inform strategic planning, service development, and continuous improvement initiatives.

3.3.2 Step Two: Develop a stakeholder map

The primary stakeholders involved in this analysis were:

- Clients of Crann's services within Psychological Wellbeing
- Clients of Crann's services within Community and Networks
- Clients of Crann's services within Health and Continence
- Clients of Crann's Personal Support and Connection Service

It was unclear initially whether the outcomes for clients of different services within each theme were likely to be notably different. During qualitative research, a representative sample for each individual service was recruited, to enable the commissioned researcher to analyse what impact the services attended had on outcomes experienced. Findings showed that the outcomes for clients within a theme were similar, regardless of the service attended, and this was not impacted by sub-group segmentation in most cases. As a result of this finding, it was agreed to group clients by theme, not by service, and to apply the service attended as a segmentation.

The hypothesised list of secondary stakeholders included:

- Parents of clients attending services
- Siblings of clients attending services

- Partners of clients attending services

Potential stakeholders were identified in a consultation between the commissioned researcher and the Crann team. Once primary stakeholders were engaged in qualitative research via interviews, they were asked to consider other stakeholders that they believed had experienced change as a result of their participation in Crann's services. Clients were also asked to consider other stakeholders in the quantitative research. The list of secondary stakeholders identified by client stakeholders was:

- Parents of clients
- Siblings of clients

A Government/Health Service Executive stakeholder was not included in the SROI analysis. The services that Crann provides to its clients do not overlap in any notable way with services provided by the Irish Government or Health Service Executive (HSE) for people with disabilities. Stakeholders accessing the services included in this SROI analysis at Crann will not impact how services are accessed via the Government/HSE.

The main services provided by the Government/HSE are[13]:

- Full time residential services
- Respite services
- Day services
- Multi-disciplinary support services
- Home support
- Medical rehabilitation
- Assistive products

The one area where there is potential for overlap in future is the Continence Clinic. However, it is understood by Crann and widely reported by clients that this service is not readily available via the Government/HSE. The upscaling of Crann's Continence Clinic capacity in 2023 (see Chapter 10) is likely to be noteworthy for those working within the HSE who need to refer people with disabilities for continence support. This service is not readily available elsewhere currently and there is a need for it. However, it was decided in consultation with the Crann team that while this has significant impact for those being referred (client stakeholders), even at the increased scale for 2023, it would not have any material impact on the referral teams' workloads, efficiency, budgets or any other KPI.

3.3.2.1 Stakeholder groups not included in the SROI

Siblings of clients attending services (i.e., siblings as secondary stakeholders) were explored in qualitative interviews as part of this SROI. It is important to note that there is some evidence of outcomes experienced by siblings as secondary stakeholders, but there is not enough data currently to support the inclusion of these outcomes in this SROI. Siblings are a group that Crann has not collected data from until this point, and so it is not explicitly understood how many clients have siblings or their demographic information. Due to this lack of data, it is not possible to reliably forecast the value that will be created for this stakeholder group. However, siblings as secondary stakeholders will be interesting to consider for the future evaluative SROI in more detail and will likely add value to the overall SROI ratio for Crann.

Partners of clients were not suggested as a secondary stakeholder by clients themselves, however they were still explored as a potential stakeholder group within qualitative client

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[13] Brick A, Keegan C, Wren MA. Baseline Utilisation of Specialist Disability Services in Ireland. ESRI Research Programme in Healthcare Reform. 2019
Casey C, O'Sullivan M, Flanagan N, Fanagan S. Annual Report of the National Ability Supports System (NASS). 2020
Department of Health. National policy and strategy for the provision of neuro rehabilitation services in Ireland. 2011-2015

interviews, and in one interview relating specifically to partner impact. Findings showed that while some partners noticed a difference in the client who attended services, the number of partners experiencing their own outcomes, and the size of any change experienced was not materially significant. However, partners may become a materially relevant stakeholder group as Crann's services evolve, so they will be considered in future data collection and will be included in the evaluative SROI to confirm whether they are materially relevant.

3.3.3 Step Three: Recruitment of participants for research

Stakeholders who had participated in one of the Crann services included in the SROI analysis within the previous 12 months were invited to participate in qualitative interviews. A total of 15 stakeholders were recruited for qualitative interviews.

All previous and current clients of Crann were invited to participate in the client outcomes survey. Data was collected for services attended within the previous 12 months, and for the Personal Support and Connection Service, which all clients would have had access to in that time. A total of 56 clients participated in the survey.

As some parents had acted as research proxies for their children who were unable to participate in interviews, it was necessary to avoid research fatigue in engaging them for secondary stakeholder research. Due to this, parents were engaged at a monthly parents' event in-person at Crann. This forum was used to recruit parents who were willing to take part in a short focus group to identify key outcomes and other data points. 13 parents were recruited for the focus group.

A small sample of known siblings were recruited to participate in short qualitative interviews. These participants were selected by the Crann team, based on clients who had attended a relevant service in the previous 12 months. Three siblings participated in these interviews, but siblings as secondary stakeholders were also explored briefly in some of the client interviews.

3.3.3.1 Rationale for use of parents are research proxies for children engaged in services

In this SROI analysis, research proxies were used to provide data for individuals who may not be able to participate in research to support the SROI themselves or would have found answering questions to be too difficult.

It is important to note that many of Crann's clients are people with intellectual disabilities and speech difficulties as well as physical disabilities, and many are also young children. When recruiting participants for the client outcomes research, parents were asked to act as a proxy for their child who had attended services at Crann, in cases where it was known that the child would not have been able to answer the questions adequately for data collection.

At each stage of research, invites were sent to the main point of contact within the family. In some cases, this was the parent and in others, especially for teen and adult clients, this was the person with a disability. Data was collected directly from adults and teens with a disability. Parents were used as proxies for their children who were clients. The parent who participated in the research was the parent with the most knowledge and awareness of their child's experience before, during and after attending services at Crann.

Parents responding to surveys on behalf of their child, or children, were invited to consult the child to inform their responses and encouraged in question wording throughout the survey to carefully consider their *child's* experience, not their own.

3.3.4 Step Four: Conduct interviews and focus groups to identify outcomes and develop Theory of Change

Interviews and focus groups were used to identify outcomes experienced by stakeholders, to explore the relationship between outcomes, to value outcomes, and identify any additional stakeholders that were potentially material for the SROI. Data collected from interviews and focus groups was used to develop a Theory of Change (ToC) for each stakeholder group. Stakeholders were asked to estimate attribution, deadweight, drop-off, and displacement, and a modified value game was undertaken to value the outcomes experienced. An overview of the change experienced by each stakeholder group is documented in the Theory of Change map included at the start of each relevant section.

Many clients had attended services in more than one theme, which allowed the commissioned researcher to gather data from a representative sample across all three themes from 15 participants. The representation for each theme is illustrated in table 3 below.

Table 3: Sample and format overview for ToC development

Stakeholder group	Format	Theme	Number of participants
Clients	Qualitative interviews – online – 40 minutes	Psychological Wellbeing	2 children with disabilities; 2 adults with disabilities; 2 siblings of children with disabilities; 3 parents of a child (of any age) with a disability
		Community and Networks	3 children with disabilities; 4 adults with disabilities; 3 parents of a child (of any age) with a disability
		Health and Continence	2 children with disabilities; 3 adults with disabilities
		Crann's Personal Support and Connection Service	6 adults with disabilities; 9 parents of a child (of any age) with a disability
Parents of clients	Focus Group – 30 minutes – in-person	All themes covered	13 parents
Siblings of clients	Qualitative interviews – by phone – 20 minutes	All themes covered	3 siblings

Once ToCs were developed, they were verified with the Crann team and agreed for progression into the next step of the methodology. With a clear narrative of what had changed for each stakeholder group, a survey was designed, made up of both qualitative and quantitative questions, to measure outcomes and the extent of the change experienced by each stakeholder group.

3.3.5 Step Five: Conduct quantitative research to gather further data on outcomes and quantify stakeholders' experiences

Following initial interviews, an in-depth quantitative survey was developed based on the ToCs identified in the qualitative interviews, and all of Crann's past and current clients were invited to participate. The survey only captured data based on services attended in the previous 12 months. The survey tested the ToC, provided opportunities to collect any missing outcomes or stakeholder groups, and quantified clients' outcomes.

Respondents were asked to answer a series of questions about outcomes for the themes that they had attended, including:

- Size of change
- Importance of change
- Value of change
- Attribution
- Deadweight
- Duration

They were also invited to qualitatively describe any other changes not covered within the quantitative questions and suggest any other stakeholders that would be relevant for the SROI analysis.

All respondents of both interviews and surveys were given clear and transparent instructions and information on the purpose of the research. They also had the option to receive clarification on the purpose of the research or any element of the individual methodology at any stage.

All qualitative and quantitative research design elements are included in the Appendix.

3.3.6 Step Six: Analyse data and conduct supporting research review to clarify assumptions

Interview data was analysed qualitatively by the commissioned researcher. Survey data analysis included cross-sectional analysis conducted based on potential segments, and coding of open-ended responses using a coding frame in Excel.

Valuations provided by respondents across two modified value game approaches were combined to calculate the average value for each outcome. The average values were cross-checked against qualitative data to ensure consistency and a representative value was calculated. Obvious outliers were removed before averages were calculated.

To calculate attribution, deadweight, and displacement, quantitative data was analysed, and averages were calculated based on participant responses. The discounts calculated based on quantitative data were cross-checked against qualitative data to qualify that an accurate picture was created. Obvious outliers were removed before averages were calculated.

3.3.6.1 Rationale for Using a Modified Value Game

To calculate the social value for each outcome, a modified value game was used to assist respondents with estimating the value of outcomes.

The modified value game was introduced in qualitative interviews, and replicated with greater structure in the quantitative surveys. This allowed the commissioned researcher to layer data points to establish a robust estimate for the average value assigned to outcomes by stakeholders.

In qualitative interviews, participants were asked to:

- Rank outcomes by level of importance: each participant was asked to rank outcomes in order of importance and also to apply a weighted level of importance to outcomes once ranked.
- Estimate the financial value of each outcome: two methods were used to achieve this. Once the participant had established the order of importance of outcomes, they were asked to estimate the financial value of each outcome. They were then asked to describe the value in relation to a service or experience that they believed would help them to achieve the same level of change.

In quantitative interviews, respondents were asked to:

- Rank outcomes by level of importance: each participant was asked to rank outcomes in order of importance. Relative importance was calculated as a mean score.
- Estimate the financial value of each outcome on a scale of €0-€10,000: this scale was defined based on responses from the qualitative interviews. Respondents were given a clear explanation of the purpose of the valuation process, what they were assigning value to and were given prompts to support their thinking.
- Choose a financial proxy service or experience: based on data collected in qualitative interviews, a series of financial proxies were assigned to each outcome by the commissioned researcher. These financial proxies represented a value-scale from €50 to €2,000. Respondents were asked to select the service or experience that they felt would help them to achieve the same amount of change for each outcome as they had achieved through engaging with Crann’s services.

Once data collection was complete, all data was analysed by the commissioned researcher and an average value was calculated for each outcome.

Further details of the modified value games used can be found in the appendix.

3.3.7 Step Seven: Input data to value map to calculate SROI ratio

Once analysis of all datasets was complete, the commissioned researcher and the Crann team consulted on inputs. All input information was gathered by the Crann team and reviewed with the commissioned researcher, and a forecast was developed for Crann’s delivery of services in 2023.

The SROI Value Map was completed by the commissioned researcher, based on the 2023 forecast and using the data collected for the SROI analysis.

3.3.8 Step Eight: Conduct sensitivity analysis of SROI

The aim of sensitivity analysis is to assess all assumptions made within the value map, in order to understand their relationship to the overall social value calculation. All assumptions made are informed by stakeholder data, but it is important to understand what impact alternative scenarios would have on the SROI value ratio. For example, as this is a SROI forecast, adjusting the number of stakeholders is key to understanding what the impact would be of a different number of service users than expected in 2023. Discounts have been informed by stakeholders and are not considered to be a precise representation, so alternative discounts have been thoroughly tested to understand their impact on the overall value created.

A detailed explanation of the sensitivity analysis conducted can be found in Chapter 10: Understanding Social Value.

3.3.9 Step Nine: Verify findings, develop conclusions and recommendations

At each stage of the research conducted, stakeholders were invited to suggest improvements and recommendations for ways that Crann could improve its services and create more value for its stakeholders. Findings from the SROI analysis were also analysed by the commissioned researcher and used to inform further recommendations for Crann as well as the recommendations provided for the 2023 SROI evaluation.

In line with SROI Principle 7: Verify the result, stakeholder verification of findings was conducted throughout stakeholder engagement. The commissioned researcher also engaged the Crann team frequently to verify findings and ensure mutual understanding of results. Outcomes, values, and discounts were reviewed with stakeholders and with the Crann team to test assumptions and identify outliers. The Crann team also filled knowledge gaps, gave expert input, and ensured that Crann’s services, model of care, 2-gen focus and more were accurately represented throughout the SROI analysis.

3.3.10 Step Ten: Report Assurance by SVI (In Progress)

Once the report was completed, it was submitted to Social Value International to verify the results and assess whether the methodology was undertaken in line with the seven principles of SROI. Once this report has received assurance from SVI, evidence of same will be included.

3.4 Overview of engagement

The experiences of stakeholders have driven this SROI analysis. Stakeholders were involved throughout the process and three different stakeholder groups participated via video or phone interviews, in-person focus groups and digital surveys. The following table provides a profile of stakeholders involved in engagement and how they were engaged.

Table 4: Profile of stakeholders involved in the engagement and how they were engaged

Stakeholder	Total number	Variable characteristics	Engaged on	Approach	Number engaged
Clients	154	• Client type • Services attended • Age • Disability	• Change experienced due to attendance at services • Discounts • Value of outcomes • Changes for other stakeholders	Qualitative interviews conducted by video conference by the commissioned researcher	15
				Quantitative digital survey	56
Parents of clients	Unknown Estimate ~200	• Services attended by child • Age • Disability of child • Number of other children	• Change experienced due to their child's attendance at services • Discounts • Value of outcomes	Qualitative focus group conducted in-person by the commissioned researcher	13
				Quantitative digital survey	6*
Siblings of clients	Unknown Estimate ~150	• Age • Living situation • Services attended by sibling	• Change experienced due to their sibling's attendance at services (exploratory only)	Qualitative interviews conducted by phone by the commissioned researcher	3

*Only parents who took part in the focus group were invited to participate in the survey to avoid research fatigue, as discussed in section 3.5

3.5 Evidencing Outcomes

Client outcomes were evidenced and quantified drawing on two modes of engagement with stakeholders:

- Qualitative interviews (and a focus group for parents of clients) to explore the experiences of stakeholders across all in-scope services, including outcomes, discounts, duration, valuation and more. These interviews identified the key initial outcomes experienced by stakeholders, which led to the development of the Theories of Change. The expressions of final outcomes were then tested in the final interviews before quantitative verification. A total of 31 stakeholders were engaged via qualitative methods.
- Quantitative surveys were designed to verify and/or evolve the final outcomes and identify any missing outcomes, as well as discounts and outcome valuation. A total of 62 stakeholders were engaged via quantitative surveys.

Due to a lack of longitudinal data relating to the SROI framework (discussed within section 3.7 as a method limitation), post-only research was used to inform the SROI forecast. Outcomes were identified using qualitative methods and quantified in surveys. In the surveys, stakeholders were asked to self-rate the size of the change they experienced in relation to each outcome for each service they attended, on a 4-point Likert scale:

- 1 = "no change” (not material)
- 2 = “a small change” (not material)
- 3 = “a medium change” (material)
- 4 = “a large change” (material)

In the 2023 SROI evaluation, a more advanced range of indicators will be used within pre-post service quantitative surveys. These indicators will be used alongside the simple 4-point Likert scale indicator from the 2021-22 SROI forecast design to ensure consistency. The proposed indicators for the SROI evaluation are included in Chapter 12.

3.6 Using Modified Value Games to Value Outcomes

Valuing “soft” outcomes can be difficult for stakeholders as they are not sold or traded in a competitive market in the way that commercial services are. Value Games are a simple, flexible way a way of working with service users to find a (financial) proxy for the value of the outcomes they experience from activities, or even the value of the whole service to them. Involving stakeholders in valuing the outcomes of an activity or service is central to the Principles of SROI.

The value game is not strictly about calculating an absolute monetary value of a specific outcome, but about including the voice and values of customers in the assessment of what is important. Other sources can be used to place a value on an outcome, but these always rely on referencing the work of others, and even in the case of rigorous valuations developed for national policy decision-making or similar, these are a national average and not representative of the specific stakeholders involved in the SROI.

The value generated in a value game is a clear articulation of the priorities of the stakeholders, and the relative importance of the outcomes they have experienced. Having this unit also provides a common unit with which to compare the experiences of different groups of people.

This SROI utilised two different modified value games to estimate the value of outcomes to the stakeholders who experienced a material change in relation to them. The guides for both modified value games can be found in Appendix 8. The modified value games were administered by the commissioned researcher in the qualitative interview setting and were transposed by the same researcher into the quantitative context and delivered digitally to respondents. The commissioned researcher thoroughly explained the purpose of the games and the instructions for completion. Respondents were given the opportunity to ask questions and clarify instructions in the qualitative context, which shaped how the quantitative games were set up and explained. Financial proxies provided in the quantitative survey were based on insights from the qualitative interviews.

The approach taken for this SROI forecast involved initially asking stakeholders rank the outcomes they experienced with equal weighting. They were then asked to assign a value to the outcomes they had experienced through contingent valuation; assigning a willingness to pay value to the outcome (not the service) for the same period of time as the SROI forecast covers, i.e., one year. Finally, a revealed preference game, based on substitute prices for goods or services that they felt could provide a similar change over the same period of time as the SROI forecast covers, i.e., one year.

The value of each outcome was calculated by calculating the average of the two figures generated by the same group of stakeholders across these two modified value games in the quantitative research study. The average values were cross-checked against qualitative data generated from the same two value games, to ensure consistency and that a representative value was calculated. Obvious outliers and false responses were removed before averages were calculated.

3.7 Method Limitations

All evaluations and research methodologies have limitations. This report acknowledges the specific limitations of this SROI analysis, as detailed below. Wherever possible these limitations have been mitigated as described, and sensitivity analysis has been conducted on the data to account for potential alternative scenarios.

3.7.1 Some stakeholders were unable to participate, and proxies were used

Due to the nature of the community that Crann serves, there were clients who were unable to participate due to physical and/or intellectual disabilities and age-related implications. Research proxies were used to include the views of these stakeholders, but this is acknowledged as a limitation due to the fact that the data has not been collected directly from the client in these instances. This likely means that the language used to describe outcomes is more relatable to the proxy than the child or adult with a disability and this may have influenced the expression of the final outcomes. The impact of this was mitigated somewhat by using proxies that had an in-depth understanding of the client’s experiences and who were involved in the client’s engagement with Crann’s services. In all cases this was a parent. It is also important to consider the potential risk that valuations assigned to outcomes by parents as proxies for their children with disabilities are not accurately reflective of the value of the outcome to the person with a disability. Mitigating this risk is included in the recommendations for the evaluative SROI to be completed in 2023.

3.7.2 Limited ability to use focus groups

The SROI methodology is particularly suited to the use of focus groups. For a number of reasons, focus groups were not possible in most cases during research for the SROI analysis. Research commenced shortly after Covid-related restrictions had begun to ease in Ireland and taking into account that many of Crann’s clients are vulnerable and at-risk people for contracting the virus, it was decided by the commissioned researcher in consultation with the Crann team that face-to-face group research would not suit the audience. It was decided by the commissioned researcher that the online setting was better suited to one-to-one research than group research, and so individual interviews were used. Significant time was allotted for each to ensure detailed discussions of outcomes, change, values, and discounts. The researcher cross-referenced views across interviews to simulate group discussion around a particular concept or topic. One focus group was conducted, at a later date than interviews were conducted, for secondary stakeholders. This was conducted during an in-person event that was running at Crann, to reduce the level of effort for participants.

3.7.3 A need to avoid research fatigue

It is often the most marginalised groups in society that have the most asked of them, especially by service providers. It is important to Crann that their clients do not feel they are expected to 'jump through hoops' to access services, and so avoiding research fatigue and being cautious about how much was asked of stakeholders was of core importance to the project. Clients who had attended relevant services in the past year were invited to participate in interviews, and a good representation of different client-types and attendance were recruited. All of Crann's clients who had attended a service in the previous 12 months were invited to participate in the quantitative survey. Fieldwork was open for two weeks, and two reminders were sent by email. 23.6% of the total relevant client population participated. Many of the proxies for clients were secondary stakeholders themselves and had already been invited to participate in two stages of research prior to secondary stakeholder research commencing. A more selective approach was taken to gather secondary stakeholder data, to avoid research fatigue at this stage. Parent stakeholders were invited to participate in a focus group that was held during a Parents' event on-site at Crann, to reduce barriers to participation, including time commitment. Siblings were recruited by the Crann team based on known siblings and had not participated in previous stages of the research.

3.7.4 Positive responder bias

Not all eligible individuals participated in the research for this SROI analysis, and it must be acknowledged as a limitation that this may have led to positive responder bias, as those who felt most engaged with Crann were also most likely to participate in this study. An unbiased external researcher was commissioned to conduct the stakeholder research, but there is still the potential that respondents felt inclined, consciously, or unconsciously, to provide positive feedback. It is also possible that language, question presentation, setting and other factors may have led to positive responder bias. This is especially a risk in relation to displacement, with the potential for use of the phrases "negative outcome" or "negative change" in questions designed to identify displacement potentially causing data to be missed due to a stakeholder fear of speaking against the service they value so highly.

All quantitative research was completely anonymous, and data was collected digitally, to mitigate positive responder bias in this setting. Further to this, a comprehensive sensitivity analysis has been conducted to account for potential alternative scenarios relating to positive responder bias. This will be reviewed ahead of commencement of the evaluative SROI in 2023 in order that this will be mitigated even more effectively.

3.7.5 Barrier to engaging children with disabilities

Many of Crann's clients have intellectual disabilities, speech delays and unique communication challenges. As is previously described, the qualitative research was confined to an online environment due to safe-guarding against Covid-19. As a result, accessing clients under the age of 18 was made particularly difficult. Many parents felt they would be better placed than their children to speak to the outcomes experienced and volunteered as proxies. They were invited to verify with their child that their perception matched the reality of their experience, and to invite children to contribute, especially within the quantitative research. The use of proxies has been addressed in sensitivity analysis and it is Crann's intention to include children in future research for SROI evaluations as Covid-related restrictions have eased completely in Ireland at the time of writing, and the general outcome parameters have been defined which will make it easier for children with disabilities to contribute.

3.7.6 Risk that valuation method may not be understood clients

It is possible that clients did not fully understand the valuation method used for the SROI forecast. Despite thorough explanation, opportunity for clarification and careful moderation, the risk still exists that clients may not be able to equate the value of the outcomes they achieved through attending Crann's services with the potential value of another good or service. In an effort to mitigate this, a second modified value game focused on contingent valuation via willingness to pay was used. A full sensitivity analysis has been conducted, and the valuation variable has been tested across a range of outcomes. The consideration of risk present in using modified value games to estimate the value of outcomes has been covered within Chapter 12 on recommendations for the evaluative SROI in 2023.

3.7.7 Client crossover between themes

Multiple services exist within each theme included in this SROI, and there is significant crossover between themes for many clients, with some having attended services within all three themes. This was a benefit to the qualitative research as it led to rich and insightful interviews and enabled clients to compare the changes they experienced across themes. However, despite the commissioned researcher's best efforts to ensure the quantitative survey was streamlined, it did lead to some survey respondents being asked a large number of questions. The client survey can be found in the appendix. This led to a high number of survey dropouts and lower completion rate than desired on the survey (9%; n=21). It was decided by the commissioned researcher that all usable data should be included in the SROI calculation, regardless of completion status of the respondent, to mitigate against the small sample.

3.7.8 Lack of longitudinal data on Crann's services

Crann collects a significant amount of data relevant to services, but this data does not currently fit within the SROI framework. As this is an SROI forecast, it was decided by the commissioned researcher in consultation with the Crann team that collecting data to inform the forecasting of value was the priority for 2022 i.e., defining the Theories of Change, exploring, and quantifying outcomes, understanding client and other stakeholders' experiences. In 2023, Crann will be putting in place data collection tools to gather longitudinal data on outcomes for all themes included in the SROI, so that the SROI evaluation in 2023 will have the benefit of a more longitudinal picture of the changes experienced.

3.7.9 Use of estimations in SROI analysis

Estimations of each outcome's valuation, duration, attribution, deadweight, drop-off and displacement have been used in the SROI analysis. All estimations in this report have been calculated based on data and views obtained from stakeholders. However, in some cases there were significant differences between estimations made by stakeholders, and in some cases the sample of responses was small. To account for this, estimations with less evidence were estimated conservatively. The comprehensive sensitivity analysis conducted also calculated the SROI ratio range based on adjustments to these estimations.

3.7.10 Forecasting of quantities based on existing data

While the only way to forecast quantities for 2023 is to use existing data on past attendance, and cross-over between services and themes, it is important to acknowledge that there is risk involved in this method. The data collected in 2021-22 doesn't necessarily represent what will occur in 2023, especially with an influx of clients expected to come through Continence Clinic specifically, which may alter the proportional cross-over of clients also moving through other services. Quantities have been forecasted conservatively and making the best use of the available data, as covered in Chapter 10. A full evaluative SROI is intended for 2023 to accurately represent the value created by Crann in that period, and this forecast SROI will be used as an indicator of potential as opposed to representing actual value for Crann’s services.

3.8 Summary

This chapter has set out the methodology conducted by the commissioned researcher, with the support of the Crann team, to complete the SROI analysis. Despite its limitations, this is a robust method for data collection, analysis, and value calculation. Every effort was made to mitigate limitations, both within the methodology and through sensitivity analysis. The methodology was conducted in line with the seven principles of SROI and the data collected is believed to be precise enough to support a forecast of value to be created by Crann’s services for 2023.

4. Understanding How Change Occurs

4.1 Overview

A clear, well-defined understanding of the change experienced by stakeholders is key to an SROI analysis. A Theory of Change (ToC) is an illustrated diagram with a description of the sequence of changes that result in outcomes for stakeholders.

To understand what changes for stakeholders, clients and parents of clients were engaged in qualitative interviews via video conference (due to Covid restrictions, covered in more detail in Section 3.7). Those selected for interview had a range of backgrounds, ages, family circumstances, and had all engaged in relevant programmes within the previous 12 months. The individuals selected for interview included:

- 6 Parents (as clients)
- 5 Proxies for children with disabilities
- 2 Proxies for siblings of children with disabilities
- 7 Adults with disabilities

Engagement of stakeholders for the development of the ToC involved exploring both positive and negative outcomes in an unprompted qualitative research setting. Stakeholders were not prompted to discuss intended outcomes and were encouraged to describe the changes they experienced from their perspective and in their own words. The data collected was used to develop a ToC for each stakeholder group. These ToCs were validated in a quantitative survey which included open ended questions to provide additional context and insight.

The ToC for parents of clients (as secondary stakeholders) was developed based on parents' engagement in a focus group and validated using a parents' survey.

Stakeholders were also offered opportunities throughout the process to review whether the ToC was representative of their experiences. This chapter contains the theory of change diagrams for all stakeholders impacted by Crann's services.

For the purpose of this SROI analysis a material change was defined as a self-reported "medium" or "large" change. Those who said they experienced a "small" change were deemed not materially relevant for this SROI. Indicators for evidencing material significance are covered in more detail within Chapter 3.

All statistical data included in this section comes from the quantitative research as it was decided by the commissioned researcher that this was the most clear and reliable source for the SROI calculation.

4.2 How outcomes were mapped for stakeholders of Crann

The following steps outline how the map of outcomes was created for clients and parents of clients, as well as how stakeholders were involved:

- Clients (or proxies) were interviewed by video conference to explore what change they had experienced (methodology is covered in Chapter 3 and research assets are included in the Appendix).
- From this, initial outcomes were identified based on clients' experiences.
- Desk research, consultation with experts within Crann and analytical judgement of the commissioned researcher were utilised to define the final outcomes based on this data.

- Outcomes from engagement were subsequently tested in the client survey. This survey also included open-ended opportunities for clients to identify other outcomes and experiences of change that were not captured in the interviews, both positive and negative. The Theory of Change diagram was finalised based on this validation process.

Table 5: Numbers of stakeholders engaged, and outcomes identified

Stakeholder type	Theme	Unique clients engaged	Service	Clients relevant to service	Initial outcomes identified	Final outcomes identified
Clients	Psychological Wellbeing	9	A Moment for Me	4	15	4
			Counselling	3		
			Play Therapy	3		
			Growing in Confidence	1		
			Sibshops	2		
	Community & Networks	8	Breaking Barriers Theatre Group for Kids	3	11	4
			Breaking Barriers Theatre Group for Adults	2		
			Chat & Connect	3		
			Parents' Café	3		
	Health & Continence	5	Continence Clinic	4	10	5
			Podiatry	2		
	Personal Support & Connection	16	Personal Support & Connection Service	16	14	4
Parents of clients	All themes	13	All services represented by at least one parent	13	7	3

There were numerous factors that made it difficult to engage a more robust sample of clients, which are covered in more detail within the Method Limitations at section 3.7, including:

- Covid restrictions were in place for the beginning of the SROI period, and although they were lifting by the spring of 2022, this is a particularly vulnerable group, and it was decided that face to face and group research methodologies would not be appropriate
- Covid lockdowns and restrictions also meant that less services had run at Crann in 2021-22 which led to the pool of potential respondents being reduced
- Many clients were children with disabilities and parents believed they were better placed to participate as proxies for their children which meant no children were engaged directly
- Many clients were primary caregivers to children with additional needs, which prevented them from participating
- Some adults with disabilities who were clients of Crann had communication difficulties and may not have felt comfortable participating in an interview. They were invited to participate, and every effort was made to adjust questioning wherever necessary for those who did participate

- Some of the services offered by Crann deal with sensitive and personal issues and some clients did not feel comfortable discussing this experience outside of the context of the service appointments

In the evaluative SROI analysis to be conducted in 2023, sampling will be a key consideration. This is covered in more detail in Chapter 12.

4.3 Identifying sub-groups

4.3.1 Client sub-groups

Prior to engaging stakeholders, we hypothesised that each service may have a separate client stakeholder group. We hypothesised one other sub-group segmentation, which was client type (i.e., parents, children with disabilities, adults with disabilities and siblings).

Engaging clients in qualitative research indicated that neither sub-group applied across the board. Despite some differences in how outcomes were expressed, the initial outcomes identified in qualitative interviews applied across services within the same theme and across client types, except in one case as highlighted below. Differences in expression appeared to be largely based on personal communication style and no pattern relating to service attended or client type was found in analysis.

This was further tested in quantitative analysis to ensure no sub-groups were missed. Two client type differences were identified within the theme of Community and Networks, and it was discovered that the only other statistically significant difference across service and client type sub-groups was within the valuation of outcomes. The data from the quantitative survey is included in the discussion on theme outcomes in Chapters 5-9.

Based on the data collected for this SROI forecast analysis, no sub-groups have been applied across themes, but the variation in valuation of outcomes has been discussed in the relevant sections. The client type differences identified within the Community and Networks theme have been discussed in detail within Chapter 6.

More robust sampling, use of other data sources, and more sophisticated demographic information tracking are all recommended for the evaluative SROI analysis to take place in 2023, as covered in Chapter 12. It is hypothesised that this will have an impact on sub-groups and the data collected will likely need to be segmented for analysis at that stage. The data available currently does not indicate for sub-group analysis.

Some hypothesised sub-groups for the 2023 SROI evaluation include:

- Age
- Siblings/ no siblings
- Living situation
- Self-identification of support system
- Services attended

4.3.2 Parent Sub-Groups

No parent sub-groups were identifiable based on research conducted for this SROI forecast analysis and there is not currently a wealth of data in existence for parents as secondary stakeholders within the Crann database. Parent stakeholders who participated all had a child who had attended one of the in-scope services, and none reported experiencing different outcomes based on different services attended by their child. The age of their child (some parents in the group had adult children) did not appear to impact the outcomes they reported. It is important to note, however, that the sample for parents was small and all data was collected within a single focus group, which may have let to group bias. A quantitative survey was used to validate findings, but due to research fatigue (as covered in section 3.7.3) the response rate was low, and this is not a robust quantification.

Due to the small sample and single focus group run to collect indicative data for this forecast, no sub-groups could be identified. It will be key to the evaluation to identify sub-groups within the parent stakeholder cohort. Some hypothesised sub-groups include:

- Age of child
- Siblings/ no siblings
- Primary carer or shared-responsibility carer
- Self-identification of support system
- Services attended by child

The process for collecting longitudinal data on secondary impact for family members of clients at Crann is currently being designed by an external consultant and this will feed into the 2023 evaluative SROI analysis, alongside outcomes data collected within that period.

5. The change that occurs for clients of Psychological Wellbeing services

5.1 Mapping the outcomes for Clients of Crann's Psychological Wellbeing Services

Psychological Wellbeing is a theme of services offered by Crann. Within that theme there are five separate services. During initial research, each service within the theme was treated separately, to identify outcomes for each service.

Outcomes were notably similar for clients of all services within the Psychological Wellbeing theme. It was decided by the commissioned researcher in consultation with the Crann team to include stakeholders of each of the included services in one group: Clients of Psychological Wellbeing Services. This stakeholder group is made up of children and adults with disabilities, as well as parents of a person with a disability, and siblings of children with disabilities. Every stakeholder in this group has accessed at least one service within the Psychological Wellbeing theme for *themselves* as a direct participant. The clients of each service within this theme experienced similar outcomes and a similar sized change in most cases, regardless of the service they accessed. This was confirmed through quantification of outcomes in the client survey.

Table 6: Crann's Psychological Wellbeing Services

Service	**Description**
A Moment for Me	A four-week, group-based service for parents of children with neuro-physical disabilities. Its intention is to give parents a space for themselves, to form connections with peers, express their challenges, receive support from trained professionals and enjoy time away from their children. In 2021-22 a total of 11 clients attended the A Moment for Me service. In 2023 20 clients are forecasted to attend the A Moment for Me service.
Counselling	One-to-one counselling service, with a licensed psychotherapist. The service is offered on a bespoke basis, with courses of sessions ranging from 8 weeks to 15 weeks, depending on the client's needs. Sessions support clients in coping with challenges and give them a space just for themselves, to focus on their mental wellbeing. In 2021-22 a total of 20 clients attended the counselling service. In 2023 a total of 30 clients are forecasted to attend the counselling service.
Play Therapy	

	Therapy for children, conducted through play, with a licensed play therapist. The service is offered on a bespoke basis, ranging from 10 to 20 sessions, depending on the client's needs. The sessions are intended to support children who attend in expressing their emotions and to help them overcome challenges and improve their overall mental wellbeing. In 2021-22 a total of 16 clients attended the play therapy service. In 2023 a total of 30 clients are forecasted to attend the play therapy service.
Sibshops	This service provides supports for siblings of children and teenagers with a neuro-physical disability. The service is delivered through fun, activity-based sessions which support siblings in dealing with the particular challenges they experience in being part of a family where one or more members has a disability. In 2021-22 a total of 10 clients attended the Sibshop service. In 2023 a total of 20 clients are forecasted to attend the Sibshop service.
Growing in Confidence	This service aims to equip teenagers with a neuro-physical disability to build confidence and resilience. It is delivered in a group setting over a series of weeks with facilitated discussions and activities to explore and develop the awareness and skills to increase their self-confidence. In 2021-22 a total of 6 clients attended the Growing in Confidence service. In 2023 a total of 15 clients are forecasted to attend the Growing in Confidence service.

In total 35 clients who had accessed Psychological Wellbeing Services at Crann were involved in this research. Clients reported a wide range of benefits and experiences related to their attendance at Crann's Psychological Wellbeing Services, including:

- Accessing a service that they would not have felt comfortable accessing previously
- Finding space to care for themselves and learning that it was ok to do so
- Getting back to themselves after feeling out of sorts
- Finding a safe space to express themselves and work through challenges
- Learning how to express the experiences and feelings they had not previously shared in other spaces
- Building trust and connection with others in group spaces
- An opportunity to learn from peers and support others
- Finding solutions to challenges they were facing
- Feeling seen, heard, understood, and validated
- Realising their strength and achievements

- Having a “life changing” experience that helped them evolve into a better version of themselves

Through extensive research and consultation with clients of Psychological Wellbeing Services, well-defined outcomes were created which encompass all the material changes and experiences reported by clients.

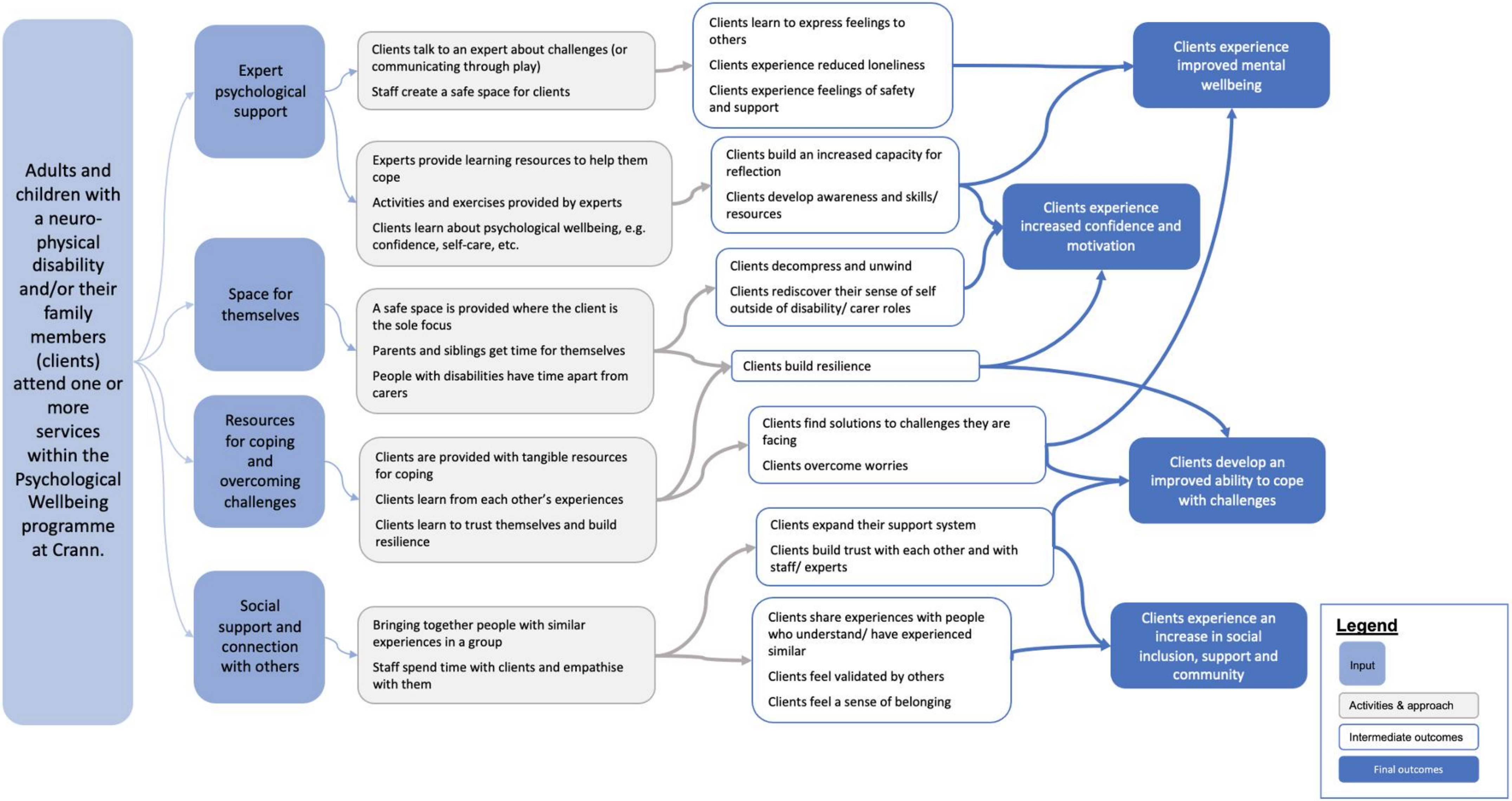
Table 7: Summary of outcomes for Clients of Psychological Wellbeing Services

	Ranking (1 = most valuable)	**Well-defined outcome**	**Proportion of clients experiencing material change**	**Average estimated value**	**Total present value forecast**
Clients	1	Improved mental wellbeing	71%	€3,985	€125,928
	2	Increased confidence and motivation	71%	€3,115	€174,562.13
	3	Improved ability to cope with challenges	86%	€2,915	€126,454.36
	4	Increased social inclusion, support, and community	71%	€2,585	€90,303.87

5.1.1 Theory of Change for Clients of Psychological Wellbeing Services

Psychological Wellbeing Services are delivered in-person, on-site at Crann. The core focus of these services is building resilience and sustaining positive mental health. The supports offered are key to dealing with challenges that arise for the person with a disability, their carers, or their family members.

Figure 2: Theory of Change for Clients of Psychological Wellbeing Services



Adults and children with a neuro-physical disability and/or their family members (clients) attend one or more services within the Psychological Wellbeing programme at Crann.

Expert psychological support

Space for themselves

Resources for coping and overcoming challenges

Social support and connection with others

Clients talk to an expert about challenges (or communicating through play)
Staff create a safe space for clients

Experts provide learning resources to help them cope
Activities and exercises provided by experts
Clients learn about psychological wellbeing, e.g. confidence, self-care, etc.

A safe space is provided where the client is the sole focus
Parents and siblings get time for themselves
People with disabilities have time apart from carers

Clients are provided with tangible resources for coping
Clients learn from each other's experiences
Clients learn to trust themselves and build resilience

Bringing together people with similar experiences in a group
Staff spend time with clients and empathise with them

Clients learn to express feelings to others
Clients experience reduced loneliness
Clients experience feelings of safety and support

Clients build an increased capacity for reflection
Clients develop awareness and skills/ resources

Clients decompress and unwind
Clients rediscover their sense of self outside of disability/ carer roles

Clients build resilience

Clients find solutions to challenges they are facing
Clients overcome worries

Clients expand their support system
Clients build trust with each other and with staff/ experts

Clients share experiences with people who understand/ have experienced similar
Clients feel validated by others
Clients feel a sense of belonging

Clients experience improved mental wellbeing

Clients experience increased confidence and motivation

Clients develop an improved ability to cope with challenges

Clients experience an increase in social inclusion, support and community

Outcomes were explored in qualitative research interviews and clients' experiences were collected and analysed in order to define final outcomes. The below table demonstrates a sample of the language used by stakeholders that led to the final outcomes that were defined by the commissioned researcher based on the stakeholder input.

Table 8: Language used to describe Psychological Wellbeing outcomes by client type and service attended

Final outcome	Stakeholder language	Client type	Service attended
Improved mental wellbeing	"…relaxed and at ease…" "…discovered what the root of it all was."	Parent as proxy for child	Play Therapy
	"I guess I got clarity from it, things felt easier."	Adult with a disability	Counselling
	"…that's how you cope." "…you need to be able to laugh about it and I could do that in the group…"	Parent	A Moment for Me
	"…like a cloud being lifted." "…I'm taking care of myself again."	Parent	Counselling
Increased confidence and motivation	"…I really had a new outlook…" "…I'm eating better and exercising again…"	Parent	Counselling
	"…[play therapist] really put [them] at ease, so [they] feel much better about the exams…" "…they feel more confident coming up to it…"	Parent as proxy for child	Play Therapy
	"…if I take time for myself, it actually benefits everyone else, so that's my motivation now to take better care of me."	Parent	A Moment for Me
	"…it highlighted that independence to [them]…[they] were saying, "I'll do that" about things…"	Parent as proxy for child	Growing in Confidence

Improved ability to deal with challenges	“You’d feel so alone when you’d have an issue because your friends don’t get it.”	Parent	Counselling
	“…you can talk about those things in the group and, almost always, someone else has been there…” “…[they] can help and give you advice.”	Parent	A Moment for Me
	“[they] think more about how things might impact [them] in the future too.”	Parent as proxy for child	Play Therapy
	“I had support and somewhere to go for help when I needed it…”	Adult with a disability	Counselling
Increase in social inclusion, support, and community	“…it’s harder than you’d think to meet other parents of children with disabilities…” “…we have a little WhatsApp group and we all met for a coffee since the end of the programme.”	Parent	A Moment for Me
	“…someone outside of our own little bubble, to talk to and who cares about [them] and listens to [them]…”	Parent as proxy for child	Play Therapy
	“…they clearly all connected on that and were talking about it…” “It’s nice to know [they have] peers in there.”	Parent as proxy for sibling	Sibshop

Similar language was used by different client types, and by those who attended different services within the theme, to describe the changes they experienced. One limitation was that parents were used as research proxies for their children, which meant that the language used likely is more relatable to the parent than the child with a disability. This is discussed in section 3.7 and recommendations pertaining to it are included in Chapter 12.

Initial thoughts on language for final outcomes were tested with interviewees, based on what they had shared spontaneously, and once a full analysis of all qualitative data had been conducted, a preliminary Theory of Change was developed by the commissioned researcher. The preliminary Theory of Change was validated with the Crann team, drawing on the client-facing staff's understanding of client and family experiences and outcomes. The Theory of Change was then tested with clients in the quantitative survey. All of the final outcomes resonated with a relatively large proportion of the sample, and no new outcomes were identified by respondents when asked.

5.2 Overview of context for outcomes experienced by clients of Psychological Wellbeing services

The following sections outline the outcomes for Crann clients who have accessed Psychological Wellbeing Services. Despite the evident differences between the types of clients included in this stakeholder group, and their differing experiences of disability i.e., some individuals living with a disability, others caring for someone with a disability or living with someone with a disability, their experienced outcomes are remarkably similar.

Table 9: Proportion of each client type experiencing Psychological Wellbeing Services outcomes

Outcome	**Proportion of segment experiencing a material change**			
	Child with disability	**Adult with disability**	**Parent**	**Sibling**
Increased social inclusion, support, and community	63%	67%	73%	100%
Increased confidence and motivation	83%	67%	63%	100%
Improved mental wellbeing	69%	78%	74%	100%
Improved ability to cope with challenges	100%	78%	79%	100%

At 95% confidence level these differences are not statistically significant based on the total sample of 36 respondents for Psychological Wellbeing Services

A 2009 report by Genio on Disability and Mental Health in Ireland sought to identify the number of person-centred services for people with disabilities that encourage self-determination and operate in a sustainable way that were available across the country and just 23 projects meeting those criteria were identified.[14] Of the 36,649 records reviewed for the NASS 2020 annual report, 6,966 (19%) accessed a mental health support service (including psychiatry, counselling psychology, creative therapy, neuropsychology, play therapy).[15]

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[14] Keogh F. Disability and Mental Health in Ireland: Searching Out Good Practice. Genio. 2009

[15] Casey C, O'Sullivan M, Flanagan N, Fanagan S. Annual Report of the National Ability Supports System (NASS). 2020

While no robust data exists on the mental health requirements of family members of people with disabilities, Mental Health Ireland estimates that 1 in 4 people will experience a mental health issue, and the Royal College of Surgeons in Ireland found that 1 in 5 people between 19 and 24 are experiencing a mental health issue at any one time. According to the Irish Health Survey 2019, 43% of people with disabilities report some form of depression, and around a quarter of people with disabilities report having unmet health care needs due to waiting times; both of these figures are well above the State average.[16] Based on the data collected by NASS, many less people with disabilities have access to services (the NASS report covers HSE-funded services only) than those people who are suffering. Psychological Wellbeing Services are greatly needed by this stakeholder group, and as such, access to these supports created significant value for them.

People with disabilities are looking for services provided by someone who truly understands their experience. Crann is uniquely placed to provide Psychological Wellbeing services for people with disabilities because of their extensive experience both as an organisation, and within their staff, of working with people with disabilities, across a variety of contexts, including psychological support services.

This SROI analysis found that attending Psychological Wellbeing services at Crann led to a range of valuable outcomes for clients, including increased social inclusion, support, and community, increased confidence and motivation, improved mental wellbeing and an improved ability to cope with challenges. One respondent reported no material positive change as a result of attending Psychological Wellbeing Services; this respondent did not report any negative impact of attending services. No negative outcomes were expressed by clients of Psychological Wellbeing Services at any stage during the SROI analysis. Respondents were asked and given ample opportunity to express negative outcomes in each research methodology that was used.

5.3 Outcome: Improved mental wellbeing

71% of respondents said they experienced a material change in improved mental wellbeing.

This outcome was described in a variety of ways during qualitative interviews with clients. Themes that arose most frequently included feeling calmer and/or happier, feeling more like themselves than they did before attending, having a new desire to take care of themselves both mentally and physically, learning to express difficult emotions and be comfortable sharing emotions with others. Clients agreed that all of these experiences added up to an overall improvement in their mental wellbeing.

> *"[Sibling of a child with a disability] is definitely much more at ease since the play therapy. He would have been a very happy go lucky child and then during Covid we kind of started to see he looked a bit anxious and worried, an awful lot more than most kids at that stage. He wasn't himself at all, you could see it, you just knew there*

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[16] al Statistics Office. Irish Health Survey 2019 – Persons with Disabilities. December 2020

> *was something on his mind all the time. So, we went and had a chat with [play therapist], and you could see after maybe the third session, he was starting to relax a bit more. Through the play therapy we also discovered what the root of it all was for him. I don't think he'd be the way he is now if it wasn't for the play therapy."*
>
> **Parent as research proxy for a child with a disability**

In total 71% of respondents (n=15) reported that they experienced a material change in relation to this outcome. 14% (n=3) said that they experienced a small change, which was not considered to be materially significant, and these respondents were not included in the SROI. The remaining 14% (n=3) reported that they experienced no change in relation to improved mental wellbeing.

Clients who experienced a material change in relation to the outcome of improved mental wellbeing assigned an average estimated value of €3,985 to it.

> *"I didn't feel like myself at the time. I was just broken. I was so stuck, and I didn't know how to come back from that. I felt lonely and none of my friends understand, and I had to give up work when [child with a disability] was born, and I'm a career person so that's a huge thing. Then going to the [A Moment for Me service] and having the other women who were experiencing what I was, it was like a cloud being lifted. It made me think differently."*
>
> **Parent of a child with a disability**

This outcome was ranked the highest of all outcomes for clients of Psychological Wellbeing Services. However, there was some variation in the value assigned to this outcome by different segments, as shown in table 14 and 15 below.

Table 10: Value assigned to outcome of improved mental wellbeing, by service attended

Service attended	**Average estimated value**
A Moment for Me	€3,000
Counselling	€3,970
Play Therapy	€5,200
Sibshop	€3,410
Growing in Confidence	€4,435

Table 11: Value assigned to outcome of improved mental wellbeing, by client type

Client type	**Average estimated value**
Adult with a disability	€2,700
Child (includes siblings)	€3,445
Parent	€2,785

The highest value by service was assigned by clients who attended Play Therapy, and the lowest value was assigned by clients who attended A Moment for Me. It was reported that children attending Play Therapy often had severe symptoms e.g., anxiety, excessive hand washing, acting out, and were not coping well day-to-day. As they were coming into the service from a position of real struggle, the improvement in mental wellbeing that they experienced was likely seen to be of higher value. Many clients attending the A Moment for Me service attended for enjoyment and social networking with other parents. It was reported, by around half of parents who were interviewed, that they did not realise how much they needed a space for themselves and to be encouraged to share their own experiences. They assign a high value to this outcome, but it wasn't necessarily the outcome they were seeking by attending the service.

There was little difference in value assigned to this outcome based on the type of client. In line with the higher value assigned by clients who attended Play Therapy, children gave this outcome a slightly higher value. However, based on the sample size, this is not a significant difference.

5.4 Outcome: Increased confidence and motivation

71% of respondents said they experienced a material change in increased confidence and motivation.

Adults with disabilities and parents expressed an increase in confidence and motivation due to sharing their experiences with others who had experienced similar things or understood their experience, which gave them a sense of belonging and validated their feelings. By overcoming worries and challenges, their confidence was increased by a sense that they could cope more effectively. This also gave many clients the motivation to take better care of themselves, and to try to connect more frequently with others in a similar position to them.

This outcome looked different for children, for whom confidence increased due to being listened to and supported or spending time in a group setting with other children like themselves. For some, learning that they could rely on the Crann staff and services to support them and care about them supported them in growing their confidence. Interestingly, children also experienced an increase in motivation. For children, this was motivation to become more independent in terms of taking ownership of small tasks at home or school, and motivation to share their feelings more outside of the context of Psychological Wellbeing Services.

> *"I went to Counselling, and it really just started me on a journey. I'm now prioritising my own health, I exercise now. And just like knowing that's ok to do as well, if I take time for myself, it actually benefits everyone else, so that's my motivation now to take better care of me."*
>
> **Parent of a child with a disability**

In total 71% of respondents (n=15) reported that they experienced a material change in relation to this outcome. 20% (n=4) said that they experienced a small change, which was not considered to be materially significant, and these respondents were not included in the SROI analysis. The remaining 10% (n=2) reported that they experienced no change in relation to improved ability to cope with challenges.

Clients who experienced a material change in relation to the outcome of improved ability to cope with challenges assigned an average estimated value of €3,115 to it.

> *"[Child with a disability] had the opportunity to spend time with kids more like her and see what they were up to as well. It highlighted an independence to her. She came out of a few sessions, and she came down the lift on her own, which never would've happened before. She was saying 'I'll do that myself' about small things, and I think they may have asked on the course whether the kids would make their own lunch if they were hungry, and I know she wouldn't… she'd sit on the chair and ask me to get it for her. This particular day and said she'd help with the lunch."*

Parent as research proxy for a child with a disability

The outcome of Increased Confidence and Motivation was the second most important outcome for clients of Psychological Wellbeing Services. Findings showed that there was some variation in the value assigned to this outcome by different segments, as shown in table 16 and 17 below.

Table 12: Value assigned to outcome of improved confidence and motivation, by service attended

Service attended	**Average estimated value**
A Moment for Me	€1,675
Counselling	€3,460
Play Therapy	€2,275
Sibshop	€2,525
Growing in Confidence	€2,590

Table 13: Value assigned to outcome of improved confidence and motivation, by client type

Client type	**Average estimated value**
Adult with a disability	€1,500
Child (includes siblings)	€2,380
Parent	€2,570

The highest value by service was assigned by clients who attended Counselling, and the lowest value was assigned by clients who attended A Moment for Me. Counselling was reported as having been a “life saver” for clients, and many described how processing their experiences, sharing their feelings and being validated and supported helped them realise their desire to take better care of themselves, and helped them to be kinder to themselves in daily life. As counselling is a very focused bespoke service clients felt that the confidence and motivation that they achieved through attending the service was highly valuable to them personally. A Moment for Me did contribute to clients feeling more confident because they were validated by others in the group and felt that hearing from others experiencing the same struggles as themselves allowed them to feel “better” about themselves. However, this was categorised more as support and community by clients who attended this service, which is reflected in the lower value for this outcome.

Adults with disabilities who attended counselling reported mostly attending the service to deal with acute and specific challenges they were experiencing. Counselling is the only Psychological Wellbeing Service for adults with disabilities that was included in the SROI. Likely, because of the service’s more specific focus, they did not feel that the confidence and motivation they gained from attending the service was as valuable as other outcomes e.g., improved ability to cope with challenges or improved mental wellbeing, to which they assigned a higher value.

5.5 Outcome: Improved ability to cope with challenges

85% of respondents said they experienced a material change in improved ability to cope with challenges.

Many clients who engaged with Crann’s Psychological Wellbeing services were experiencing specific challenges before they attended a service. These challenges were varied, but a consistent theme amongst clients was feeling unlike themselves, struggling to get on top of things, not having a support system that understood their unique challenges and not giving themselves time to reflect or process. In general, Crann’s Psychological Wellbeing Services provided them with that space to reflect and process, and to share their feelings and the challenges they were experiencing. Most didn't have a space for this in their daily life before attending Crann. In addition, most clients who engaged in Psychological Wellbeing Services felt that they gained tools and resources to help them continue to cope with challenges on their own after the end of the service they engaged with.

> *"I suppose it makes you look at life and look at myself rather than rushing and racing. It did make me take a moment and reflect on things for myself. It has had such a positive impact on my life because it helped me to look at all these things and appreciate what I have, and it gave me some tools that stayed with me. I confess, I'm not mindfully colouring every week or anything, but I did start walking and even simple things like taking myself off for a cup of coffee. I make more of an effort for myself and now I realise that happiness is in the small things."*
>
> **Parent of a child with a disability**

In total 85% of respondents (n=18) reported that they experienced a material change in relation to this outcome. 0% (n=0) said that they experienced a small change. The remaining 14% (n=3) reported that they experienced no change in relation to improved ability to cope with challenges.

Clients who experienced a material change in relation to the outcome of improved ability to cope with challenges assigned an average estimated value of €2,915 to it.

> *"We'd be saying to [child with a disability], you know you don't need to worry about this. She'd be crying and we'd be trying to comfort her and things like that, but I think she needs someone outside of our little bubble. Someone outside of the family unit to help her learn to manage. She knows we're always here for her, but just for her to see it from the perspective of someone else was so helpful."*
>
> **Parent as research proxy for a child with a disability**

Findings showed that there was some variation in the value assigned to this outcome by service attended, as shown in table 18 and 19 below.

Table 14: Value assigned to outcome of improved ability to cope with challenges, by service attended

Service attended	**Average estimated value**
A Moment for Me	€2,750
Counselling	€3,595
Play Therapy	€2,225
Sibshop	€1,985
Growing in Confidence	€3,455

Table 15: Value assigned to outcome of improved ability to cope with challenges, by client type

Client type	**Average estimated value**
Adult with a disability	€2,575
Child (includes siblings)	€2,250
Parent	€2,015

The highest value by service was assigned by clients who attended Counselling. Clients who attended Growing in Confidence assigned a similar value to this outcome. The lowest value was assigned by clients who attended a Sibshop.

Counselling is a service for adults with disabilities and parents and is focused on supporting them with overcoming present challenges and learning resources to help them more effectively cope in the future. Many reported that they felt significantly better equipped to take on challenges in their lives after attending counselling. Adults carry more of the responsibility for coping with the challenges that life throws at them, compared to children who likely feel more supported by others e.g., their parents, teachers, etc. So, this outcome has a higher value for clients who have attended counselling.

Growing in Confidence supports children with disabilities to overcome challenges they face with confidence, and these challenges impact their daily life and participation, so overcoming them creates high value in their lives. Sibshops do focus on skills and resources for coping e.g., mindfulness, however the outcomes that were reported as being most valuable for attendees of that service were improved mental wellbeing and increased social inclusion, support and community, rather than specific coping skills.

There was no notable difference in the value assigned to this outcome based on client type.

5.6 Outcome: Increased social inclusion, support and community

71% of respondents said they experienced a material change in increased social inclusion, support and community.

In interviews, clients frequently described this outcome as engaging with peers with whom they shared experiences, challenges, and feelings, and through this recognising that they are not alone. They also reported experiencing mutual support and sharing of solutions and comfort in the group. Even for clients who engaged in a one-to-one service, this outcome was present as they felt supported by the expert they engaged with and felt invited into the community at Crann through that service.

> *"You'd have to commend them, because I don't know of anywhere else offering stuff for the family, and it is challenging to be the person living with someone with a disability sometimes. It's not easy and unless you have a child with a disability, you don't really know what it's like. Nobody can explain it to you. It's a constant worry, if it's not a medical issue, you're worried about something else. A Moment for Me was good craic because you met other people who were in the same boat as you, and you could say what you wanted. You have to be able to make light of it too sometimes and in the context of my peers at Crann I can make fun of the challenges, but in other contexts you can't do that."*
>
> **Parent of an adult with a disability**

In total 71% of respondents (n=15) reported that they experienced a material change in relation to this outcome. 10% (n=2) said that they experienced a small change, which was not considered to be materially significant, and these respondents were not included in the SROI. The remaining 19% (n=4) reported that they experienced no change in relation to increased social inclusion, support, and community.

Clients who experienced a material change in relation to the outcome of increased social inclusion, support, and community assigned an average estimated value of €2,585 to it.

> *"She's a real social butterfly and she said it was great when everyone was at it. There were the most people there for the second session and that was her favourite, because all the other siblings were there with her. I think in the future too she will find her friends from there."*
>
> **Parent as research proxy of a sibling**

Findings showed that there was some variation in the value assigned to this outcome by segment, as shown in table 20 and 21 below.

Table 16: Value assigned to outcome of increased social inclusion, support and community, by service attended

Service attended	Average estimated value
A Moment for Me	€2,615
Counselling	€2,690
Play Therapy	€3,400
Sibshop	€3,025
Growing in Confidence	€1,950

Table 17: Value assigned to outcome of increased social inclusion, support and community, by client type

Client type	Average estimated value
Adult with a disability	€840
Child (includes siblings)	€3,310
Parent	€2,815

The highest value by service was assigned by clients who attended Play Therapy, and clients who attended a Sibshop assigned a similarly high value to this outcome. The lowest value was assigned by clients who attended Growing in Confidence. For clients who attended Play Therapy, this was reported as discovering someone new outside of their family unit who wanted to play with them and spend time with them in a supportive way. This was reported as being highly valuable to the children who attended, especially children who experienced high anxiety, as they felt safe and supported in Play Therapy in a way that they might not feel in other settings. Sibshops gave siblings an opportunity to mix with each other, and it was reported by some that this was a unique opportunity as other services do not create spaces for siblings, and most siblings do not have friends at school or in other areas of life that share their experience of having a sibling with a disability. Growing in Confidence, by nature of its topic could be seen to be a less social environment than some of the other group services in the Psychological Wellbeing Services theme. This is a service often attended by older children and teens, who may be less likely to admit wanting more social connection and/ or support.

The most notable difference in value assigned to this outcome is within the client type segments. Adults with disabilities value this outcome notably lower than parents, and even more so than children. The only service in Psychological Wellbeing that is attended by adults with disabilities is counselling, which is delivered in a one-to-one setting. They are not attending group services here and that is likely the cause for this outcome's lower value for them.

5.7 Summary of outcomes for clients of Psychological Wellbeing services

Only one respondent (4%) stated that they hadn't experienced any material change as a result of engaging with Crann's Psychological Wellbeing Services. In general, clients of all ages and clients with and without a disability experienced significant improvement due to engaging with the services. Prior to engaging with Crann's Psychological Wellbeing Services, most clients had identified specific challenges they were experiencing and most felt they had overcome or were well on their way to overcoming those challenges after attending services at Crann. They also identified unexpected outcomes not specifically linked to the challenges they were experiencing e.g., increased confidence and motivation.

Crann’s Psychological Wellbeing Services were viewed as a major turning point for clients and most experienced a material change.

6. The change that occurs for clients of Community and Networks services

6.1 Mapping the Outcomes for Clients of Crann's Community and Networks Services

Community and Networks is a theme of services offered by Crann. Within that theme there are four separate services. The same approach was taken to researching Community and Networks outcomes as detailed in the previous section on Psychological Wellbeing Services. During initial research, each service within the theme was treated separately, to identify outcomes for each service. Outcomes were notably similar for clients of all services within the Community and Networks theme.

It was decided by the commissioned researcher in consultation with the Crann team to include stakeholders of each of the included services in one group: Clients of Community and Networks Services. This group is made up of children and adults with disabilities, as well as parents. Every stakeholder in this group has accessed at least one service within the Community and Networks theme for *themselves* as a direct participant. The clients of each service within this theme experienced similar outcomes and a similar sized change in most cases, regardless of the service they accessed. This was confirmed through quantification of outcomes in the client survey.

Table 18: Crann's Community and Networks Services

Service	**Description**
Chat and Connect	An ongoing weekly service in which adults with neuro-physical disabilities come together, in-person or online, to chat and connect with each other. In 2021-22 a total of 22 clients attended the Chat and Connect service. In 2023 a total of 30 clients are forecasted to attend the Chat and Connect service.
Parents' Café	Parents' Café is a monthly group meet-up for parents of children with neuro-physical disabilities which is moderated by the parents themselves on-site at Crann. It is a space for parents to support each other, share challenges and solutions, and develop strategies for how they can best support their child with a neuro-physical disability, their other children and themselves. In 2021-22 a total of 13 clients attended the Parents' Café service. In 2023 a total of 25 clients are forecasted to attend the Parents' Café service.
Breaking Barriers Theatre Group	Children with neuro-physical disabilities attend ongoing weekly drama classes at Crann, led by experienced drama teachers.

Breaking Barriers Theatre Group for Kids	The purpose of the Theatre Group for Kids is to create a fun space to connect with each other, to learn to express themselves in different ways, and to build confidence as well as other skills such as speaking with confidence, voice projection, movement, dance, and improvisation. In 2021-22 a total of 18 clients attended the Breaking Barriers Theatre Group for Kids service. In 2023 a total of 20 clients are forecasted to attend the Breaking Barriers Theatre Group for Kids service.
Breaking Barriers Theatre Group Breaking Barriers Theatre Group for Adults	Adults with neuro-physical disabilities attend ongoing weekly drama classes at Crann, led by experienced drama teachers. The purpose of the Theatre Group for Adults is to create a fun space to connect with each other, to learn to express themselves in different ways, and to build confidence as well as other skills such as speaking with confidence, voice projection, movement, dance, and improvisation. In 2021-22 a total of 9 clients attended the Breaking Barriers Theatre Group for Adults service. In 2023 a total of 10 clients are forecasted to attend the Breaking Barriers Theatre Group for Adults service.

In total 36 clients who had accessed Community and Networks Services at Crann were involved in this research. Clients reported a wide range of benefits and experiences related to their attendance at Community and Networks Services, including:

- Building social connections that they felt they were lacking
- An opportunity to learn from peers and support others
- Learning how to share feelings and challenges with others
- Becoming more confident with others and in groups
- A sense of fun and enjoyment in social time spent with peers
- Feeling seen, heard, understood, and validated
- Learning how to express the experiences and feelings they had not previously shared in other spaces
- Building trust and connection with others in group spaces
- Gaining confidence in voicing opinions
- Feeling supported and cared for by others outside of their family unit
- Being inspired and motivated by their peers' achievements and stories
- Finding a space to express themselves fully
- Recognising their ability to learn and perform
- Developing a greater sense of independence

Through extensive research and consultation with clients of Community and Networks Services, well-defined outcomes were created which encompass all the material changes and experiences reported by clients.

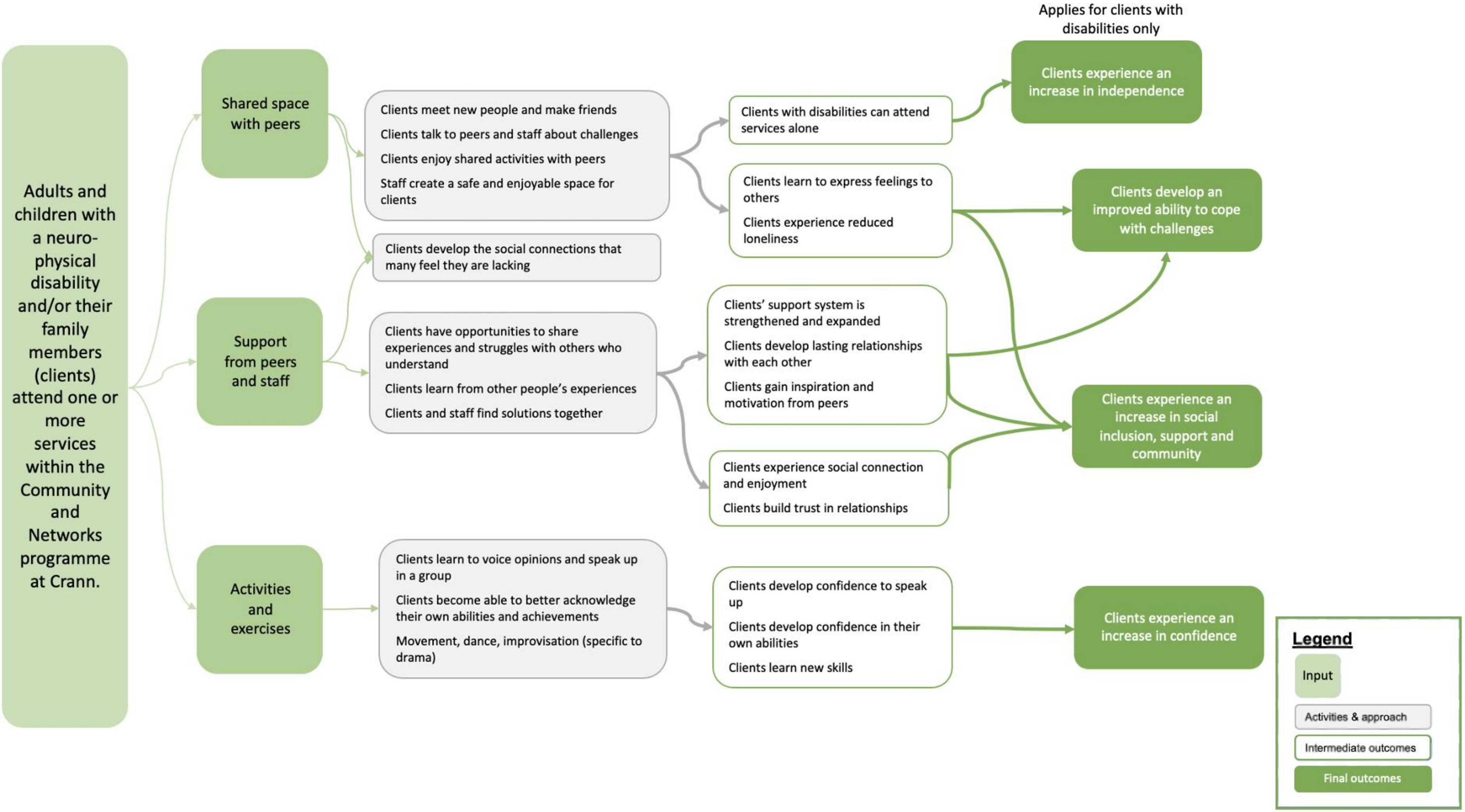
Table 19: Summary of outcomes for Clients of Community and Networks Services

	Ranking (1 = most valuable)	Well-defined outcome	Proportion of clients experiencing material change	Average estimated value	Total present value forecast
Clients	1	Improved ability to cope with challenges	64%	€3,900	€51,333.75
	2	Improved independence	73%	€3,685	€91,203.75
	3	Increased confidence	77%	€3,095	€82,227.03
	4	Increased social inclusion, support, and community	77%	€2,420	€56,279.52

6.1.1 Theory of Change for Clients of Community and Networks

Community and Networks Services are delivered in-person, on-site at Crann, as well as online in some cases. The core focus of these services is empowering children and adults to build their social capital and alleviate feelings of isolation and loneliness. The services offered are key to clients having peer-based interaction and meeting with others for social connections and maintaining positive mental health.

Figure 3: Theory of Change for Clients of Community and Networks Services



Applies for clients with disabilities only

Adults and children with a neuro-physical disability and/or their family members (clients) attend one or more services within the Community and Networks programme at Crann.

Shared space with peers

Support from peers and staff

Activities and exercises

Clients meet new people and make friends

Clients talk to peers and staff about challenges

Clients enjoy shared activities with peers

Staff create a safe and enjoyable space for clients

Clients develop the social connections that many feel they are lacking

Clients have opportunities to share experiences and struggles with others who understand

Clients learn from other people's experiences

Clients and staff find solutions together

Clients learn to voice opinions and speak up in a group

Clients become able to better acknowledge their own abilities and achievements

Movement, dance, improvisation (specific to drama)

Clients with disabilities can attend services alone

Clients learn to express feelings to others

Clients experience reduced loneliness

Clients' support system is strengthened and expanded

Clients develop lasting relationships with each other

Clients gain inspiration and motivation from peers

Clients experience social connection and enjoyment

Clients build trust in relationships

Clients develop confidence to speak up

Clients develop confidence in their own abilities

Clients learn new skills

Clients experience an increase in independence

Clients develop an improved ability to cope with challenges

Clients experience an increase in social inclusion, support and community

Clients experience an increase in confidence

Legend

Input

Activities & approach

Intermediate outcomes

Final outcomes

Outcomes were explored in qualitative research interviews and clients' experiences were collected and analysed in order to define final outcomes. The below table demonstrates a sample of the language used by stakeholders that led to the final outcomes that were defined by the commissioned researcher based on the stakeholder input.

Table 20: Language used to describe Community and Networks outcomes by client type and service attended

Final outcome	Stakeholder language	Client type	Service attended
Increase in independence (clients with disabilities only)	"[They'd] never been anywhere without one of us really…" "[They] love heading off into the class without us and having that time for [themselves]." "It's definitely given [them] more independence." "…[they] usually only mix with kids [their] own age, or even younger, because of [their] disability…" "…[they] got to see older children and teenagers with disabilities and see all the things they were able to do." "…push [them] forward with what they can do [themselves]."	Parent as proxy for child	Breaking Barriers Theatre Group for Kids
	"It's nice to have friends of my own." "I wouldn't really have had anyone to talk to outside of my family before…" "It's all online so I can go to things without needing too much help…"	Adult with a disability	Breaking Barriers Theatre Group for Adults Chat and Connect
Improved ability to cope with challenges	"You can talk about anything you want in the group." "…can ask the group for advice." "…have some of the same experiences and can help each other." "…that's amazing and so helpful."	Adult with a disability	Chat and Connect

	"It can be really lonely and confusing and it's hard to find the right information, but someone else in the group might say…" "…you sort of feel like things are easier to deal with, when you have these other parents in your corner."	Parent	Parents' Café
Increase in social inclusion, support, and community	"…now they're like my family." "I tell them things before I tell anyone else, they're the first people I ask when I need advice or help…"	Parent	Parents' Café
	"Seeing [them] heading off in with [their] buddies…" "…[they] love being in a group of people like [them] and having the craic."	Parent as proxy for child)	Breaking Barriers Theatre Group for Kids
	"I widened my friendship group…" "Like-minded people could get together and discuss what was on our minds…"	(Adult with a disability)	Breaking Barriers Theatre Group for Adults
Increased confidence	"It's actually made [them] bossier!" "In the past [sibling] would've always dictated what they were doing…" "She's kind of blossomed…"	Parent as proxy for child	Breaking Barriers Theatre Group for Kids
	"…it's probably built up my confidence too, you know from a social point of view." "…I don't feel as nervous…" "I'm more confident in talking with people…" "I'll speak up now, I was kind of shy…"	Adult with a disability	Chat and Connect
	"…sometimes you just need to hear that someone else struggles with that too, like it's not your failing…"	Parent	Parents' Café

Similar language was used by different client types, and by those who attended different services within the theme, to describe the change they experienced. One limitation for this was that parents were used as research proxies for their children, which meant that the language used likely is more relatable to the parent than the child with a disability. This is discussed in section 3.7 and recommendations pertaining to it are included in Chapter 12.

Initial thoughts on language for final outcomes were tested with interviewees, based on what they had shared spontaneously, and once a full analysis of all qualitative data had been conducted, a preliminary Theory of Change was developed by the commissioned researcher. The preliminary Theory of Change was validated with the Crann team, drawing on the client-facing staff's understanding of client and family experiences and outcomes. The Theory of Change was then tested with clients in the quantitative survey. All of the final outcomes resonated with a relatively large proportion of the sample, and no new outcomes were identified by respondents when asked.

6.2 Overview of context for outcomes experienced by clients of Community and Networks services

The following sections outline the outcomes for Crann clients who have accessed Crann's Community and Networks Services. Despite the evident differences between the types of clients included, and their differing experiences of disability i.e., some individuals living with a disability, others caring for someone with a disability, their experienced outcomes are remarkably similar.

Table 21: Proportion of each client type experiencing Community and Networks Services outcomes

Outcome	**Proportion of segment experiencing a material change**		
	Child with disability	**Adult with disability**	**Parent**
Increased social inclusion, support and community	100%	71%	100%
Increased confidence	67%	82%	75%
Improved independence	67%	74%	-
Improved ability to cope with challenges	33%	71%	75%

At 95% confidence level most of these differences are not statistically significant based on the total sample of 21 respondents for Community and Networks Services. Exceptions to this are detailed in the following sub-sections.

This SROI analysis found that attending Community and Networks Services at Crann led to a range of outcomes for clients, including Increased social inclusion, support, and community, increased confidence, improved independence, and an improved ability to deal with challenges. Three respondents reported no material positive change as a result of attending Community and Networks Services; these respondents did not report any negative impact of attending services. No negative outcomes were expressed by clients of Community and Networks Services at any stage during the SROI analysis. Respondents were asked and given ample opportunity to express negative outcomes in each research methodology that was used.

6.2.1 Breaking Barriers Theatre Group for Kids outcome differences

Only 33% of children with disabilities who attended Community and Networks services experienced improved ability to cope with challenges, compared to over 70% of adults with disabilities, and parents. The service provided for children with disabilities within Community and Networks is the Breaking Barriers Theatre Group for Kids, which focuses on building community and peer networks, expression, and enjoyment. In qualitative interviews, parents as proxies for children with disabilities who had attended the Breaking Barriers Theatre Group for Kids expressed that attending the service had made them more resilient, but this likely felt more aligned with increased confidence and improved independence than with an improved ability to cope with challenges.

6.2.2 Parents’ Café outcome differences

The outcome of improved independence in the Theory of Change diagram for the Community and Networks theme applies only to clients with disabilities, and not to parents who have attended Parents’ Café. It is important to call out this difference within the analysis as it is the only incidence of a sub-group not experiencing an outcome within any theme.

Parents’ level of independence is not hindered by their experience in the same way that people with disabilities experience reduced independence compared to non-disabled peers. For children with disabilities, the Breaking Barriers Theatre Group for Kids was in many cases the first time a child had attended anywhere without a parent or carer present. This amounted to a significant shift in their perceived independence. For adults with disabilities, developing friendships outside of the family unit helps them to feel independent from the family and provides them with an outlet in which to express themselves and share with people who understand things from their perspective. The parents attending Parents’ Café have their own network of peers, and engage in independent activities, so neither of these expressions of the outcome applies to them.

The Parents’ Café service is focused on creating an environment in which to build social capital and to support and be supported by peers. This led to three outcomes experienced by parents in the Community and Networks theme:

- Improved ability to cope with challenges
- Increased confidence
- Increased social inclusion, support, and community

Despite this difference in the experience of parents attending Parents’ Café within the Community and Networks theme, this sub-group has been included in the overall stakeholder group for clients of Community and Networks services. Parents experienced the other three outcomes for Community and Networks services at comparable rates to the other client types, and their specific expression of those changes has been included in each relevant outcome section in detail.

6.3 Outcome: Improved ability to cope with challenges

64% of respondents said they experienced a material change in improved ability to deal with challenges.

This outcome was described in qualitative interviews as becoming more well-equipped to manage challenges because of having the opportunity to share them with peers who understood and often had similar experiences and offered solutions and support. This support made clients feel that they could better manage when a challenge arises. This change was expressed in the same way by adults with disabilities and by parents.

As this outcome was experienced by verbally sharing problems and understanding solutions shared, it is less relevant for children with disabilities, as discussed in section 6.2.1. The service that they engage with in the Community and Networks theme, Breaking Barriers Theatre Group for Kids, is focused on building social capital, learning to express themselves, enjoyment, and fun. This means that while they may build resilience and become better able to deal with challenges, this is not a key outcome experienced by most children with disabilities.

> *"When your child is small, all you want to talk about and focus on it the baby stuff, then when they get older you want to talk about parenting a teenager, school, etc. It's not always easy to make connections with other parents who have children with disabilities. I know I had one mum I was close with when [child with a disability] was small, but her child was older, so they're an adult now and we have less in common. The Parents' Café is a real mix, and you can learn from everyone and share with those who have younger kids too in the hope of helping them."*
>
> **Parent of a child with a disability**

In total 64% of all Community and Networks respondents (n=14) reported that they experienced a material change in relation to this outcome. 10% (n=2) said that they experienced a small change, which was not considered to be materially significant, and these respondents were not included in the SROI analysis. The remaining 27% (n=6) reported that they experienced no change in relation to improved ability to deal with challenges.

Clients who experienced a material change in relation to the outcome of increased confidence assigned an average estimated value of €3,900 to it.

> *"We talk about things that we might find difficult as a wheelchair user, things we might have to take into consideration if for example we were going travelling or like during the storms talking about what if the electricity goes out and how that impacts hoists and stuff like that. Like you couldn't have those conversations really with someone who wasn't in a wheelchair as they wouldn't understand."*
>
> **Adult with a disability**

This outcome was ranked the highest of all outcomes for clients of Community and Networks Services. However, findings show that there was some variation in the value assigned to this outcome by different segments, as shown in table 24 and 25 below.

Table 22: Value assigned to outcome of improved ability to deal with challenges, by service attended

Service attended	**Average estimated value**
Breaking Barriers Theatre Group for Kids	€5,090
Breaking Barriers Theatre Group for Adults	€3,705
Chat & Connect	€3,590
Parents' Café	€5,575

Table 23: Value assigned to outcome of improved ability to deal with challenges, by client type

Client type	**Average estimated value**
Adult with a disability	€3,645

Child (includes siblings)	€5,090
Parent	€5,575

This outcome was valued most highly by parents, it was valued least by adults with disabilities. Through joining the Parents Café group, parents found a peer network to support them and a place to find out new information from others on the same journey as they are on. This was felt to be “invaluable”, and this explains the high value assigned to this outcome. This outcome was experienced by less children with disabilities than other client types but was valued highly by children who did experience it. Some described in interviews that children attending Breaking Barriers Theatre Group for Kids learned to express themselves and found confidence in their voice and sharing their thoughts, this likely contributes to their ability to seek help and support in challenging times.

6.4 Outcome: Improved independence

73% of respondents said they experienced a material change in improved independence.

Respondents who had only attended Parents’ Café within Community and Networks theme did not experience this outcome, as discussed in section 6.2.2.

In qualitative interviews, this outcome was described by parent proxies for their children with disabilities as the child being able to attend services alone without a parent or carer. It is also linked to being involved in a group with others of varying levels of independence and ability and being inspired and motivated by what others can do or recognising their own abilities through interaction with others.

For adults with disabilities, this outcome was created through relationship building with peers. Many respondents would have been very reliant on direct family for their social interaction prior to attending Community and Networks Services at Crann. Having their own social network and a support system outside of the family unit created feelings of independence for adults with disabilities.

> *“Whenever [child with a disability] was involved in things before, they always asked me to stay with her, because they were nervous of having her on their own because she’s pre-verbal, so communication can be an issue. At Crann, she goes in there on her own with all her peers and I’m outside. And then she comes out when it’s all finished, and you know she’s had a great time with all her buddies. Really, it’s the sense of independence and the growth and confidence that it’s given her.”*
>
> **Parent as research proxy for a child with a disability**

In total 73% of respondents (n=16) reported that they experienced a material change in relation to this outcome. 14% (n=3) said that they experienced a small change, which was not considered to be materially significant, and these respondents were not included in the SROI analysis. The remaining 14% (n=3) reported that they experienced no change in relation to improved independence.

Clients who experienced a material change in relation to the outcome of improved independence assigned an average estimated value of €3,685 to it.

> *“You know she wants to be independent, and she wants her own things to go to. [Sibling of child with a disability] is very active and plays a lot of sports, three or four evenings a week and at the weekends he’s gone, so she wanted something that was hers. We always had to be with her because of a medical issue, until a couple of years ago. Then when that was resolved, she decided ‘ok, I don’t need you*

> *anymore,' it took me a bit longer to actually cut the apron strings, but drama is great because you can't go in as the parent. She likes the idea of me not being there, she has something for herself."*
>
> **Parent as research proxy for a child with a disability**

This outcome was ranked second highest of all outcomes for clients of Community and Networks Services. However, findings showed that there was some variation in the value assigned to this outcome by different segments, as shown in table 26 and 27 below.

Table 24: Value assigned to outcome of improved independence, by service attended

Service attended	**Average estimated value**
Breaking Barriers Theatre Group for Kids	€5,225
Breaking Barriers Theatre Group for Adults	€3,490
Chat & Connect	€3,395

Table 25: Value assigned to outcome of improved independence, by client type

Client type	**Average estimated value**
Adult with a disability	€3,440
Child (includes siblings)	€5,225

This outcome was valued most highly by children with disabilities. As is explained in this section, for many children attending Breaking Barriers Theatre Group for Kids, this was the first time they had ever attended a service or activity unattended by a parent or carer, and this created a massive shift for them in terms of independence. Adults with disabilities who attended Breaking Barriers Theatre Group for Adults or Chat and Connect also experienced a noticeable shift in independence due to the relationships they built through these services. This outcome was not experienced by parents as explained in section 6.2.2.

6.5 Outcome: Increased confidence

77% of respondents said they experienced a material change in increased confidence.

For all client types, this outcome related to spending time in a group environment with peers and becoming more comfortable and confident speaking about their experiences and expressing opinions to those peers. This applied to all client types and was described in the same way by both clients with disabilities and parents. The confidence they gained through speaking about their experiences in a group also helped them to be more comfortable speaking up in other environments, e.g., at school, medical appointments, at home and in other group settings.

For many clients with a disability, both adults and children, attending Community and Networks Services at Crann was the first time they had engaged in a group environment on their own, without a parent or carer present. This was especially true for children, some of whom had never been anywhere without a parent or a familiar SNA or carer, due to medical issues. Crann ensures that their staff are qualified to support clients with any issues or challenges, and this enables parents to step away and allow their child to attend without them; a huge step for the whole family, but especially for the child themselves. This was discussed at length in qualitative interviews and rang true for all parents with a child attending Breaking Barriers Theatre Group for Kids. Adults with disabilities described how they had not had access to any peer group environments since leaving school and reported that Chat and Connect and Breaking Barriers Theatre Group for Adults had helped them to come out of their shells and become significantly more confident in many situations.

For parents of children with disabilities this outcome was described as building confidence in expressing themselves, their experiences, feelings, and asking for support from peers. Most parents do not have an existing peer network of other parents of children with disabilities. Some parents expressed a fear or discomfort around expressing their experiences or challenges to others due to a fear of judgement or others not understanding their unique situation. The Community and Networks Services at Crann helped them to build their confidence in sharing as it is a non-judgemental environment, and they are creating connections with others who "get it."

> *"I'm more confident in talking with people, especially people I didn't know before. It was a small bit scary at the start. In school I would have had some people to chat with, but when I left school, I wouldn't. I'll speak up now, I was kind of shy…I kind of still am but I suppose it's given me confidence to kind of get onto the people I don't know."*
>
> **Adult with a disability**

In total 77% of respondents (n=17) reported that they experienced a material change in relation to this outcome. 9% (n=2) said that they experienced a small change, which was not considered to be materially significant, and these respondents were not included in the SROI analysis. The remaining 14% (n=3) reported that they experienced no change in relation to increased confidence.

Clients who experienced a material change in relation to the outcome of increased confidence assigned an average estimated value of €3,095 to it.

> *"She's kind of blossomed with those friendships and also because of the drama group and the way it's been set up. It's enabled her to make friends and friends with people that are slightly older than her. It was good to see her meet these people and it kind of pushed her. Like she knows she'll be able to do things like they can when she's older and you know, to see people moving on with their disability themselves."*
>
> **Parent as research proxy for a child with a disability**

Findings showed that there was some variation in the value assigned to this outcome by different segments, as shown in table 28 and 29 below.

Table 26: Value assigned to outcome of increased confidence, by service attended

Service attended	**Average estimated value**
Breaking Barriers Theatre Group for Kids	€5,115
Breaking Barriers Theatre Group for Adults	€2,855
Chat & Connect	€2,770
Parents' Café	€5,365

Table 27: Value assigned to outcome of increased confidence, by client type

Client type	**Average estimated value**
Adult with a disability	€2,950
Child (includes siblings)	€5,115
Parent	€5,365

Clients who attended Breaking Barriers Theatre Group for Kids and Parents Café both valued this outcome more highly than clients of Breaking Barriers Theatre Group for Adults and Chat & Connect. Within Community and Networks, there is no service in which multiple client types attend, so this difference can also be seen clearly in the value analysis by client type. Although adults with disabilities who attended Breaking Barriers Theatre Group for Adults and/or Chat and Connect reported in interviews that they experienced significant increases in confidence and described how this confidence benefitted them outside of the context of Crann, they assigned a lower value to this outcome than other client types who attended the other services.

This stakeholder group has not assigned a noticeably low value to this outcome, but does value other outcomes more highly e.g., independence and ability to deal with challenges. It is possible that as this group perceived low confidence to be a particular challenge, the value has been assigned to that outcome instead. Many adults with disabilities described how their lives had been impacted by low confidence previously, especially their struggles around speaking in groups or voicing opinions.

6.6 Outcome: Increased social inclusion, support, and community

77% of respondents said they experienced a material change in increased social inclusion, support, and community.

In qualitative interviews, this outcome was described by all participants, clients with disabilities and parents alike, as being related mostly to spending time with peers who understood them. This was true across all client types, regardless of age or whether they had a disability. Most clients, both with and without a disability, did not have an existing peer network before engaging with Crann Community and Networks Services. This was described as “isolating,” “lonely,” and “difficult” by many participants. Since engaging with Crann’s Community and Networks Services most clients felt they had found a space where they belonged, they could share openly and be authentic, and many felt that they had built lasting relationships that would continue to make them feel included and supported even if they stopped attending Community and Networks Services at Crann.

> *“I widened my friendship group and I got to meet people from other parts of the country who I would never have met before, so there was a social aspect. Like-minded people could get together and discuss what was on our minds or what we were interested in. I probably was lacking that before.”*
>
> **Adult with a disability**

In total 77% of respondents (n=17) reported that they experienced a material change in relation to this outcome. 9% (n=2) said that they experienced a small change, which was not considered to be materially significant, and these respondents were not included in the SROI. The remaining 14% (n=3) reported that they experienced no change in relation to increased social inclusion, support, and community.

Clients who experienced a material change in relation to the outcome of increased confidence assigned an average estimated value of €2420 to it.

> *“It’s all about belonging in the group and being with people that would be similar to himself. He doesn’t see himself as different, even though he probably feels it at times, like in school he’s the only wheelchair user. But he likes being part of the same group and everyone has their own disability and they’re all a little bit different, but they’re the same at the same time, he likes that.”*
>
> **Parent as research proxy for a child with a disability**

Findings showed that there was little to no variation in the value assigned to this outcome by clients who attended the different services or by different client types, as is demonstrated in table 30 and 31.

Table 28: Value assigned to outcome of increased social inclusion, support and community, by service attended

Service attended	**Average estimated value**
Breaking Barriers Theatre Group for Kids	€2,920
Breaking Barriers Theatre Group for Adults	€2,735
Chat & Connect	€2,725
Parents' Café	€2,960

Table 29: Value assigned to outcome of increased social inclusion, support and community, by client type

Client type	**Average estimated value**
Adult with a disability	€2,730
Child (includes siblings)	€2,920
Parent	€2,960

6.7 Summary of outcomes for clients of Community and Networks Services

Three respondents (14%) stated that they had not experienced any material change as a result of engaging with Crann's Community and Networks Services. Most clients of all ages, both with and without a disability, experienced significant improvement due to engaging with the services.

While there are some differences in the experience of outcomes based on client type sub-group, all outcomes apart from improved independence are applicable across the board.

Adults with disabilities and parents of a child with a disability both identified feelings of isolation, loneliness, and a recognition that most people do not understand their experiences or challenges. While many of the children who attended Community and Networks Services do not notice themselves being excluded or misunderstood, some parents did report that this is happening to them in qualitative interviews. Engaging with peers and finding safety in expression, sharing, and asking for support all contributed to helping clients achieve outcomes. Most clients of Community and Networks services experienced a significant change.

7. The change that occurs for clients of Health and Continence services

7.1 Mapping the Outcomes for Clients of Crann's Health and Continence Services

Health and Continence is a theme of services offered by Crann. Within that theme there are two services that have been included in the SROI analysis. The same approach was taken to researching Health and Continence outcomes as detailed in the previous sections. During initial research, each service within the theme was treated separately, to identify outcomes for each service. Outcomes were notably similar for clients of both included services within the Health and Continence theme.

It was decided by the commissioned researcher in consultation with the Crann team to include stakeholders of each of the included services in one group: Clients of Health and Continence Services. This group is made up of children and adults with disabilities. Every stakeholder in this group has accessed at least one service within the Health and Continence theme for *themselves* as a direct participant. They experienced similar outcomes and a similar sized change in most cases, regardless of the service they accessed. This was confirmed through quantification of outcomes in the client survey.

Table 30: Crann's Health and Continence Services

Service	**Description**
Continence Clinic	An ongoing one-to-one clinic-based service in which bespoke advice and support, tailored management plans and individual reviews are offered by the specialist continence nursing team. The service supports children and adults towards their individual goals which can include self-management. In 2021-22 a total of 88 clients attended the Continence Clinic service. In 2023 a total of 350 clients are forecasted to attend the Continence Clinic service.
Podiatry	A clinic run by a registered podiatrist offering a suite of individualised podiatry services including initial foot assessments, identification and treatment of pressure ulcers and general chiropody. In 2021-22 a total of 24 clients attended the Podiatry service. In 2023 a total of 40 clients are forecasted to attend the Podiatry service.

In total 31 clients who had accessed Health and Continence Services at Crann were involved in this research. Clients reported a wide range of benefits and experiences related to their attendance at Health and Continence Services, including:

- Finding solutions to their issues, often for the first time
- Having more freedom
- Being better able to enjoy daily activities
- Gaining greater independence
- Improved continence management routines
- Experiencing less pain and discomfort
- Improved mobility
- Improving their relationship with their continence management routines
- Less stress and upset, especially for children
- Increased confidence
- Feeling cared for, listened to, and understood by the healthcare professionals
- Feelings of safety and hope
- Having their experience prioritised by Crann
- Experiencing relief around the services being accessible

Through extensive research and consultation with clients of Health and Continence Services, well-defined outcomes were created which encompass all the material changes and experiences reported by clients.

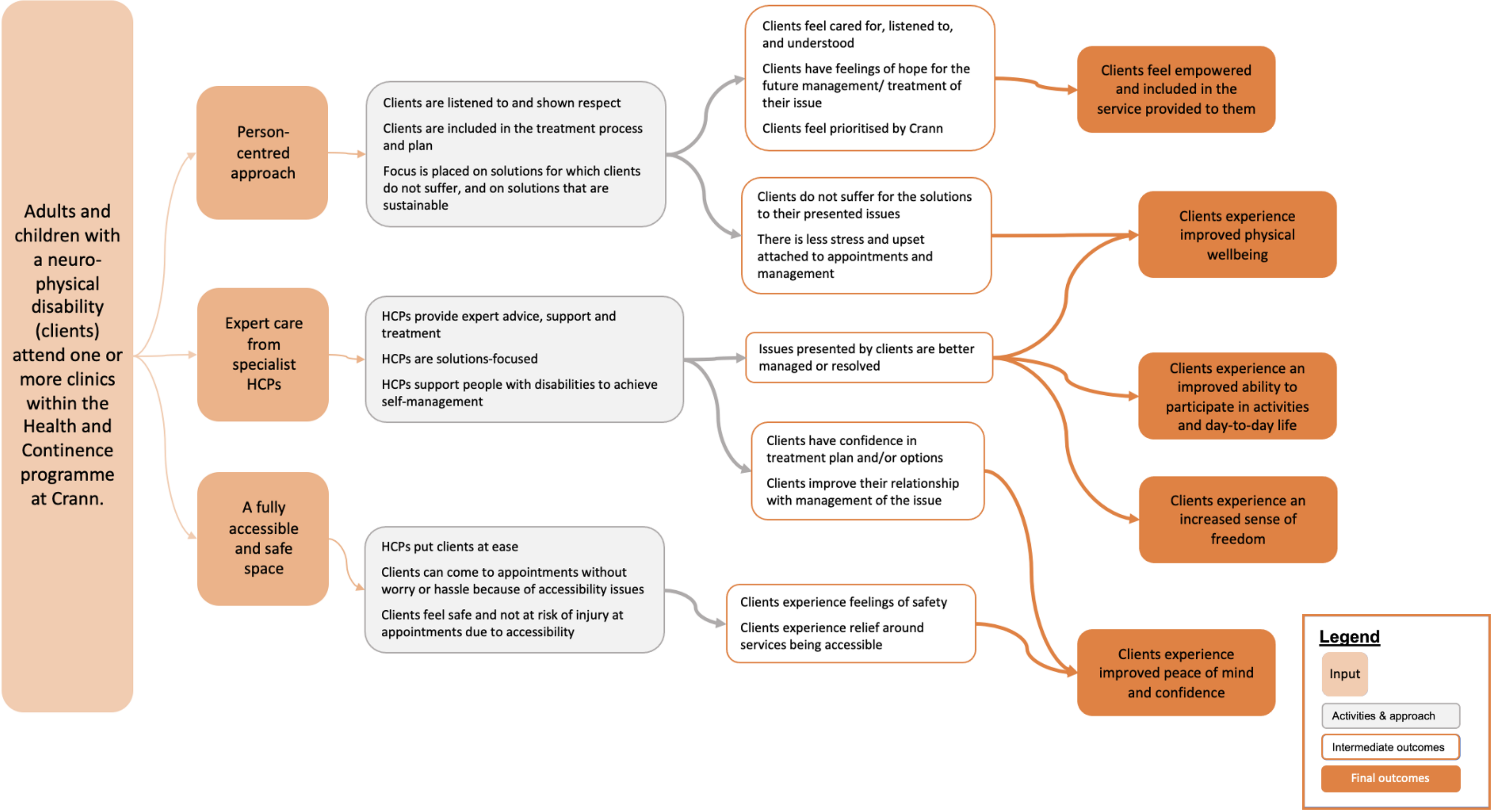
Table 31: Summary of outcomes for Clients of Health and Continence Services

	Ranking (1 = most valuable)	Well-defined outcome	Proportion of clients experiencing material change	Average estimated value	Total Present value forecast
Clients	1	Increased sense of freedom	68%	€3,160	€420,748.94
	2	Improved ability to participate in activities and day-to-day life	60%	€3,080	€432,165.89
	3	Feelings of empowerment and inclusion in the service provided	68%	€2,970	€285,733.01
	4	Improved physical wellbeing	76%	€2,830	€384,412.48
	5	Improved peace of mind and confidence	68%	€2,635	€341,111.82

7.1.1 Theory of Change for Clients of Health and Continence

Health and Continence Services are delivered in-person, on-site at Crann, and Continence Clinic can be offered online. The core focus of these services is supporting children and adults with disabilities to overcome associated health issues. The services offered are person-centred, which is not the most common approach across services in Ireland and are focused on helping clients to achieve sustainable solutions and optimise their health.

Figure 4: Theory of Change for Clients of Health and Continence Service



Adults and children with a neuro-physical disability (clients) attend one or more clinics within the Health and Continence programme at Crann.

Person-centred approach

Expert care from specialist HCPs

A fully accessible and safe space

Clients are listened to and shown respect

Clients are included in the treatment process and plan

Focus is placed on solutions for which clients do not suffer, and on solutions that are sustainable

HCPs provide expert advice, support and treatment

HCPs are solutions-focused

HCPs support people with disabilities to achieve self-management

HCPs put clients at ease

Clients can come to appointments without worry or hassle because of accessibility issues

Clients feel safe and not at risk of injury at appointments due to accessibility

Clients feel cared for, listened to, and understood

Clients have feelings of hope for the future management/ treatment of their issue

Clients feel prioritised by Crann

Clients do not suffer for the solutions to their presented issues

There is less stress and upset attached to appointments and management

Issues presented by clients are better managed or resolved

Clients have confidence in treatment plan and/or options

Clients improve their relationship with management of the issue

Clients experience feelings of safety

Clients experience relief around services being accessible

Clients feel empowered and included in the service provided to them

Clients experience improved physical wellbeing

Clients experience an improved ability to participate in activities and day-to-day life

Clients experience an increased sense of freedom

Clients experience improved peace of mind and confidence

Outcomes were explored in qualitative research interviews and clients' experiences were collected and analysed in order to define final outcomes. The below table demonstrates a sample of the language used by stakeholders that led to the final outcomes that were defined by the commissioned researcher based on the stakeholder input.

Table 32: Language used to describe Health and Continence outcomes by client type and service attended

Final outcome	Stakeholder language	Client type	Service attended
Empowerment and involvement in the service	"…so much nicer than the doctor." "…constantly check in and make sure everything is going ok for you." "You feel like a team." "You feel like you're partners…" "I can ask for what I need, and they'll do everything they can to give me that…" "…they're genuinely trying to meet people's needs and working with the service users."	Adult with a disability	Continence Clinic Podiatry
	"…she kept telling her, 'You know, you're in control here'…"	Parent as proxy for child	Podiatry
Improved physical wellbeing	"The bowel routine used to take us hours!" "…it was really uncomfortable and [they] hated it, so [they'd] scream and cry the whole way through…for hours." "…it's over so quickly, it's no issue, no tears, nothing."	Parent as proxy for child	Continence Clinic
	"…constant pain and discomfort…" "…the podiatrist sorted it right out, no pain!"	Adult with a disability	Podiatry
Improved ability to participate in activities and day-to-day life	"…[they] were able to just enjoy the day; we all were." "[They] made it all the way through without an accident or anything."	Parent as proxy for child	Continence Clinic
	"Managing it with work was head-wrecking to be honest." (Adult with a disability) "…so sick of having to dash to the bathroom unexpectedly…" (Adult with a disability)	Adult with a disability	Continence Clinic

	“…she’s happier in herself now and heading off to school this morning.”	Parent as proxy for child	Podiatry
Increased sense of freedom	“…I was in so much pain and discomfort, I had a fever, I couldn’t get out of my bed for anything.” “…I was back to myself again and I’m free to do as I please again now.” “I’ll be free now to work my day, see my clients…”	Adult with a disability	Continence Clinic
	“We don’t even have to think about changing or whether there’s an accessible bathroom anymore!”	Parent as proxy for child	Continence Clinic
Improved peace of mind and confidence	“I was able to call [staff] when the public health nurse couldn’t manage something for me…” “…if she doesn’t, she can go to the urology team in the hospital for me and get further information.” “…she’s very prompt to come back and relay all the information…”	Adult with a disability	Continence Clinic
	“…now [they] head in with no issue at all.” “…[they] don’t even get worried now about going.”	Parent as proxy for child	Podiatry

Similar language was used by different client types, and by those who attended different services within the theme, to describe the changes they experienced. One limitation for this was that parents were used as research proxies for their children, which meant that the language used likely is more relatable to the parent than the child with a disability. This is discussed in section 3.7 and recommendations pertaining to it are included in Chapter 12.

Initial thoughts on language for final outcomes were tested with interviewees, based on what they had shared spontaneously, and once a full analysis of all qualitative data had been conducted, a preliminary Theory of Change was developed by the commissioned researcher. The preliminary Theory of Change was validated with the Crann team, drawing on the client-facing staff's understanding of client and family experiences and outcomes. The Theory of Change was then tested with clients in the quantitative survey. All of the final outcomes resonated with a relatively large proportion of the sample, and no new outcomes were identified by respondents when asked.

7.2 Overview of context for outcomes experiences by clients of Health and Continence services

The following sections outline the outcomes for Crann clients who have accessed Crann's Health and Continence Services. Despite the age differences between clients in this group, their experienced outcomes are remarkably similar.

Table 33: Proportion of each client type experiencing Health and Continence Services outcomes

Outcome	**Proportion of segment experiencing a material change**	
	Child with disability	**Adult with disability**
Improved ability to participate in activities and day-to-day life	70%	60%
Increased sense of freedom	80%	60%
Improved physical wellbeing	80%	70%
Improved peace of mind and confidence	70%	70%
Feelings of empowerment and inclusion in the service provided	70%	70%

At 95% confidence level these differences are not statistically significant based on the total sample of 25 respondents for Health and Continence Services.

Managing continence or developing a continence routine are key for the majority of children and adults living with neuro-physical disabilities. Establishing effective management is a stressful experience without adequate support. This can have a negative impact on their physical and mental health and wellbeing. There is a general lack of existing continence management services in Ireland.

An area that often gets neglected or overlooked for a person with neuro-physical disability is the area of footcare. An individual with reduced mobility who uses foot splints or spends many hours in a wheelchair or sitting will likely experience poor circulation, and this can mean slow healing times for a simple scrape or wound. If left untreated, any trauma no matter how small to the foot area can lead to serious infection or pressure sores.

Many of the Crann clients involved in this SROI reported negative experiences attending other clinics as a wheelchair user. Being able to access these services at Crann has made a notable difference for many clients. Crann's person-centred approach is vital to helping clients achieve these outcomes and is spontaneously identified by many clients as the thing that sets Crann apart from services they have engaged with previously.

This SROI analysis found that attending Health and Continence Services at Crann led to a range of valuable outcomes for clients, including an improved ability to participate in activities and day-to-day life, an increased sense of freedom, improved physical wellbeing, improved peace of mind and confidence, and feelings of empowerment and inclusion in the service provided. Four respondents reported no material positive change as a result of attending Health and Continence Services; these respondents did not report any negative impact of attending services. No negative outcomes were expressed by clients of Health and Continence Services at any stage during the SROI analysis. Respondents were asked and given ample opportunity to express negative outcomes in each research methodology that was used.

7.3 Outcome: Increased sense of freedom

68% of respondents said they experienced a material change in increased sense of freedom.

Participants described this outcome occurring because a solution had been found for their continence or podiatry-related issue, depending on which service they had attended. Due to that solution, they were better able to move around freely, travel further from home, and most importantly in many cases, to not think about their issue anymore. Freedom in this outcome describes both physical and mental freedom. For many, these issues have impacted their life for a considerable length of time and with limited support, and because of this, even if the issue is not completely resolved but is improved, it can lead to a significant change in sense of freedom. Being able to go about their day without interruption because of continence management or pain in their feet allows clients to feel free.

> *"I'm excited that I don't have to go through the same thing for the rest of my life. It's head wrecking to be stuck doing the same thing even though it isn't working for you. I could be multiple times a day, and I run my own business so I have to plan things around it and knowing I could be ages trying to sort it out, and what if I'm late for a client then. I'll be free now to work my day, see my clients, knowing I won't have to rush into the bathroom in between appointments."*
>
> **Adult with a disability**

In total 68% of respondents (n=17) reported that they experienced a material change in relation to this outcome. 12% (n=3) said that they experienced a small change, which was not considered to be materially significant, and these respondents were not included in the SROI analysis. The remaining 20% (n=5) reported that they experienced no change in relation to increased sense of freedom.

Clients who experienced a material change in relation to the outcome of increased sense of freedom assigned an average estimated value of €3,160 to it.

> *"The toe has been throbbing for the last six or eight months, and then within a week or two of having it done, my toe is back to normal! The relief of knowing it was just a broken toenail, not a fungal infection or anything like that and like just with ease and without pain, she removed it. I didn't come home with a big bandage on my foot, the*

> *whole procedure was done very professionally and no major drama and then I could just get on with it again."*

Adult with a disability

This outcome was ranked the highest of all outcomes for clients of Health and Continence Services. However, findings showed that there was some variation in the value assigned to this outcome by different segments, as demonstrated in table 34 and 35.

Table 34: Value assigned to outcome of increased sense of freedom, by service attended

Service attended	Average estimated value
Continence Clinic	€2,700
Podiatry	€4,190

Table 35: Value assigned to outcome of increased sense of freedom, by client type

Client type	Average estimated value
Adult with a disability	€3,745
Child (includes siblings)	€2,770

Clients who attended Podiatry assigned a higher value to this outcome than clients who attended Continence Clinic. This is likely due to the fact that the podiatry issues they were experiencing were acute, temporary, and notably incapacitating. They were described in interviews as being painful and significantly disruptive to their lives. This was more pronounced for adults than for children, and adults were more aware of the impact of this, hence the higher value assigned to this outcome by adult with disabilities. It is important to note that many clients with disabilities have experienced continence issues for all or most of their lives, these are life-long issues that do not have a cure and instead require ongoing management, so the experience of freedom from good management is different and evidently of slightly lower value than the freedom achieved through resolving acute and temporary issues with their feet.

7.4 Outcome: Improved ability to participate in activities and day-to-day life

60% of respondents said they experienced a material change in improved ability to participate in activities and day-to-day life.

Many clients described how their issues were causing them to miss out on activities they wanted to participate in, and sometimes caused them to be unable to go about their daily life. In the case of podiatry, ambulant or semi-ambulatory clients described being unable to maintain their usual level of mobility due to pain. For children, this often meant being unable to participate with friends at school and in extra-curricular activities, leading to a loss of fun and social interaction from their daily lives.

In the case of continence, for clients who were experiencing acute symptoms or had a continence-management routine in place that was not working effectively, they were often immobilised by pain or discomfort, or a toileting routine that took hours every day to complete. By finding sustainable and effective solutions and management routines, these clients were able to participate in activities and daily life without concern for their continence.

> *"I feel confident about being able to stay here in Ireland now. I can live my life here now I know I have [Crann staff member] on my team if I need her. I've always wanted to live in Ireland, and when I arrived and all this kicked off, I felt like I might have to go back, because I couldn't get the medical care I needed. But now I have it."*

Adult with a disability

In total 60% of respondents (n=15) reported that they experienced a material change in relation to this outcome. 28% (n=7) said that they experienced a small change, which was not considered to be materially significant, and these respondents were not included in the SROI analysis. The remaining 12% (n=3) reported that they experienced no change in relation to improved peace of mind and confidence.

Clients who experienced a material change in relation to the outcome of improved ability to participate in activities and day-to-day life assigned an average estimated value of €3,080 to it.

> *"Beforehand I would've had [child with a disability] out of school, resting, because she feels she needs to be involved in everything, even when she can't really partake like the other children. She wasn't really able to be on it properly without making it worse. But since she got the bit of intervention from podiatry, she's happier in herself now and heading off to school this morning."*
>
> **Parent as research proxy for a child with a disability**

This outcome was ranked second highest of all outcomes for clients of Health and Continence Services. There was little to no variation in the value assigned to this outcome by different segments, as demonstrated in table 36 and 37.

Table 36: Value assigned to outcome of improved ability to participate in activities and day-to-day life, by service attended

Service attended	**Average estimated value**
Continence Clinic	€2,610
Podiatry	€3,160

Table 37: Value assigned to outcome of improved ability to participate in activities and day-to-day life, by client type

Client type	**Average estimated value**
Adult with a disability	€2,830
Child with a disability	€3,285

7.5 Outcome: Feelings of empowerment and inclusion in the service provided

68% of respondents said they experienced a material change in feelings of empowerment and inclusion in the service provided.

Prior to engaging with Crann's Health and Continence Services, many clients had attended a service elsewhere. It was reported by the majority of clients surveyed that their previous experiences left them feeling a sense of disempowerment and not being consulted or fully aware of their choice in the course of treatment they were receiving.

At Crann, clients felt that they were put at the centre of all consultations and treatments. For many, this was the first time they had experienced this. It was described as empowering, because they were consulted about their choices and made aware that they could withdraw consent at any time.

For some clients, this relatively simple shift created massive impact in terms of how empowered they felt.

> *"She went to see [podiatrist] and she totally put [child with a disability] at ease. She explained that she'd go very slowly and she kept telling her 'you know, you're in control here, you tell me if I'm doing too much or if I'm hurting you. You tell me and I'll stop straight away.' And then [child] was very comfortable letting her do what she needed to do that day, despite being so nervous and scared to go in there because of the last experience. We've been back three times since and now [child] can chat away during the session."*
>
> **Parent as research proxy for a child with a disability**

In total 68% of respondents (n=17) reported that they experienced a material change in relation to this outcome. 4% (n=1) said that they experienced a small change, which was not considered to be materially significant, and these respondents were not included in the SROI analysis. The remaining 28% (n=7) reported that they experienced no change in relation to feelings of empowerment and inclusion in the service provided.

Clients who experienced a material change in relation to the outcome of feelings of empowerment and inclusion in the service provided assigned an average estimated value of €2,970 to it.

> *"We were trying a medication, and I have a really hard time with liquid medications because of childhood experiences. They make me really sick. So, we tried it for a few days, and I called [Crann staff member] and told her I was struggling, but I know it's just psychological. I'm thinking I just need to pull myself together and do it, but [Crann staff member] said 'no, that doesn't make sense because if you're suffering through it, it isn't enhancing your life. It won't be worth it, and you'll be dreading it and you'll eventually just stop doing it.' Which was totally true! But to have a care provider actually say that… I've never had that. Usually, they just tell you to keep going and figure it out. Then you feel like you've failed if you can't make it work, like you should've tried harder. I didn't even realise how important it was to me to hear that, until I did."*
>
> **Adult with a disability**

Findings showed that there was little to no variation in the value assigned to this outcome by different segments, as demonstrated in table 38 and 39.

Table 38: Value assigned to outcome of feelings of empowerment and inclusion in the service provided, by service attended

Service attended	Average estimated value
Continence Clinic	€2,770
Podiatry	€2,640

Table 39: Value assigned to outcome of feelings of empowerment and inclusion in the service provided, by client type

Client type	Average estimated value
Adult with a disability	€2,940
Child with a disability	€3,000

7.6 Outcome: Improved physical wellbeing

76% of respondents said they experienced a material change in improved physical wellbeing.

All clients who engaged with Crann's Health and Continence Services attended a clinic with a specific reason, which was in most cases negatively impacting their physical health and wellbeing. As the services provided by Crann are solutions-focused, it is unsurprising that the largest proportion of this stakeholder group experienced the outcome of improved physical wellbeing. The aim of both Continence Clinic and Podiatry is to support clients into a place where their issues are managed in a sustainable and effective way, with as little disruption to their lives as possible. In qualitative interviews, this outcome was described by most as having finally found a solution to their issue and experiencing an overall improvement in their physical wellbeing. It was described by others as finding new solutions to issues they thought had already been solved elsewhere but have since realised those solutions were not fit for purpose and were negatively impacting their overall physical wellbeing.

For most, this improvement comes from alleviating pain and discomfort, or achieving positive management of their continence routine so their physical health is improved and/ or the physical toll taken by implementing the routine is reduced significantly.

> *"I could say to [child with a disability] every day, 'how's your toe today?', because I'm looking at it and it looks awful, and she'd say, 'oh no, it's fine' and she'd go about her business. It could've bled one day, and she'd still say it was fine. Then coming back in the car after the podiatry appointment she says to me, 'that feels a lot better now.' Despite telling me it was fine before, straight away she obviously got relief from it."*
>
> **Parent as research proxy for a child with a disability**

In total 76% of respondents (n=19) reported that they experienced a material change in relation to this outcome. 12% (n=3) said that they experienced a small change, which was not considered to be materially significant, and these respondents were not included in the SROI analysis. The remaining 12% (n=3) reported that they experienced no change in relation to feelings of empowerment and inclusion in the service provided.

Clients who experienced a material change in relation to the outcome of improved physical wellbeing in the service provided assigned an average estimated value of €2,830 to it.

> *"We switched to a system called Peristeen and it's so effective. It gives you a better quality of life. Previously I had to take loads of medications for my bowel management, and that's time consuming and it makes your bowel programme unpredictable. And for me, taking a tonne of medications makes me feel unwell, like I don't feel good. So, to be able to have [Crann staff member] say something else would work, to be taught to use it and to have the atmosphere be such that you feel totally comfortable asking questions, that was really great."*
>
> **Adult with a disability**

Findings showed that there was little to no variation in the value assigned to this outcome by different segments, as demonstrated in table 40 and 41.

Table 40: Value assigned to outcome of improved physical wellbeing, by service attended

Service attended	**Average estimated value**
Continence Clinic	€2,400
Podiatry	€2,745

Table 41: Value assigned to outcome of improved physical wellbeing, by client type

Client type	**Average estimated value**
Adult with a disability	€3,020
Child with a disability	€2,810

7.7 Outcome: Improved peace of mind and confidence

68% of respondents said they experienced a material change in improved peace of mind and confidence.

For many, their struggle with continence issues created feelings of stress and in some cases embarrassment, and for many it led to low self-confidence. Through finding solutions and receiving individual person-centred treatment at Crann, many were able to overcome those feelings of stress and low confidence. Clients who attended Podiatry often described long-standing pain they were experiencing before attending and the mental stress that caused them. Attending the clinic and receiving treatment that improved their issues gave them peace of mind as their pain was significantly better managed.

These feelings of peace of mind and confidence also applied to the service itself. For many, their experience of trying to access services for continence management and podiatry treatment before engaging with Crann's Health and Continence services had been at best inconsistent and at worst, damaging. Many had "horror stories" of previous consultation and treatment experiences, being forced to undergo treatment options that caused them pain and attending environments that were not accessible and didn't meet their needs. Attending Health and Continence services at Crann was described as easy and comfortable. The accessible space was a big factor for many clients, and the person-centred approach helped even the most anxious children to overcome their fears of engaging in health-focused services after previous bad experiences. This led to a general sense of peace of mind about the service and gave clients confidence in Crann's Health and Continence Services.

> *"I started to become unwell as a result of having significant bowel issues that I'd never had before. I tried to go through my GP, but that process was awful, and they didn't listen to me. So, I was getting sicker and sicker, and I was afraid I'd end up in the emergency room and I'd heard such horror stories, as it was during the pandemic. And then I found the Continence Clinic at Crann, and it was just an amazing experience. [Crann staff member] was so knowledgeable, I actually felt like they were listening to me, that we were working together on a problem, and they understood my lifestyle and how I wanted to live. It gave me that confidence that they would be the person who could help me here."*
>
> **Adult with a disability**

In total 68% of respondents (n=17) reported that they experienced a material change in relation to this outcome. 12% (n=3) said that they experienced a small change, which was not considered to be materially significant, and these respondents were not included in the SROI analysis. The remaining 20% (n=5) reported that they experienced no change in relation to improved peace of mind and confidence.

Clients who experienced a material change in relation to the outcome of improved peace of mind and confidence assigned an average estimated value of €2,635 to it.

> *"I had been on the same thing since birth, from my GP. No one ever really explained the options to me, and I'm 26 now! We're trying everything out now and I have full confidence we're going to find the thing that will change my lifestyle for the better. It's a load off my mind."*
>
> **Adult with a disability**

Findings showed that there was little to no variation in the value assigned to this outcome by different segments, as demonstrated in table 42 and 43.

Table 42: Value assigned to outcome of improved peace of mind and confidence, by service attended

Service attended	Average estimated value
Continence Clinic	€2,325
Podiatry	€2,335

Table 43: Value assigned to outcome of improved peace of mind and confidence, by client type

Client type	Average estimated value
Adult with a disability	€2,710
Child with a disability	€2,560

7.8 Summary of outcomes for clients of Health and Continence services

Four respondents (14%) stated that they had not experienced any material change as a result of engaging with Crann's Health and Continence Services. Most clients of all ages experienced significant improvements due to engaging with the services.

In most cases, both children and adults with disabilities who attended either Continence Clinic or Podiatry had been experiencing a challenge that impacted their physical health and wellbeing, as well as their ability to do the things that they wanted to do. Many were also experiencing pain or discomfort, and some felt concerned or unsure about what they were experiencing. The Health and Continence services helped clients to resolve the challenge they attended with, which in turn supported them in achieving positive lifestyle and psychological outcomes. Most clients of Health and Continence services experienced a significant change across a range of outcomes.

8. The change that occurs for clients of Crann's Personal Support and Connection service

8.1 Mapping the Outcomes for Clients of Crann's Personal Support and Connection Service

During qualitative interviews for this SROI analysis, it became clear that there was significant impact being created for people who received personal support from the Crann team outside of services within the core themes. The Crann staff create an open and welcoming environment for clients and for the family members of clients, who may never had attended a service themselves. Clients and parents of clients reported feeling that they could engage with the staff outside of service appointments when they needed additional support.

These interactions take place on-site in-person and via phone. The core client-facing staff team at Crann have close relationships with many of the families attending, and this has created material value for those families. This was not included in the original scope for this SROI analysis but was suggested by stakeholders as a significant part of the overall changes they had experienced. This service has been called Personal Support and Connection Service and will be included as a core part of the Crann strategy going forward. Findings indicated that this is most relevant for parents of clients and for adults with disabilities.

In many cases, the person who has accessed the Personal Support and Connection Service is not a client of another service themselves, for example they may be a parent of a child who has attended services, but the parent themselves has not attended.

In total 41 clients of Crann's Personal Support and Connection Service contributed to the research. Clients reported a wide range of benefits and experiences related to their engagement with the Personal Support and Connection Service, including:

- Feeling welcomed every time they attended on-site at Crann
- Feeling cared for and supported by Crann staff, outside of core services
- Having someone to call when they were struggling, who they felt understood their experience
- Staff making time for them when they needed support
- Staff going above and beyond to help them outside of core services
- Receiving reliable follow ups and check ins from staff, which is not an experience that clients often have with other service providers
- Feeling less lonely knowing they have the Crann team in their corner
- Reassurance that Crann will be able to support them or their child at every life stage
- Feeling more hopeful for the future now that they have the support of Crann

Through extensive research and consultation with clients of the Personal Support and Connection Service, well-defined outcomes were created which encompass all of the material changes and experiences reported by clients. This group is made up of clients of other services within the themes included in the SROI, and family members of clients, but all are primary stakeholders in this case and have engaged with the Personal Support and Connection service themselves.

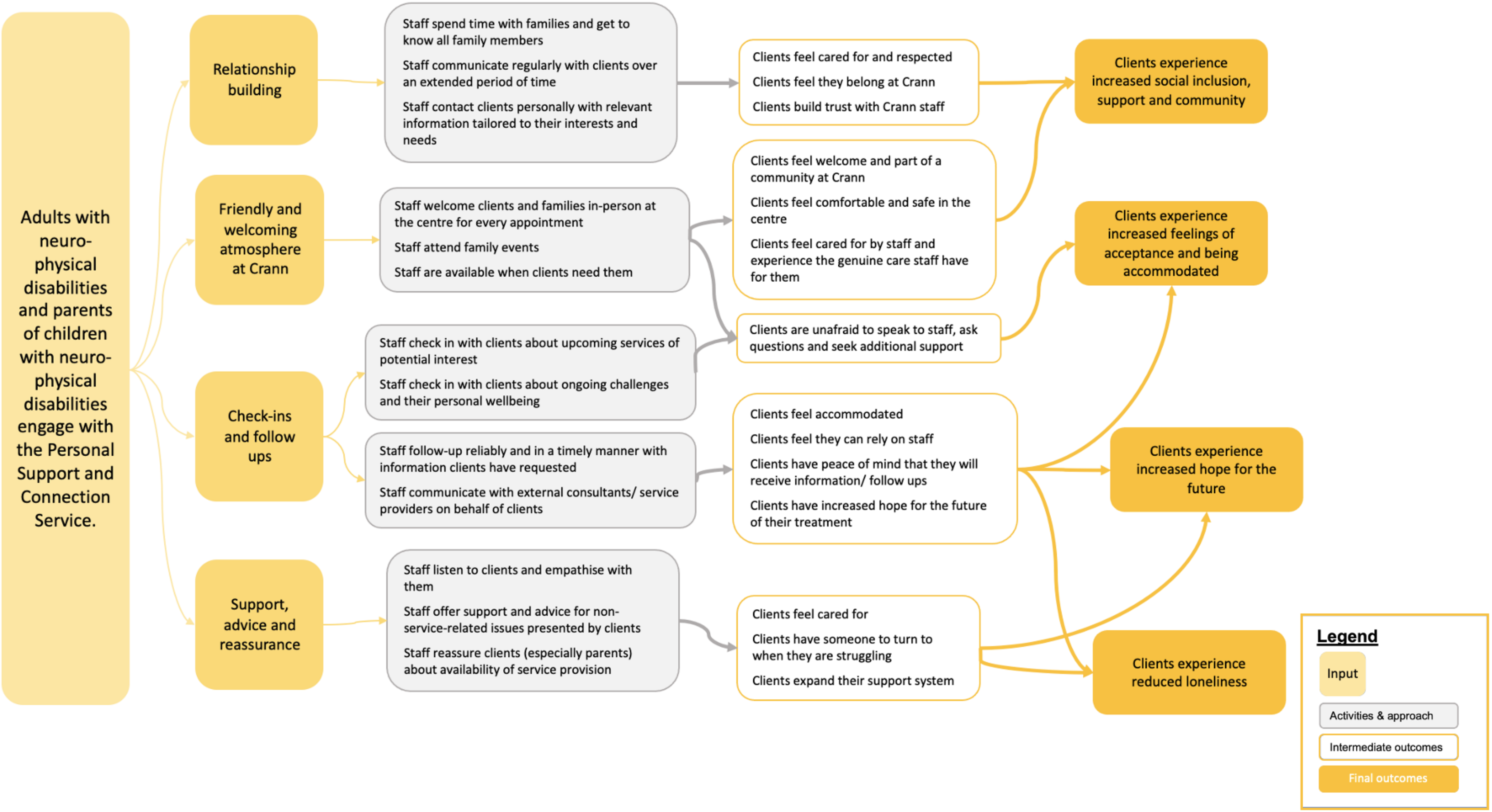
Table 44: Summary of outcomes for Clients of Personal Support and Connection Service

	Ranking (1 = most valuable)	Well-defined outcome	Proportion of clients experiencing material change	Average estimated value	Total present value forecast
Clients	1	Reduced loneliness	46%	€3,385	€107,431.78
	2	Increased hope for the future	50%	€2,950	€102,249.36
	3	Increased feelings of acceptance and being accommodated	54%	€2,790	€106,227.02
	4	Increased social inclusion, support, and community	31%	€2,545	€61,743.48

8.1.1 Theory of Change for Clients of Crann’s Personal Support and Connection Service

The Personal Support and Connection Service is delivered primarily by phone and in-person, on-site at Crann. Supporting families is core to Crann’s mission as an organisation, and this is a key part of the roles of all client-facing team members. The core focus of this is to ensure that families feel supported by Crann, and that they feel that they are an active part of a community that cares for them.

Figure 5: Theory of Change for Clients of Personal Support and Connection Service



Adults with neuro-physical disabilities and parents of children with neuro-physical disabilities engage with the Personal Support and Connection Service.

Relationship building

Staff spend time with families and get to know all family members

Staff communicate regularly with clients over an extended period of time

Staff contact clients personally with relevant information tailored to their interests and needs

Friendly and welcoming atmosphere at Crann

Staff welcome clients and families in-person at the centre for every appointment

Staff attend family events

Staff are available when clients need them

Check-ins and follow ups

Staff check in with clients about upcoming services of potential interest

Staff check in with clients about ongoing challenges and their personal wellbeing

Staff follow-up reliably and in a timely manner with information clients have requested

Staff communicate with external consultants/ service providers on behalf of clients

Support, advice and reassurance

Staff listen to clients and empathise with them

Staff offer support and advice for non-service-related issues presented by clients

Staff reassure clients (especially parents) about availability of service provision

Clients feel cared for and respected

Clients feel they belong at Crann

Clients build trust with Crann staff

Clients feel welcome and part of a community at Crann

Clients feel comfortable and safe in the centre

Clients feel cared for by staff and experience the genuine care staff have for them

Clients are unafraid to speak to staff, ask questions and seek additional support

Clients feel accommodated

Clients feel they can rely on staff

Clients have peace of mind that they will receive information/ follow ups

Clients have increased hope for the future of their treatment

Clients feel cared for

Clients have someone to turn to when they are struggling

Clients expand their support system

Clients experience increased social inclusion, support and community

Clients experience increased feelings of acceptance and being accommodated

Clients experience increased hope for the future

Clients experience reduced loneliness

Legend

Input

Activities & approach

Intermediate outcomes

Final outcomes

Outcomes were explored in qualitative research interviews and clients' experiences were collected and analysed in order to define final outcomes. The below table demonstrates language used by stakeholders that led to the final outcomes that were defined by the commissioned researcher based on the stakeholder input. All clients in this stakeholder group attended the same service, so client type is the only identifier included below.

Table 45: Language used to describe Health and Continence outcomes by client type and service attended

Final outcome	Stakeholder language	Client type
Increased social inclusion, support, and community	"It's a big change because we'd never have been in the community set ups or meet ups…" "It felt like we were never really being given the opportunity to be part of a community anywhere." "It's a community!" "I thought, oh my god they understand, and they care…"	Parent
	"I've made a lot of friends at the Crann Centre, and I've built up a relationship with the staff too in a really positive way."	Adult with a disability
Increased feelings of acceptance and being accommodated	"…it was so welcoming, it felt absolutely great, the fact that they welcomed us and the family in and there was that acceptance…" "[Staff] was so good to follow up…" "…with Crann it was much more nurturing and supportive and it's like 'we're here, welcome."	Parent
	"I could've chosen to do it in person, but I was living remotely…the fact I didn't have to go to the centre was really amazing."	Adult with a disability
Increased hope for the future	"It gives [them] a sense of worth and a belief that [they] can help people in the future too." "You feel that you have someone in your corner, and they have your child and your family's interests at heart." (Parent) "…no matter what happens with the child in the future…" (Parent) "[Staff] said, 'we're here for all [adult client's] adult life,' and she spoke to [adult client] too, and just even to know that was fantastic." (Parent)	Parent

	“You’d honestly lose hope relying on people…but [staff] is constantly checking in, she does what she says she will when she says she will. I know they’re always there if I need them.” “I am absolutely invested in what they do, it is life changing. It is going to change this country because the kids they’re impacting are finally going to be able to have a voice.”	Adult with a disability
Reduced loneliness	“You feel like someone is there, you have help and support.” “You can talk to them and ask them about anything!” “You know if you ring, you’re going to get someone who will talk to you…”	Parent
	“What I also found was that I felt I could talk to them about anything…”	Adult with a disability

Similar language was used by different client types to describe the changes they experienced. One limitation for this was that parents were used as research proxies for their children, which meant that the language used likely is more relatable to the parent than the child with a disability. This is discussed in section 3.7 and recommendations pertaining to it are included in Chapter 12.

Initial thoughts on language for final outcomes were tested with interviewees, based on what they had shared spontaneously, and once a full analysis of all qualitative data had been conducted, a preliminary Theory of Change was developed by the commissioned researcher. The preliminary Theory of Change was validated with the Crann team, drawing on the client-facing staff's understanding of client and family experiences and outcomes. The Theory of Change was then tested with clients in the quantitative survey. All of the final outcomes resonated with a relatively large proportion of the sample, and no new outcomes were identified by respondents when asked.

8.2 Overview of context for outcomes experienced by clients of Personal Support and Connection service

The following sections outline the outcomes for clients who have engaged with Crann's Personal Support and Connection Service.

Despite the fact that some clients are people with a disability and others are caring for a person with a disability, their experience of outcomes from the Personal Support and Connection Service are remarkably similar. For many, living with a disability can be a lonely experience and many people, both clients with disabilities and their families, experience feeling othered by people who do not understand their situation. In their engagement with Crann, clients often described feeling welcomed, understood, and supported.

Table 46: Proportion of each client type experiencing Personal Support and Connection Service outcomes

Outcome	Proportion of segment experiencing a material change	
	Parent	**Adult with disability**
Increased social inclusion, support, and community	30%	36%
Increased feelings of acceptance and being accommodated	70%	55%
Reduced loneliness	40%	64%
Increased hope for the future	60%	55%

At 95% confidence level these differences are not statistically significant based on the total sample of 25 respondents for Personal Support and Connection.

Many parents and carers described in qualitative interviews how they did not often share their experiences or struggles, even with close friends or family, due to feeling that they would not understand, and not wanting to burden others. Often, they feel that they are facing big challenges alone, even when they have support from friends or family, as their support network often has not experienced caring for someone with a disability. Adults with disabilities often described not having a strong peer support network of other adults with disabilities, and similarly to parents, they often felt alone when facing challenges due to others in their support network not having first-hand experience of living with a disability. Many clients with disabilities described feeling understood and supported by Crann staff who did not have disabilities in a way that they did not feel other people without a disability were able to understand them.

This SROI analysis found that the Personal Support and Connection Service led to a range of valuable outcomes for clients. These included increased social inclusion, support and community, increased feelings of acceptance and being accommodated, reduced loneliness, and increased hope for the future. Ten respondents reported no material positive change as a result of attending the Personal Support and Connection Service; these respondents did not report any negative impact of attending services. No negative outcomes were expressed by clients in relation to Crann's Personal Support and Connection Service at any stage during the SROI analysis. Respondents were asked and given ample opportunity to express negative outcomes in each research methodology that was used.

8.3 Outcome: Reduced loneliness

46% of respondents said they experienced a material change in reduced loneliness.

Many participants in qualitative interviews described feeling lonely, either due to having a disability and not having peers to connect with, or due to being a parent to a child (of any age) with a disability and feeling that parents of children without disabilities do not understand their experiences. Both groups often felt that they couldn't share their experiences, struggles or wins, because others wouldn't understand or be able to support them, and this made them feel alone.

Through engaging with Crann's Personal Support and Connection service, some respondents felt they had found someone that they could share these experiences with, who understood and had the capacity to offer them reassurance and support. Even though some clients do not often access the Personal Support and Connection Service, knowing that they have the option to and that they will be heard and offered support if they do helps to make them feel less lonely even when they are not availing of this support.

> *"It literally changed my life, I'm a different person now than I was then – mentally, physically, emotionally. And just knowing there's someone there that has your back and can support you."*
>
> **Parent of a child with a disability**

In total 46% of respondents (n=12) reported that they experienced a material change in relation to this outcome. 12% (n=3) said that they experienced a small change, which was not considered to be materially significant, and these respondents were not included in the SROI analysis. The remaining 42% (n=11) reported that they experienced no change in relation to reduced loneliness.

Clients who experienced a material change in relation to the outcome of reduced loneliness assigned an average estimated value of €3,385 to it.

> *"They were just so lovely, and I suppose I felt in a safe emotional space, when I went in it was very relaxing and I felt everyone felt the same sense of a nice safe space. I suppose in general in life I would be guarded but unless I feel very comfortable in a situation I wouldn't let the guard down, but I most definitely did there."*
>
> **Parent of an adult with a disability**

This outcome was ranked the highest of all outcomes for clients of Crann's Personal Support and Connection Service. There was little to no variation in the value assigned to this outcome by different client types, as demonstrated in table 46.

Table 47: Value assigned to outcome of reduced loneliness in the service provided, by client type

Client type	**Average estimated value**
Adult with a disability	€3,810
Parent	€3,900

8.4 Outcome: Increased hope for the future

54% of respondents said they experienced a material change in increased hope for the future.

This outcome was described in qualitative interviews as relating to a knowledge that the Crann team would be there to support the family, and especially the person with a disability, for as long as is needed. For adults with disabilities, the security of knowing Crann will support them on an ongoing basis, and not sign them off once a specific service has been delivered is described as highly valuable. This was also described as highly valuable by some parents of children with disabilities, who had not yet transitioned to adult services, as they were acutely aware of the potential upset that transition can cause. Many clients felt there were not enough supports for people in adult services compared with people in child services. In some cases, a parent respondent described a specific conversation that occurred with a member of the Crann team, in which the parent called in a panic about how their child was going to cope in the future and the member of the Crann team that they spoke to reassured them of all the ways Crann would support them and their child on an ongoing basis. This was enough to create hope for that parent, where there had previously been a sense of panic.

> *“[Adult client] was at a loose end in between courses and everything, and it was great, I called [staff member] for support…I suppose it was more emotional support for me as well and she said, ‘we’re here for all [adult client’s] adult life,’ and she spoke to [adult client] too, and just even to know that was fantastic. I knew he would be taken care of.”*
>
> **Parent of an adult with a disability**

In total 54% of respondents (n=14) reported that they experienced a material change in relation to this outcome. 23% (n=6) said that they experienced a small change, which was not considered to be materially significant, and these respondents were not included in the SROI analysis. The remaining 23% (n=6) reported that they experienced no change in relation to increased hope for the future.

Clients who experienced a material change in relation to the outcome of reduced loneliness assigned an average estimated value of €2,950 to it.

> *“I know if in the future there’s any issues for [sibling] because I always worry about what the effect [child with a disability’s] condition has on him. It’s amazing to know that support is there too if it’s ever needed. Not only for [child with a disability], but for [sibling] too.”*
>
> **Parent of a child with a disability**

This outcome was ranked second highest of all outcomes for clients of Crann’s Personal Support and Connection Service. However, there was some variation in the value assigned to this outcome by different client types, as demonstrated in table 47.

Table 48: Value assigned to outcome of increased hope for the future in the service provided, by client type

Client type	**Average estimated value**
Adult with a disability	€4,740
Parent	€2,465

Some adults with disabilities are acutely aware of the potential difficulties they will face in the future due to ageing parents and less services available to support them. They also have a lifetime of experience of being signed off by services once they deem the support to have been delivered, leaving the person with a disability to cope on their own again.

Adults with disabilities have also experienced the transition to adult services and recognise the shift in services available to them now, compared to when they were in childhood. Only parents with teens or children approaching the adult services transition are consciously aware of this, and they describe the fear and concern they felt for their child approaching that sudden decrease in supports, and the hope that Crann gave them. However, the parents segment includes parents of younger children, for whom this is less concerning at present, and this may explain the lower value assigned by parents.

8.5 Outcome: Increased feelings of acceptance and being accommodated

54% of respondents said they experienced a material change in increased feelings of acceptance and being accommodated.

In qualitative interviews, this outcome was described predominantly in relation other services clients had accessed elsewhere. In many cases, respondents described feeling “like just another number” when accessing services at other organisations and explained how they could not engage with the expert, practitioner, or consultant from those services, except during their specified appointment times. When questions arose or they were struggling to follow prescribed treatment, there was no one for them to turn to and they often felt alone and like they were causing problems if they tried to make contact with someone in the organisation to help them.

Some parents also reported not being able to access services because their child has a rare condition or has not yet received a formal diagnosis. Parents who described this situation often felt excluded from services, not welcomed, and made to feel that they were asking for something they were not entitled to.

Many clients described how engaging with Crann’s Personal Support and Connection Service, made them feel welcomed, as if nothing they asked was too much trouble, and they often felt that staff went above and beyond to accommodate them. In many cases, where a client is attending another service, the client or their carer felt that they could easily reach the specialist or service leader with questions or concerns, and they felt that those would be received with patience and kindness and any advice or support offered willingly. This culminated in making them feel accommodated in general by Crann, outside of a specific service.

Some respondents included in this SROI analysis have accessed Crann’s services before receiving an official diagnosis or with a rare diagnosis that means they are not often able to access services elsewhere. Some described in interviews that they felt excluded by other services because they did not fit in the box, but they felt accepted at Crann and had been offered the services and supports they needed.

> *"We never had a smooth path with [child], we were always being told 'you can't stay here,' 'you have to go there,' 'there isn't space for you,' etc. so we faced an awful lot of almost rejection, begging to be let in somewhere, and then you're almost like 'oh god, thank you so much for having me!' So, with Crann it was much more nurturing and supportive and it's like 'we're here, welcome. What can we do?'"*
>
> **Parent of a child with a disability**

In total 54% of respondents (n=15) reported that they experienced a material change in relation to this outcome. 12% (n=3) said that they experienced a small change, which was not considered to be materially significant, and these respondents were not included in the SROI analysis. The remaining 31% (n=8) reported that they experienced no change in relation to increased feelings of acceptance and being accommodated.

Clients who experienced a material change in relation to the outcome of increased feelings of acceptance and being accommodated assigned an average estimated value of €2,790 to it.

> *"It was absolutely an amazing experience. What I found beneficial about it is that it was done on the phone or Zoom. I could've chosen to do it in person, but I was living remotely…the fact I didn't have to go to the centre was really amazing. As a person with a disability, I feel that we are always having to traipse ourselves everywhere…so that was a real benefit."*
>
> **Adult with a disability**

Findings showed that there was some variation in the value assigned to this outcome by different client types, as demonstrated in table 48 below.

Table 49: Value assigned to outcome of increased feelings of acceptance and being accommodated in the service provided, by client type

Client type	**Average estimated value**
Adult with a disability	€3,460
Parent	€2,425

This outcome had a higher value for adults with disabilities than for parents, likely because they feel the impact of not being accepted in other spaces more strongly and potentially take this more personally than parents who are fighting for access on behalf of their child. In many cases, adults with disabilities have spent their lifetime dealing with these feelings, whereas parents, especially those of younger children, have not experienced this over such a long timeframe.

8.6 Outcome: Increased social inclusion, support, and community

31% of respondents said they experienced a material change in increased social inclusion, support, and community.

Some respondents felt they lacked a sense of community around their experience as a person with a disability or a parent to a person with a disability. This was due to not knowing many people in situations like their own. For parents who had a teen or older child with a disability, some had made a few close connections over the years with other parents they met at groups or through other services, but not all parents with teens and older children had this. Adults with disabilities often described having lost their connection with others outside of the family unit once they left school, and not having found a replacement environment in which to forge new connections with others who they felt understood them.

Clients who experienced this outcome described Crann as a community, and a place in which they had forged connections with the Crann staff, who also felt like community and a support network. Many described how they felt understood and supported by individual members of the team and praised their ability to create a sense of community on-site.

> *"I've made a lot of friends at the Crann Centre, and I've built up a relationship with the staff too in a really positive way. I feel that, when I started communicating with the staff at the Crann Centre, I found I got to know them a lot more but what I also found was that I felt I could talk to them about anything."*
>
> **Adult with a disability**

In total 31% of respondents (n=8) reported that they experienced a material change in relation to this outcome. 31% (n=8) said that they experienced a small change, which was not considered to be materially significant, and these respondents were not included in the SROI analysis. The remaining 38% (n=10) reported that they experienced no change in relation to increased social inclusion, support, and community.

Clients who experienced a material change in relation to the outcome of increased social inclusion, support, and community assigned an average estimated value of €2,550 to it.

> *"It was my first impression of Crann, and I thought, oh my god they understand, and they care…It was the first place as well where if someone says they're going to do something, you can put it out of your head because they are actually going to do it! There's no chasing of any kind. It saves you so much time and stress and worry, which is so important when you have a child with additional needs."*
>
> **Parent of a child with a disability**

As this outcome was also experienced in relation to both Psychological Wellbeing Services and Community and Networks Services, it has been counted very conservatively within the Personal Support and Connection Service section of the value map.

Findings showed that there was some variation in the value assigned to this outcome by different client types, as demonstrated in table 49 below.

Table 50: Value assigned to outcome of reduced loneliness in the service provided, by client type

Client type	**Average estimated value**
Adult with a disability	€3,900
Parent	€2,270

As described above, adults with disabilities often described having lost connections with others outside of the family unit once they left school. Most found it difficult to build relationships with people outside of their family unit, until they engaged with Crann and forged strong and meaningful connections with the Crann team. Parents also experienced this connection with the Crann team, and evidently valued these connections highly, but are less isolated than adults with disabilities and so assign a lower value to this outcome.

8.7 Summary of outcomes for clients of Personal Support and Connection service

Ten respondents (38%) stated that they hadn't experienced any material change as a result of Crann's Personal Support and Connection Service. Clients have had different levels of engagement with this service, dependent on their own individual needs and situations, so it is not surprising that a greater number of clients did not experience material change in this theme than did so in the other themes. However, significant and meaningful change was created for the majority of clients.

For many, Crann was the first organisation where clients they felt they could engage with the team outside of service appointment times. For many clients who were engaged in other services, Crann was the only place they would feel comfortable calling with questions or seeking support and reassurance. Many described the close relationships they had formed with the Crann staff and mentioned specific people by name who have had a big impact on their own lives. While this SROI analysis was initially designed to measure the value created by services across three core themes, enough participants spontaneously described value created for them via the Personal Support and Connection Service that this service became integral to understanding the holistic value created for these clients by Crann.

9. The change that occurs for parents of clients

9.1 Mapping the Outcomes for Parents of Clients

Parents of clients experience change as a result of their child or children (both under and over 18) attending services at Crann. Three outcomes are experienced by parents as secondary stakeholders because of their children's attendance.

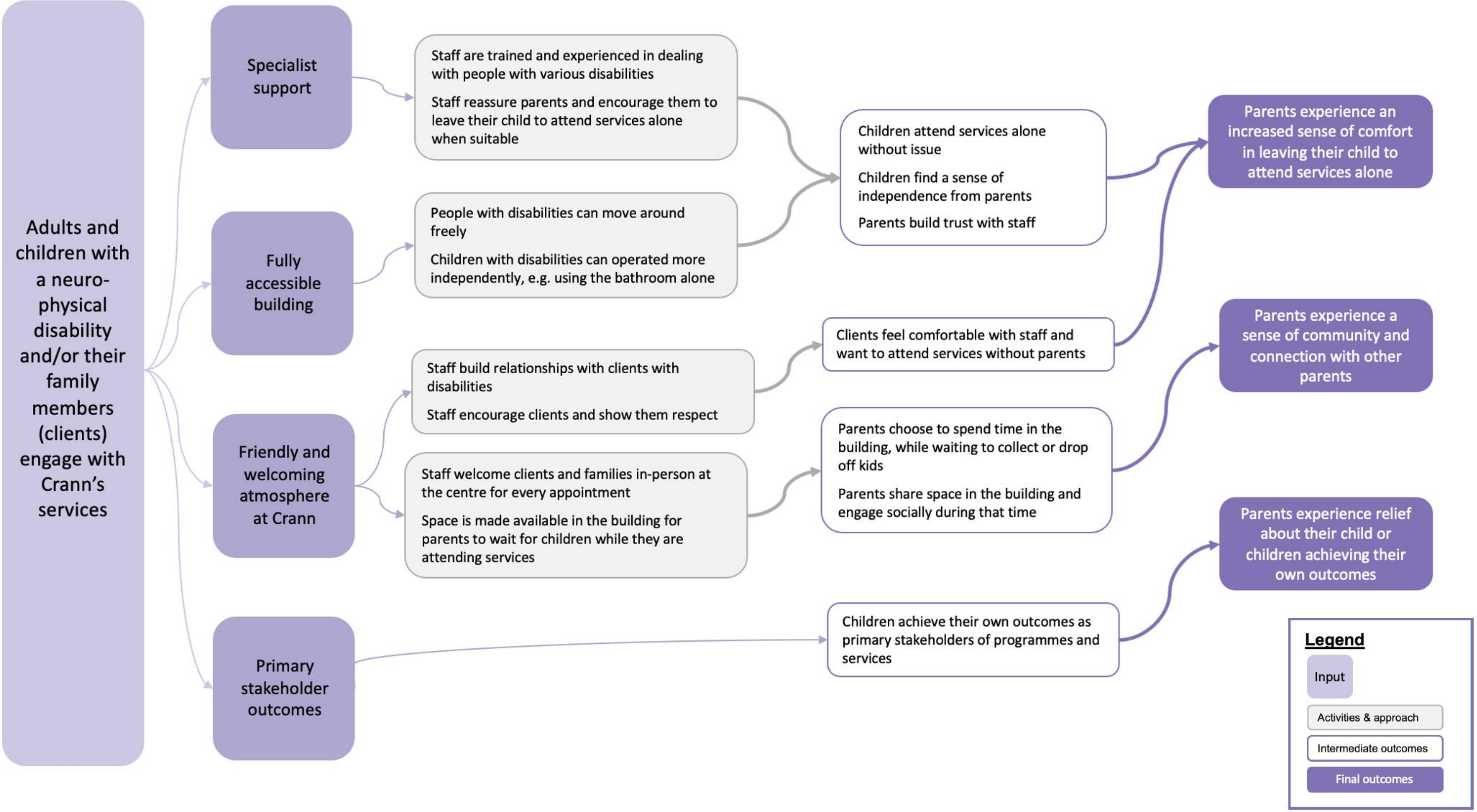
Table 51: Summary of outcomes for Parents of Clients

	Ranking (1 = most valuable)	Well-defined outcome	Proportion of parents experiencing material change	Average estimated value	Total value forecast
Parents of Clients	1	Relief about their child achieving their own outcomes	64%	€5,300	€459,939.42
	2	A sense of community and connection with other parents	71%	€5,325	€354,593.85
	3	Increased sense of comfort in leaving their child to attend services alone	79%	€3,160	€284,684.40

9.1.1 Theory of Change for Parents of Clients

Crann endeavours to create meaningful impact for families with neuro-physical disabilities, not only through direct impact created for the person with a disability, and not only for clients attending services themselves. Impact is created for parents who have not attended a service themselves, as demonstrated in the Theory of Change diagram.

Figure 6: Theory of Change for Parents of Clients



Adults and children with a neuro-physical disability and/or their family members (clients) engage with Crann's services

Specialist support

Fully accessible building

Friendly and welcoming atmosphere at Crann

Primary stakeholder outcomes

Staff are trained and experienced in dealing with people with various disabilities

Staff reassure parents and encourage them to leave their child to attend services alone when suitable

People with disabilities can move around freely

Children with disabilities can operated more independently, e.g. using the bathroom alone

Staff build relationships with clients with disabilities

Staff encourage clients and show them respect

Staff welcome clients and families in-person at the centre for every appointment

Space is made available in the building for parents to wait for children while they are attending services

Children attend services alone without issue

Children find a sense of independence from parents

Parents build trust with staff

Clients feel comfortable with staff and want to attend services without parents

Parents choose to spend time in the building, while waiting to collect or drop off kids

Parents share space in the building and engage socially during that time

Children achieve their own outcomes as primary stakeholders of programmes and services

Parents experience an increased sense of comfort in leaving their child to attend services alone

Parents experience a sense of community and connection with other parents

Parents experience relief about their child or children achieving their own outcomes

Legend

Input

Activities & approach

Intermediate outcomes

Final outcomes

Outcomes were explored in qualitative research interviews and clients' experiences were collected and analysed in order to define final outcomes. The below table demonstrates language used by stakeholders that led to the final outcomes that were defined by the commissioned researcher based on the stakeholder input.

Table 52: Language used to describe outcomes by Parents of Clients

Final outcome	Stakeholder language
Increased sense of comfort in leaving their child to attend services alone	"You'd just be more comfortable to go away and leave [them]…" "I don't think I ever felt that anywhere else, like I'd always have to be there in case." "I have no qualms that the staff would help clean [them] up a bit and say nothing about it." "It's nice to know [they] can be happy and comfortable here and get that bit of independence…"
Sense of community and connection with other parents	"I've made some of my closest friends here." "Some days you'd be stood out in the car park getting the news in the freezing cold even." "We're a proper little community." "Even for all our differences, we've got a common goal."
Relief about their child or children achieving their own outcomes	"I guess relief would be the overwhelming feeling." "Just to see [them] thriving and achieving so much." "…that just makes me feel so relieved."

Initial thoughts on language for final outcomes were tested with interviewees, based on what they had shared spontaneously, and once a full analysis of all qualitative data had been conducted, a preliminary Theory of Change was developed by the commissioned researcher. The preliminary Theory of Change was validated with the Crann team, drawing on the client-facing staff's understanding of client and family experiences and outcomes. The Theory of Change was then tested with clients in the quantitative survey. All of the final outcomes resonated with a relatively large proportion of the sample, and no new outcomes were identified by respondents when asked.

9.2 Overview of context for outcomes experienced by parents of clients

This chapter outlines the outcomes for Parents of Crann Clients. Parents may have accessed a service themselves; however, great care was taken during the research conducted into their outcomes as secondary stakeholders to separate their primary stakeholder experience from this. The outcomes identified clearly demonstrate that parents understood this and succeeded at separating the outcomes they experienced as secondary stakeholders. Every stakeholder in this group has at least one child who has accessed services at Crann. Some stakeholders have more than one child who has accessed services, however the number of children did not have any impact on the outcomes experienced.

Parents of clients included in the SROI analysis have at least one child who has attended at least one of the included themes. Parents experienced outcomes at similar rates, with some minor differences. Table 50 illustrates those differences, and they are explained in more detail below.

Table 53: Proportion of parents of each client type experiencing outcomes

Outcome	Proportion of segment experiencing a material change		
	Child attended Psychological Wellbeing Services	**Child attended Community and Networks Services**	**Child attended Health and Continence Services**
Relief about their child achieving their own outcomes	75%	100%	43%
Increased sense of comfort in leaving their child to attend services alone	75%	100%	57%
A sense of community and connection with other parents	100%	100%	57%

It is important to note that at 95% confidence level these differences are not statistically significant based on the total sample of 14 respondents. However, the data indicates that parents of clients attending Health and Continence Services may experience outcomes less often than parents of clients attending other services. Based on this small sample, this is not enough evidence to separate this stakeholder group for this SROI forecast. However, it is a data point that Crann will continue to observe as more respondents participate, and this decision will be reviewed before the evaluative SROI is conducted in 2023.

This SROI analysis found that parents experienced a range of valuable outcomes as a result of their child or children attending services at Crann. These include an increased sense of comfort in leaving their child to attend services alone, a sense of community and connection with other parents, and relief about their child achieving their own outcomes. No negative outcomes were expressed by parents of clients at any stage during the SROI analysis. Respondents were asked and given ample opportunity to express negative outcomes in each research methodology that was used.

9.3 Outcome: Relief about their child achieving their own outcomes

64% of respondents said they experienced a material change in relief about their child achieving their own outcomes.

Relief was one of the first and most used words by parents in the focus group when discussing their own outcomes as a result of their child attending services at Crann. This relief relates to observing their child or children achieving outcomes. Parents described that while all parents worry about their children, this is intensified when you have a child with a disability, and you have to face very real concerns for their social life, psychological wellbeing, long-term health, ability to care for themselves into the future, and many other key considerations. For many, witnessing their child evolve and progress in various ways through their engagement in services at Crann brings a sense of relief, a reminder that their child will be ok in their own way with support.

> *“You’d just be so happy to see them progressing and gaining the bit of independence. It really feels like a relief, like you didn’t realise you were holding your breath until you breathed out.”*
>
> **Parent of a child with a disability**

In total 64% of respondents (n=9) reported that they experienced a material change in relation to this outcome. 29% (n=4) said that they experienced a small change, which was not considered to be materially significant, and these respondents were not included in the SROI analysis. The remaining 7% (n=1) reported that they experienced no change in relation to relief about their child achieving their own outcomes.

Parents of clients who experienced a material change in relation to the outcome of relief about their child achieving their own outcomes assigned an average estimated value of €5,300 to it.

9.4 Outcome: Increased sense of comfort in leaving their child to attend services alone

79% of respondents said they experienced a material change in increased sense of comfort in leaving their child to attend services alone.

Most parents in the focus group described feeling worried or unsure about leaving their child alone in most contexts, including when attending services elsewhere. One exception to this for many was at school, where many children have an SNA, and the parent knows this person and trusts them. In most service contexts, for example at summer camp, physiotherapy appointments, and sports clubs, parents do not trust that their child will cope if left alone, and in some cases the child had never been left to attend any service or activity alone without the parent. However, most parents agreed that they do not feel this sense of discomfort or worry about leaving their child alone to attend services at Crann. Some parents who had never left their child alone to attend anything before now delight in sending them off to their sessions at Crann, and do not give it another thought until they collect them.

This is a huge shift for many parents and was described in interviews and focus groups as being a whole new phase of life for both themselves and their child. They feel that this gives their child independence they didn’t have before and helps both parent and child develop a healthy ability to separate from each other.

This increased sense of comfort, compared to how they feel in other service contexts, is credited to the Crann staff and the centre itself. Parents feel that the staff demonstrate immediately how capable and experienced they are, that they communicate clearly that it’s safe for the parent to leave, and they encourage both child and parent in this. Parents felt that the staff at Crann would be able to handle whatever potential issues or challenges might arise in relation to their child and that there was no additional benefit to the parent being there to support with that. The Crann Centre is a fully accessible building, and this also made parents feel more comfortable in leaving their children to attend activities alone, knowing they would not face challenges in relation to mobility, toilet-access, etc. within the building.

> *“You’d actually feel comfortable leaving them at Crann. Like for drama, [child with a disability] heads in on his own, not even a backwards glance, and that feels amazing as a parent to be able to do that. Like in other activities, you just wouldn’t feel comfortable about could the teacher handle him if there was something he needed, would they be able to help him with the bathroom, things like that. But you know at Crann, there’s never any issue and everyone here is so experienced you’d have no fear.”*

Parent of a child with a disability

In total 79% of respondents (n=11) reported that they experienced a material change in relation to this outcome. 7% (n=1) said that they experienced a small change, which was not considered to be materially significant, and these respondents were not included in the SROI analysis. The remaining 14% (n=2) reported that they experienced no change in relation to increased sense of comfort in leaving their child alone to attend.

Parents of clients who experienced a material change in relation to the outcome of increased sense of comfort in leaving their child to attend services alone assigned an average estimated value of €5,325 to it.

9.5 Outcome: Sense of community and connection with other parents

71% of respondents said they experienced a material change in sense of community and connection with other parents.

In qualitative interviews and the focus group many parents described how difficult it can be as the parent of a child with a disability to build lasting connections with others in a similar situation. There was widespread acknowledgement that it is important and valuable to have peer connections that can relate to your experience as the parent of a child with a disability. Through their children’s attendance at Crann services, many parents have forged these connections with other parents whose children are attending the same sessions. Parents often take the time before and after a session to meet in the lobby of the building or spend time speaking with each other while they wait in the carpark during a session. Many parents in the focus group knew each other well because of this and felt they were close and supported each other. For some parents this extends to developing relationships with each other outside of this context as well.

> *“It really is like a family here. You’d meet the same parents at drop off and pick up, and you’d get chatting and over the years we’ve become really close. Like I’d go to some of the parents I’ve met through Crann before anyone else if we were struggling with something or needed advice. We might never have met otherwise, but we’re a real community.”*
>
> **Parent of a child with a disability**

In total 71% of respondents (n=10) reported that they experienced a material change in relation to this outcome. 7% (n=1) said that they experienced a small change, which was not considered to be materially significant, and these respondents were not included in the SROI analysis. The remaining 21% (n=3) reported that they experienced no change in relation to increased sense of community and connection with other parents.

Parents of clients who experienced a material change in relation to the outcome of increased sense of community and connection with other parents assigned an average estimated value of €3,160 to it.

9.6 Summary

Only one respondent (7%) stated that they hadn’t experienced any material change as a result of their child attending services at Crann.

For many, Crann is one of very few places that they feel comfortable leaving their child alone to attend a service, and for some it is the first time they have ever felt this way. Observing the outcomes that their child or children achieve because of attending those services brings a sense of relief to parents of clients. Parents of children with disabilities describe how their feelings of concern and worry are intensified for those children when compared to the normal worry that a parent feels for their child. Those feelings mean that parents of clients feel notable relief when they see their child evolving and progressing because of their participation at Crann. Parents form connections with each other while dropping off and collecting their children to and from services at Crann. These connections are important and valuable to parents, as it can be difficult for them to connect with parents with similar experiences to their own, and it is valuable to them to have people in their lives who really understand what they are going through.

10. Understanding Social Value

10.1 Overview

The social value calculation for the SROI forecast is based on assumptions that have been considered in-depth and supported by research. As such, the final valuation ratio is generally accurate, but not likely to be specifically accurate. When it is explored and critiqued with transparency, this is often considered to be a strength of the SROI methodology.

This section is designed to support the reader to review the information contained within this report with a critical perspective. This chapter explains how and why specific decisions have been made, not in order to defend or justify, but to help the reader to understand how the social value ratio has been calculated for this SROI forecast.

10.2 Avoiding Over-Claiming

In any SROI analysis, financial value for outcomes is calculated, and discounts are applied. It is an important part of the report to discuss how all of these values have been calculated. If discounts are not calculated and applied to the overall value of outcomes created, then there is a high risk of over-claiming value.

Discounts include:

- Attribution: the proportion of an outcome directly experienced as a result of Crann's Services (only those services included in this SROI)
- Deadweight: the proportion of an outcome that would have likely happened without Crann's Services
- Drop-off: the proportion of an outcome that will reduce year by year*
- Displacement: any outcomes that did not happen for other stakeholders because of outcomes achieved by themselves, or any negative outcomes created for other stakeholders

*Drop-off has not been included in the SROI calculation as there was not enough longitudinal data on stakeholder outcome duration to feel confident in assigning drop-off and including this in the calculation. The value in this forecast has been calculated for one year and will be reviewed in an evaluation conducted in the year following this forecast, to include longitudinal tracked data collected from stakeholders.

In order to calculate the value of outcomes created, the following steps are taken:

1. Gather data from stakeholders on the financial value proxy for the outcomes for which they have experienced a material change
2. Gather data on discounts, to ensure that only the value created by the activities included in the SROI analysis is included in the calculation
3. Conduct sensitivity analysis to consider alternative scenarios that may impact the relationship between outcomes and the social value ratio

To assign a financial value to outcomes, stakeholders were involved in two modified value games that encouraged them to determine their own estimated value for each outcome they experienced. This is discussed in greater detail in Chapter 3: SROI Methodology.

To ensure the value of outcomes was not overclaimed in this SROI forecast, stakeholders were asked to provide data on each of the discounts. These discounts are represented as a percentage, which has been calculated by removing obvious outliers and calculating the median figure for the relevant stakeholder group experiencing each outcome.

Data has been collected directly from stakeholders to inform both the overall value of outcomes and the discounts applied. Stakeholders were considered to be the most reliable source for this data as it related to their own experiences, and they could explain in detail any differences or potential risks within the data.

10.3 Forecasting attendance for 2023

The purpose of this SROI is to forecast the value Crann will create in 2023. This forecast is based on Crann's projected attendance for the following year and Crann will endeavour to validate these projections with data collection conducted over the course of the year and an evaluative SROI completed at the end of 2023.

Table 54: Comparison of number of clients for 21-22 and 2023 by service

Theme	Service	Total number of clients 21-22 (not unique)	Number of projected clients 2023 (not unique)
Psychological Wellbeing	A Moment for Me	11	20
	Counselling	20	30
	Play Therapy	16	30
	Sibshops	10	20
	Growing in Confidence	6	15
Community and Networks	Chat and Connect	22	30
	Breaking Barriers Theatre Group for Kids	18	20
	Breaking Barriers Theatre Group for Adults	9	10
	Parents Café	13	25
Health & continence	Continence Clinic	88	350
	Podiatry	24	40
Personal Support & Connection	Personal Support & Connection Service	165	165

Projections have been estimated based on the Crann strategy and schedule of events for 2023. The capacity of some services is limited by maximum person-hours, for example Play Therapy which currently relies on one part-time play therapist. Due to funding constraints, it is not part of Crann's 2023 strategy to expand the team in this part of the organisation. The Personal Support and Connection Service relies on a team of nine client-facing staff at Crann and no additional time is planned to be added into job specs for this service for 2023. Therefore, the same number of clients will be served in 2023 as were in 2021-22.

Due to the lack of existing continence services available in Ireland, Crann has established referral links with hospitals and critical care settings, clinicians, and community healthcare professionals. This will lead to a sharp increase in the number of clients who will avail of the Continence service in 2023. Continence is a key focus of Crann's 2023 to 2025 strategic plan. Of the 88 clients attending continence clinic between April '21 and April '22, more than two thirds have attended in 2022, and this is reflective of the growth Crann is seeing within that area of the organisation.

Parents have been very conservatively estimated for the SROI forecast, in the absence of historical data. Parents included in the SROI are estimated as one per child with a disability and one per three adults with disabilities.

10.4 Calculating quantities for 2023

Within a forecast, it is necessary to calculate the intended number of unique clients to attend an intervention in the period covered by the forecast. This calculation must be completed with available data, as we do not know for sure the future attendance of services. In order to calculate the quantity of unique clients forecasted for 2023 attendance, a multi-step process was involved. First, Crann forecasted attendance by service for 2023, based on attendance in 2021-22, maximum capacity of services, as well as initial indication of interest and client-suitability for services. Then, the proportion of clients who attended more than one service within the same theme in 2021-22 was calculated and that proportion of clients was removed from the forecasted number of clients for services where cross-over occurred, so that they were counted once only. The unique clients for each service were added together to produce the total number of unique clients forecasted for attendance for each theme, as demonstrated in table 53.

Table 55: Calculation for unique clients forecasted to attend each service and theme in 2023

Theme	Service	Total forecasted attendance	Proportion of overlap with another service in the theme	Unique clients forecasted attendance	Total unique clients forecasted attendance
Psychological Wellbeing	A Moment for Me	20	-	20	110
	Counselling	30	10%	27	
	Play Therapy	30	3%	29	
	Sibshops	20	-	20	
	Growing in Confidence	15	7%	14	
Community and Networks	Chat and Connect	30	17%	25	76
	Breaking Barriers Theatre Group for Kids	20	-	20	
	Breaking Barriers Theatre Group for Adults	10	40%	6	
	Parents Café	25	-	25	
Health & continence	Continence Clinic	350	1%	346	386
	Podiatry	40	-	40	
Personal Support & Connection	Personal Support & Connection Service	165	-	165	165

*Adjustment for client overlap between services is based on the proportion of clients that attended more than one service within each theme in 2021-22.

10.4.1 Calculating quantities experiencing outcomes

Due to a lack of longitudinal outcome data available to inform to forecast, post-intervention self-reported data was collected for all stakeholders included in the SROI. Respondents were asked to report outcomes they had experienced and the size of the change experienced, across a 4-point Likert scale from no change to a large change. Those who had experienced a small change or no change for an outcome were considered not to be materially significant for the SROI calculation and were not counted. The proportion of respondents who were not materially significant was calculated for each outcome and applied to the total number of unique clients forecasted for each theme in 2023.

In the SROI evaluation to be carried out in 2023, additional and more sophisticated indicators will be applied, as covered in Chapter 12 of this report. The below quantities are a best estimate based on available data at the time of reporting and it will be imperative for the commissioned researcher to carefully consider the potential impact of additional indicators on the quantities of people experiencing material change in 2023. This is also covered in Chapter 12 of this report.

Table 56: Calculation for actual number of people who will experience material change, including double counting

Theme	Outcome	Proportion reported experiencing material change in 2021-22	Total unique clients forecasted for 2023	Quantity of people who will experience material change in 2023	Proportion double counted due to cross-over	Actual number of people who will experience material change
Psychological Wellbeing	Improved mental wellbeing	71%	110	78	-	78
	Increased confidence and motivation	71%		78	-	78
	Improved ability to cope with challenges	85%		95	21%	75
	Increased social inclusion, support and community	71%		78	14%	67
Community and Networks	Improved ability to cope with challenges	64%	76	49	49%	25
	Improved independence	73%		55	-	55
	Increased confidence	77%		59	-	59
	Increased social inclusion, support and community	77%		59	14%	51
Health & Continence	Increased sense of freedom	68%	386	262	-	262
	Improved ability to participate in activities and day-to-day life	60%		232	-	232
	Feelings of empowerment and inclusion in the service provided	68%		262	-	262

	Improved physical wellbeing	76%		293	-	293
	Improved peace of mind and confidence	68%		262	-	262
Personal Support & Connection	Reduced loneliness	46%	165	76		76
	Increased hope for the future	50%		83		83
	Increased feelings of acceptance and being accommodated	54%		89		89
	Increased social inclusion, support, and community	31%		51	**	51

*Adjustment to avoid double counting takes into account the proportion of clients attending a service in another theme that generates the same outcome and is based on the proportion of clients that attended more than one theme in 2021-22.

**Double-counted clients for the outcome of increased social inclusion, support, and community have been removed from Psychological Wellbeing and Community and Networks in place of Personal Support & Connection, due to available data. It is not possible to identify unique clients of Personal Support & Connection from available tracking data at present. It is possible to identify unique clients of Psychological Wellbeing and Community and Networks, as well as to estimate the overlap of clients from those themes who have also accessed Personal Support & Connection, based on reports from staff delivering the service. Quantities for Personal Support & Connection have been estimated *conservatively* based on the data that is available i.e., call numbers and time spent by staff per week.

10.5 Social Return Ratio

All stakeholders impacted by the Crann services included in this SROI were invited to participate, and stakeholders from each group were involved in calculating how much change occurred and the value of that change from their perspective. Stakeholders participated in a modified value game in interviews, to estimate the value of each outcome experienced. This was quantified in a quantitative survey. In all cases, the values for outcomes were calculated using the median valuation, with obvious outliers removed.

The final valuation of outcomes was calculated by applying the discounts estimated by stakeholders. These figures were also gathered in interviews and quantified in a survey. The final step in the calculation involved calculating the total inputs (financial and non-financial) into the service.

Once the total financial input into the relevant services is calculated, this figure can be divided by the total social value generated. This process is used to determine the social return ratio.

Based on this SROI forecast, it is estimated that for every €1 invested into the included themes of services at Crann in 2023, a social return of approximately €4.05 will be generated. A likely range for the social return generated is €3.65 to €4.50.

10.6 Assessment of Ratio

By calculating the total social value generated by Crann’s services, the impact created can be illustrated in a variety of ways.

In figure 12 the total social value for the included services, displayed as a percentage, was calculated for each type of stakeholder, i.e. primary stakeholders (clients) and secondary stakeholders (parents of clients). The highest proportion of value was created for clients (66%, €2,078,376.19).

In figure 13 the social value created for each individual stakeholder group shows that the highest proportion of value was created for parents of clients. They were the second largest stakeholder group, and as secondary stakeholders, they had no associated input costs, so this drives up the overall value of the impact created for them (34%, €1,099,217.67). Clients of Health and Continence Services are the largest stakeholder group, but also have the highest input costs. However, the second biggest proportion of value was created for them (31%, €951,640.14).

The lowest proportion of value was generated for Clients of Community and Networks Services (9%, €268,343.05), which was expected, as this was smallest stakeholder group.

Figure 7: Proportion of total net value generated by stakeholder type

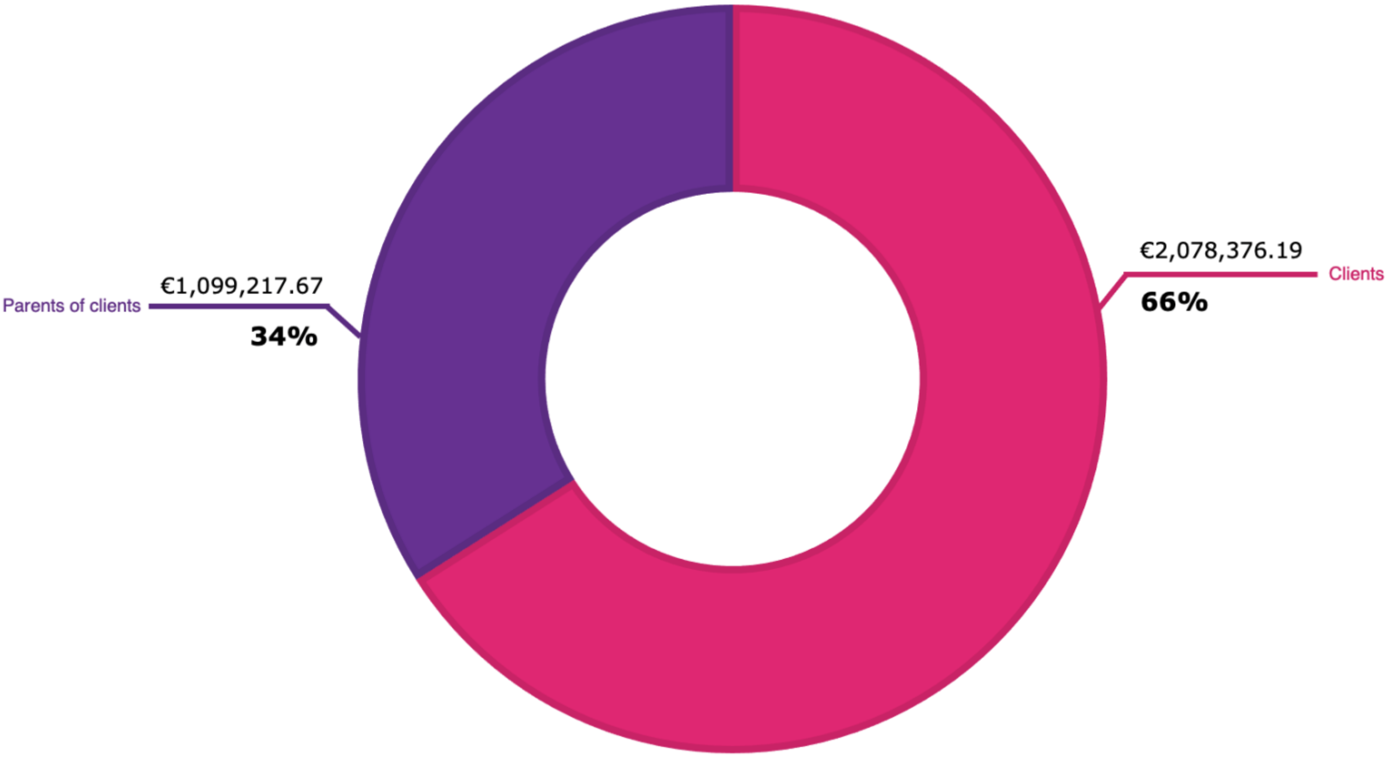
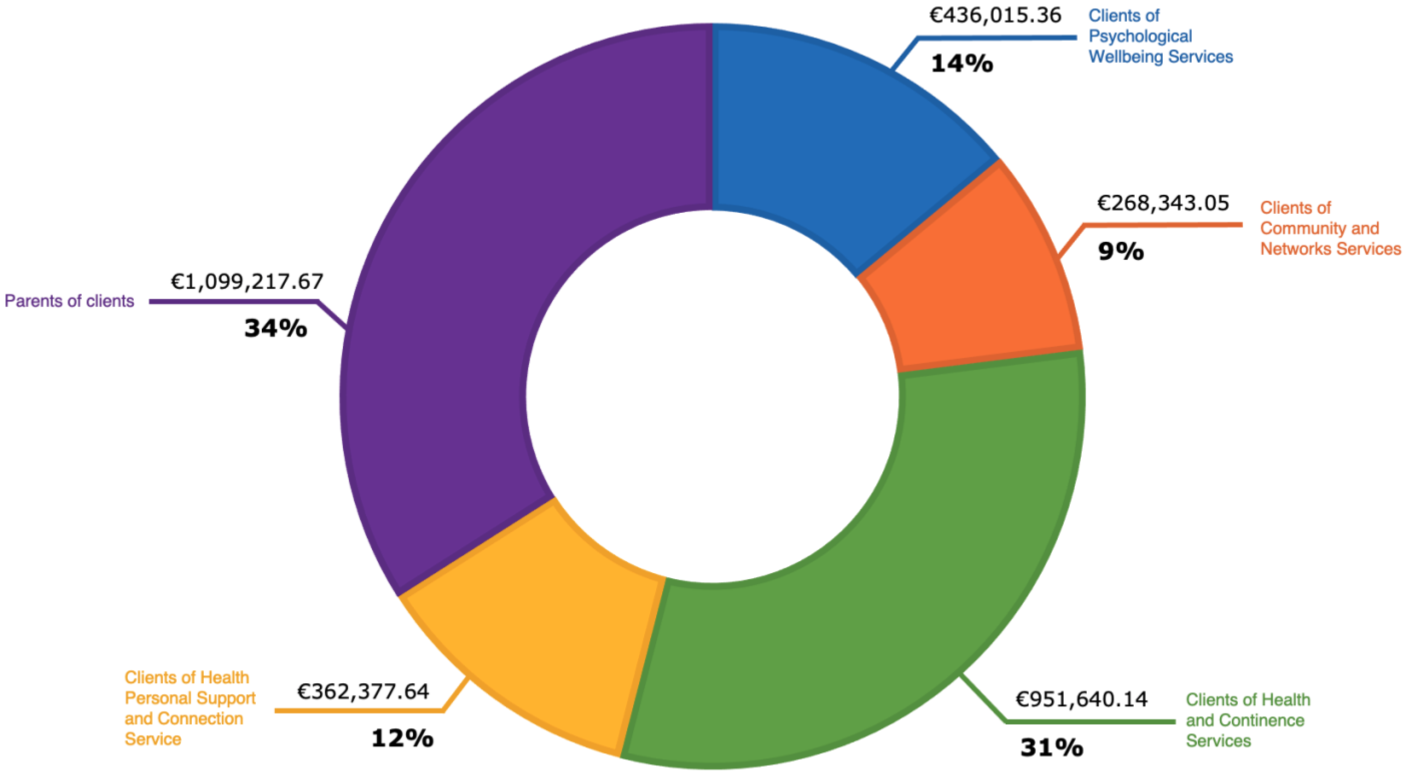


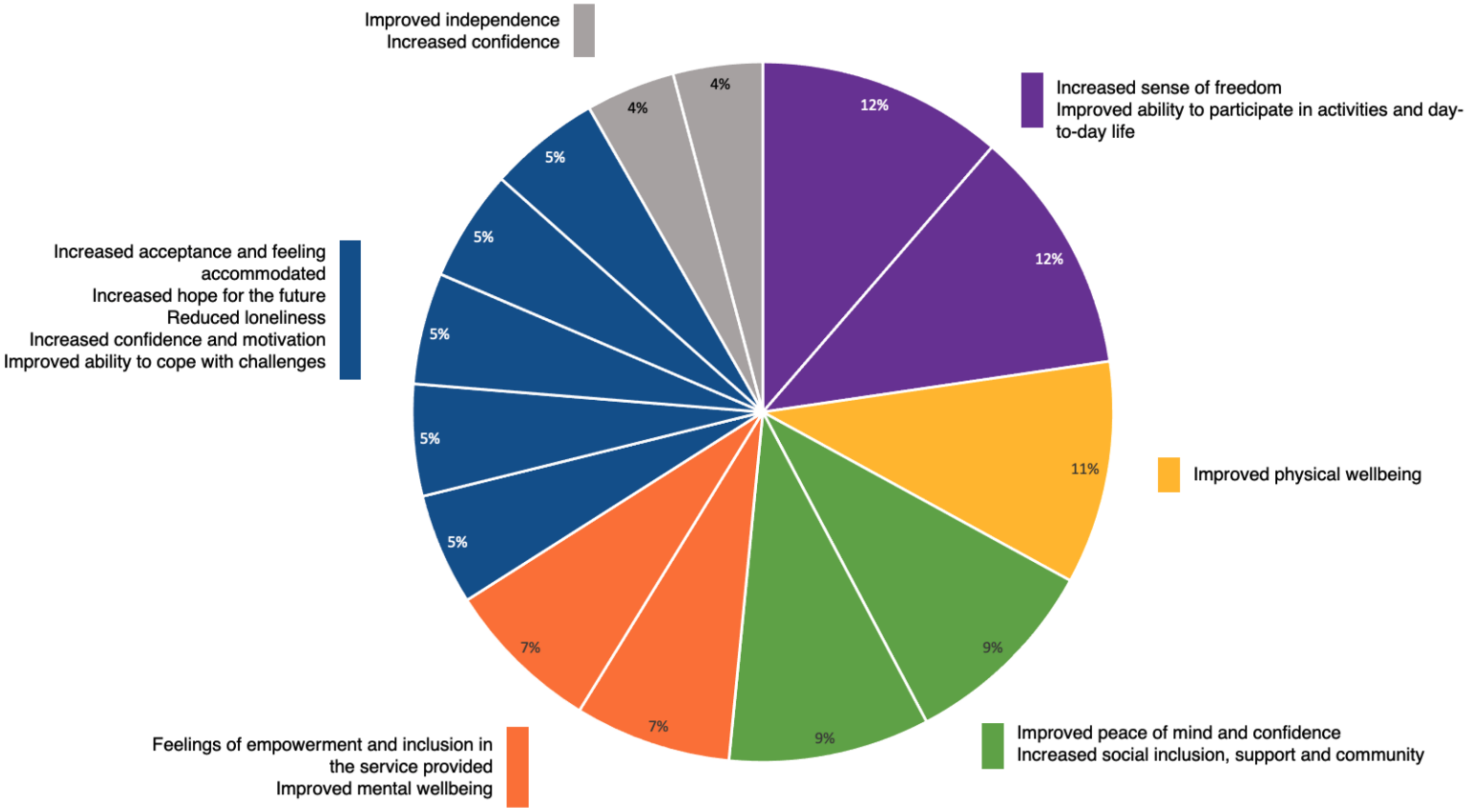
Figure 8: Proportion of total net value generated by stakeholder group



In Figure 14 the social value generated for clients (primary stakeholders) by each outcome they experienced, displayed as a percentage, was calculated. The highest proportion of value was created by increased sense of freedom and improved ability to participate in activities and day-to-day-life (12% each). Both of these outcomes were experienced by clients of Health and Continence Services, the largest stakeholder group, and they were the most highly valued outcomes for that group.

The lowest proportion of value was generated by improved independence and increased confidence (4% each), both experienced by Clients of Community and Networks Services.

Figure 9: Proportion of net client value generated per outcome



In Figure 15 the social value generated for all stakeholders by each outcome they experienced, displayed as a percentage, was calculated. The highest proportion of value was created by increased sense of comfort in leaving their child to attend services alone. This outcome was assigned the highest value of any outcome in the SROI and was experienced by parents of clients (secondary stakeholders) so has no associated input costs.

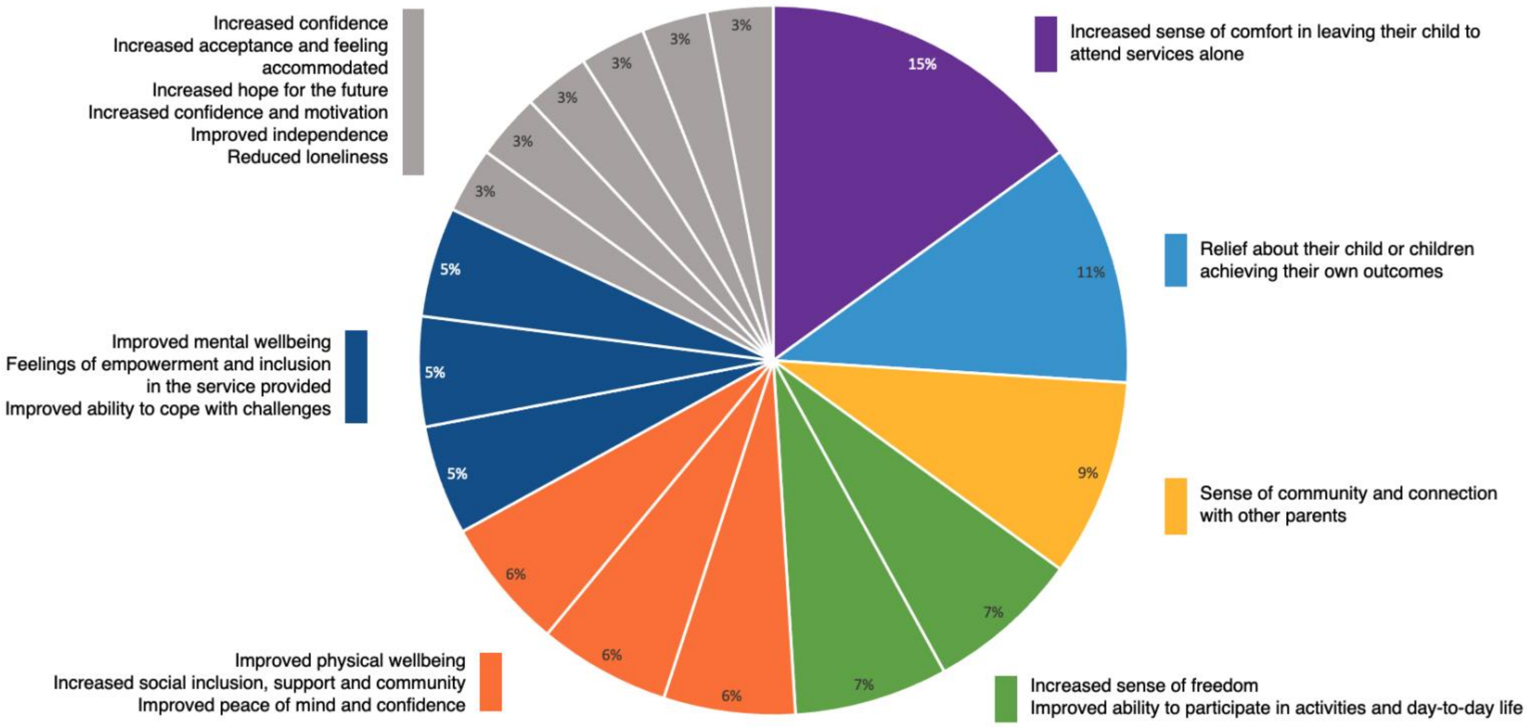
The lowest proportion of value was generated by the outcomes in table 53, each generating 3% of the total net value.

Table 57: Outcomes that each generated 3% of the total net value, and which stakeholder group experienced them

Outcome	**Experienced by**

Increased confidence	Clients of Community and Networks Services
Increased acceptance and feeling accommodated	Clients of Personal Support and Connection Services
Increased hope for the future	Clients of Personal Support and Connection Services
Increased confidence and motivation	Clients of Psychological Wellbeing Services
Improved independence	Clients of Community and Networks Services
Reduced loneliness	Clients of Personal Support and Connection Services

Figure 10: Proportion of total net value per outcome



10.7 Duration and Drop-off

Clients were asked to estimate the duration of outcomes, in interviews and in the quantitative surveys. This refers to how long they expect to experience the change or benefit as a result of Crann's services.

Table 58: Estimated average duration of outcomes experienced by stakeholders

Stakeholder Group	Outcome	Estimated average duration

Clients of Psychological Wellbeing Services	Increased social inclusion, support, and community	3.32 years
	Increased confidence and motivation	3.23 years
	Improved mental wellbeing	2.77 years
	Improved ability to cope with challenges	2.96 years
Clients of Community and Networks Services	Increased social inclusion, support, and community	4.64 years
	Increased confidence	5.65 years
	Improved independence	5.67 years
	Improved ability to cope with challenges	5.67 years
Clients of Health and Continence Services	Improved ability to participate in activities and day-to-day life	5.14 years
	Increased sense of freedom	5.41 years
	Improved physical wellbeing	5.04 years
	Improved peace of mind and confidence	5.41 years
	Feelings of empowerment and inclusion in the service	5.01 years
Clients of Personal Support and Connection Service	Increased social inclusion, support, and community	5.31 years
	Increased acceptance and feeling accommodated	6 years
	Reduced loneliness	4.95 years
	Increased hope for the future	5.71 years

This data was not collected from Parents of Clients as the decision was taken to forecast value for one year, as described below.

However, it was decided by the commissioned researcher to forecast value for one year only. This decision was taken due to the fact that many stakeholders had been engaged with Crann for less than 24 months and had attended the specific services they contributed data for within the previous 12 months or less. Stakeholders were not confident estimating drop-off for the outcomes they experienced, because their experience of the outcomes did not, in most cases, extend past one year.

While it is clear that some outcomes may have a duration significantly longer than one year, for this SROI forecast only one year's worth of value has been calculated. This is done with the intention of reviewing the value forecasted within an SROI evaluation in the following year, in which longitudinal data will be collected to assess drop-off and duration more accurately for all stakeholder groups.

10.8 Deadweight and Attribution

Respondents were asked in both qualitative and quantitative research to estimate the deadweight and attribution of the outcomes they experienced. In other words, they were asked to estimate how much of the change they believed would have occurred without the intervention and how much of the change could be attributed to other interventions, organisations or even to themselves. Figures included in the value map, and reflected in the table below, were taken from the quantitative research because respondents provided more precise estimations within that methodology, due to the closed answer format. During qualitative interviewing, responses were vaguer. However, the qualitative responses were used to "sense-check" and validate the average calculated from quantitative responses.

Table 59: Estimated deadweight and attribution of outcomes experienced by stakeholders

Stakeholder Group	Outcome	Estimated deadweight	Estimated attribution
Clients of Psychological Wellbeing Services	Increased social inclusion, support, and community	34%	21%
	Increased confidence and motivation	27%	17%
	Improved mental wellbeing	28%	22%
	Improved ability to cope with challenges	28%	20%
Clients of Community and Networks Services	Increased social inclusion, support, and community	40%	24%
	Increased confidence	43%	21%
	Improved independence	40%	25%
	Improved ability to cope with challenges	35%	19%
Clients of Health and Continence Services	Improved ability to participate in activities and day-to-day life	28%	16%
	Increased sense of freedom	34%	23%
	Improved physical wellbeing	39%	24%
	Improved peace of mind and confidence	39%	19%
	Feelings of empowerment and inclusion in the service	46%	32%
Clients of Personal Support and Connection Service	Increased social inclusion, support, and community	29%	33%
	Increased acceptance and feeling accommodated	38%	31%
	Reduced loneliness	42%	28%
	Increased hope for the future	42%	28%
Parents of clients	Increased sense of comfort in leaving their child to attend services alone	32%	27%
	Sense of community and connection with other parents	23%	25%
	Relief about their child or children achieving their own outcomes	27%	35%

10.9 Displacement

No outcomes were discounted for displacement. Displacement is an assessment of how much of an outcome may have had a negative impact on other stakeholders, organisations, communities, or other potential outcomes.

Respondents were asked to consider whether the outcomes they had experienced could have meant that any other outcome or change had not occurred for either themselves or others. Stakeholders provided no indication or argument of potential displacement.

Outcomes experienced by stakeholders do not take the opportunity away from other stakeholders to also experience the same outcomes. Outcomes reported by stakeholders were “soft” outcomes, so there are not materials involved that are in a limited capacity or might be restricted from being accessed by one stakeholder because of being accessed by another.

Crann’s service-delivery model focuses on avoiding duplication of any services already available within disability services in Ireland, so displacement of any outcome for another organisation was not included.

It is important to note the lack of available research evidencing potential displacement of soft outcomes, relevant to the disability services space, and even more specifically in Ireland. Due to this lack of research and a reliance on stakeholder input and the judgement of the commissioned researcher, there is a potential risk of misjudgement not to include displacement in the SROI forecast. An even greater effort to consider potential displacement will be made within the planned 2023 evaluative SROI report for Crann. This is covered in greater detail in Chapter 12.

Due to the risk in the judgement to not include displacement, it has been included as part of the sensitivity analysis within this SROI report but has not been included in the calculation of results.

10.10 Calculating Inputs

In this SROI analysis, inputs were calculated based on the total revenue, investment, and overhead costs for Crann. All inputs were based on the 2021 end-of-year final accounts for Crann.

As described in section 1.5, three themes of Crann’s services were in scope for this SROI forecast, and one service was added based on stakeholder feedback. In order to calculate the inputs for each theme, inputs were calculated first by service and then combined in the relevant groupings to total theme input amounts.

The input amount included in the value map for each theme is made up of the total cost to run all services within that theme for the forecasted number of clients, including the cost for the experienced professional running each service, revenue, and apportioned overhead allocation. In 2021-22, no volunteer time applied to the running of the services included in the scope of this SROI forecast. There is no volunteer time currently planned for delivery of these services in 2023. However, if this changes over the course of the 12-month period for the SROI evaluation in 2023, this will be taken into account, as covered in Chapter 12.

Table 60: Financial inputs overview by theme and service

Theme	Service	Service inputs	Total theme inputs
Psychological Wellbeing	A Moment for Me	€8,165	€81,233
	Counselling	€31,127	
	Play Therapy	€38,908	
	Sibshops	€1,633	
	Growing in Confidence	€1,400	
Community and Networks	Chat and Connect	€5,443	€12,701
	Breaking Barriers Theatre Group for Kids	€2,946	
	Breaking Barriers Theatre Group for Adults	€2,951	

	Parents Café	€1,361	
Health & continence	Continence Clinic	€904,967	€912,532
	Podiatry	€7,365	
Personal Support & Connection	Personal Support & Connection Service	€15,274	€15,274

Personal Support & Connection Service inputs were calculated based on time spent on this service as tracked by client-facing staff, apportioned for the stakeholders of the three other themes within the scope of the SROI forecast. Each member of the team of nine client-facing staff reported their average time per week spent on in-person and phone-based Personal Support & Connection Service-related activities, as well as the average time per interaction, they also estimated overlap and repeat interactions. Primary data on client numbers for all themes of services across Crann were also used in the calculation. The calculation process is described below.

1. The total time spent per year by all nine client-facing staff members was multiplied by the cost per hour to Crann for each of those staff members, and this was added to the apportioned share of total overheads for this service. This produced the total cost of the service.
2. The average number of in-person interactions per year was combined with the average number of phone-based interactions per year and divided by the estimated overlap and number of repeat interactions, to give the total number of clients accessing the Personal Support & Connection Service across all of Crann's clients (including those out of scope for this SROI forecast).
3. The total cost of the service was divided by the total number of interactions to get the cost per interaction.
4. The cost per interaction multiplied by the total number of interactions and divided by the estimated overlap and number of repeat interactions provided the average cost per client accessing the service.
5. The total number of clients accessing the service multiplied by the proportion of total clients for the themes in scope for this SROI forecast produced the total number of clients in scope for the Personal Support & Connection Service for this SROI forecast.
6. And finally, the number of clients in scope for the Personal Support & Connection Service for the SROI forecast multiplied by the cost per client produced the total financial input required for the in-scope client of the Personal Support & Connection Service.

It is important to note that this service's scalability is limited by staff time, and there is not currently a plan to increase the time allotted for this within job roles. The Personal Support & Connection Service is forecasted to be delivered in the same number of hours to the same number of clients in 2023 as it was in 2021-22. No scale calculation was necessary for this service for the SROI forecast.

The total financial investment that will be made into the Crann services included in the SROI amounted to €1,021,740 for the SROI forecast period. In line with the standard SROI methodology, the input includes its direct investments, its self-generated revenue, and the contribution of time and human resources for the relevant services.

10.11 Sensitivity Analysis

Sensitivity analysis was conducted on all relevant figures within the SROI value map. This was conducted to consider the impact of alternative scenarios relating to the assumptions of the SROI e.g., attribution, forecasted participation, etc., and to better understand the relationship between the outcomes and the impact of Crann's services.

The output of the sensitivity analysis is included in table 55. Based on the sensitivity analysis, the social value calculation was estimated to be between €3.65 and €4.50 for every €1 invested into services. The lowest ratio was €3.65, -10% compared to the median by including 10% displacement for every outcome. The highest ratio was €4.50, +11% compared to the median by using HACT value for feeling in control of life (€14,458) in place of stakeholder assigned estimated value (€3,985).

Table 61: Sensitivity analysis for social value of Crann's Services

Stakeholder Group	Variable Tested	Rationale	Sensitivity Test	Adjusted Value	SROI difference	Adjusted Social Return
Clients of Psychological Wellbeing Services	Value for outcome of "improved mental wellbeing"	The value included has been defined by stakeholders, however wellbeing valuation approaches tend to assign a significantly higher value to this this outcome.	Value increased from €3,985 to €14,458 Using HACT value for the value of feeling in control of life (per person per year) – GBP 12,470 (€14,458)	€14,458	+0.45	4.50
	Number of clients experiencing all outcomes	This is a forecast SROI and numbers of clients experiencing outcomes have been forecasted based on Crann's strategy and aims for 2023. These numbers are not certain, and it is necessary to understand the impact of a potential under-achievement in attendance on the SROI.	Number experiencing each outcome decreased by 15%	Increased social inclusion, support, and community – 57 Improved mental wellbeing – 66 Improved ability to cope with challenges – 64 Increased confidence and motivation - 57	-0.07	3.98
	Number of clients experiencing all outcomes	This is a forecast SROI and numbers of clients experiencing outcomes have been forecasted based on Crann's strategy and aims for 2023. These numbers are not certain, and it is necessary to understand the impact of a potential over-achievement in attendance on the SROI.	Number experiencing each outcome increased by 10%	Increased social inclusion, support, and community – 74 Improved mental wellbeing – 86 Improved ability to cope with challenges – 83 Increased confidence and motivation - 74	+0.05	4.10
	Value for outcome of "improved ability	This outcome was also experienced by clients of Community and Networks services but was valued noticeably	Value increased from €2,915 to €3,900	€3,900	+0.04	4.09

	to cope with challenges”	higher by them. To avoid under-claiming the value of this outcome for Psychological Wellbeing Services, the impact of assigning the higher value to this outcome was tested.	Using value assigned by Clients of Community and Networks Services			
	Value for ‘increased social inclusion, support, and community	A two modified value game approach was used to help clients assign estimated values to outcomes. One of the games used was assigning a financial proxy in the form of another service that could help them to achieve a similar outcome. Clients were also asked to assign a value to the outcome itself, and both values were averaged out to get the estimated value of the outcome. If only the financial proxy game had been used, then the value of the outcomes would have been lower, as we would not have allowed clients to determine the actual value of the outcome for them in their lives. The impact of this alternative valuation approach was tested.	Assign value to outcome based on financial proxy game only	€300 The most clients chose having a weekly coffee with friends, approx. value €300	-0.08	3.97
Clients of Community and Networks Services	Value for outcome of “increased confidence”	A two modified value game approach was used to help clients assign estimated values to outcomes. Clients were asked to assign a value to the outcome itself, as well as choose a service that could help them to achieve a similar outcome and both values were averaged out to get the estimated value of the outcome. If clients had only been asked to assign a value to the outcome, then the value of the outcomes would have been higher. The impact of this alternative valuation approach was tested.	Assign value to outcome based on free-valuation game only	€5220	+0.06	4.11

	Number of clients experiencing all outcomes	This is a forecast SROI and numbers of clients experiencing outcomes have been forecasted based on Crann's strategy and aims for 2023. These numbers are not certain, and it is necessary to understand the impact of a potential under-achievement in attendance on the SROI.	Number experiencing each outcome decreased by 15%	Increased social inclusion, support, and community – 43 Increased confidence – 50 Improved independence – 47 Improved ability to cope with challenges - 21	-0.04	4.01
	Number of clients experiencing all outcomes	This is a forecast SROI and numbers of clients experiencing outcomes have been forecasted based on Crann's strategy and aims for 2023. These numbers are not certain, and it is necessary to understand the impact of a potential over-achievement in attendance on the SROI.	Number experiencing each outcome increased by 10%	Increased social inclusion, support, and community – 56 Increased confidence – 65 Improved independence – 61 Improved ability to cope with challenges - 28	+0.03	4.08
	Value for outcome of "improved ability to cope with challenges"	This outcome was also experienced by clients of Psychological Wellbeing services but was valued noticeably lower by them. To avoid over-claiming the value of this outcome for Community and Networks Services, the impact of assigning the lower value to this outcome was tested.	Value decreased from €3,900 to €2,915 Using value assigned by Clients of Psychological Wellbeing Services	€2,915	-0.01	4.04
	Value for 'increased independence'	Parents were engaged as research proxies for their children with disabilities who were unable to participate in the study. As achieving increased independence requires the act of the parent leaving the child to attend services alone, it is possible that the	Value decreased from €3,685 to €3,393	€3,393	-0.01	4.04

		value parents assigned to this outcome on behalf of their children was not entirely separate from the value that they themselves would place on their child achieving the outcome. In order to not over-claim, the value data for parents as research proxies has been removed from analysis for this test.				
Clients of Health and Continence Services	Value for outcome of “improved ability to participate in activities and day-to-day life”	The value included has been defined by stakeholders, however Daniel Fujiwara’s approach to valuing participation in sports and culture assign a lower value to participation in those activities. The impact of using this figure as a proxy for participation in activities in place of the stakeholder-assigned value was tested.	Value decreased from €3,080 to €1,106 Using average of two values from Daniel Fujiwara’s research – participation in all sports and participation in all arts	€1,106	-0.27	3.78
	Number of clients experiencing all outcomes	This is a forecast SROI and numbers of clients experiencing outcomes have been forecasted based on Crann’s strategy and aims for 2023. These numbers are not certain, and it is necessary to understand the impact of a potential under-achievement in attendance on the SROI.	Number experiencing each outcome decreased by 15%	Improved ability to participate in activities and day-to-day life – 197 Increased sense of freedom – 223 Improved physical wellbeing – 249 Improved peace of mind and confidence – 223 Feelings of empowerment and inclusion in the service provided – 223	-0.27	3.78
	Number of clients experiencing all outcomes	This is a forecast SROI and numbers of clients experiencing outcomes have been forecasted based on Crann’s strategy and aims for 2023. These numbers are not certain, and it is necessary to understand the impact of a	Number experiencing each outcome increased by 10%	Improved ability to participate in activities and day-to-day life – 255 Increased sense of freedom – 288	+0.18	4.23

		potential over-achievement in attendance on the SROI.		Improved physical wellbeing – 322 Improved peace of mind and confidence – 288 Feelings of empowerment and inclusion in the service provided – 288		
	Value for outcome of “improved physical wellbeing”	A two modified value game approach was used to help clients assign estimated values to outcomes. Clients were asked to assign a value to the outcome itself, as well as choose a service that could help them to achieve a similar outcome and both values were averaged out to get the estimated value of the outcome. If clients had only been asked to assign a value to the outcome, then the value of the outcomes would have been higher. The impact of this alternative valuation approach was tested.	Assign value to outcome based on free-valuation game only	€5070	+0.30	4.35
	Value for ‘feelings of empowerment and inclusion in the service provided’	A two modified value game approach was used to help clients assign estimated values to outcomes. One of the games used was assigning a financial proxy in the form of another service that could help them to achieve a similar outcome. Clients were also asked to assign a value to the outcome itself, and both values were averaged out to get the estimated value of the outcome. If only the financial proxy game had been used, then the value of the outcomes would have been lower, as we would not have allowed clients to determine the actual value of the	Assign value to outcome based on financial proxy game only	€2000 The most clients chose Biweekly 1:1 life and confidence coffee with friends, approx. value €2000	-0.09	3.96

		outcome for them in their lives. The impact of this alternative valuation approach was tested.				
Clients of Personal Support and Connection Service	Value for outcome of “increased social inclusion, support, and community”	A two modified value game approach was used to help clients assign estimated values to outcomes. One of the games used was assigning a financial proxy in the form of another service that could help them to achieve a similar outcome. Clients were also asked to assign a value to the outcome itself, and both values were averaged out to get the estimated value of the outcome. If only the financial proxy game had been used, then the value of the outcomes would have been lower, as we would not have allowed clients to determine the actual value of the outcome for them in their lives. The impact of this alternative valuation approach was tested.	Assign value to outcome based on financial proxy game only	€300 The most clients chose having a weekly coffee with friends, approx. value €300	-0.05	4.00
	Number of clients experiencing all outcomes	This is a forecast SROI and numbers of clients experiencing outcomes have been forecasted based on Crann’s strategy and aims for 2023. These numbers are not certain, and it is necessary to understand the impact of a potential under-achievement in attendance on the SROI.	Number experiencing each outcome decreased by 15%	Increased social inclusion, support and community – 43 Increased acceptance and feeling accommodated – 76 Reduced loneliness – 65 Increased hope for the future – 71	-0.05	4.00
	Number of clients experiencing all outcomes	This is a forecast SROI and numbers of clients experiencing outcomes have been forecasted based on Crann’s strategy and aims for 2023. These numbers are not certain, and it is	Number experiencing each outcome increased by 10%	Increased social inclusion, support and community – 56	+0.04	4.09

		necessary to understand the impact of a potential over-achievement in attendance on the SROI.		Increased acceptance and feeling accommodated – 98 Reduced loneliness – 84 Increased hope for the future – 91		
	Value for ‘Reduced loneliness’	A two modified value game approach was used to help clients assign estimated values to outcomes. Clients were asked to assign a value to the outcome itself, as well as choose a service that could help them to achieve a similar outcome and both values were averaged out to get the estimated value of the outcome. If clients had only been asked to assign a value to the outcome, then the value of the outcomes would have been higher. The impact of this alternative valuation approach was tested.	Assign value to outcome based on free-valuation game only	€4,960	+0.05	4.10

	Value for outcome of “sense of community and connection with other parents”	Parents participated in a free valuation game and some parents found this difficult. Parents assigned a higher value to this outcome than clients of Psychological Wellbeing Services or Community and Networks Services assigned to a similar outcome, ‘increased social inclusion, support and community’. To avoid over-claiming value, the impact of parents over-estimating the value of this outcome has been tested by taking the average value assigned to this similar outcome by clients.	Value decreased from €3,160 to €2,505 Using average of values assigned by clients of Psychological Wellbeing Services and Community and Networks Services to the outcome of ‘increased social inclusion, support and community’	€2505	-0.01	4.04
Parents of Clients	Number of parents experiencing all outcomes	This is a forecast SROI, and number of parents has been estimated very conservatively as 1 parent per child with a disability and 1 parent for every 3 adults with disabilities. These numbers are not certain, and it is necessary to understand the impact of a potentially having under-estimated the number of parents experiencing outcomes.	Number of parents experiencing each outcome increased by 20%	Increased sense of comfort in leaving their child to attend services alone – 209 Sense of community and connection with other parents – 187 Relief about their child or children achieving their own outcomes – 169	+0.22	4.27
	Number of parents experiencing all outcomes	This is a forecast SROI and numbers of clients experiencing outcomes have been forecasted based on Crann’s strategy and aims for 2023. Number of clients impacts number of parents. These numbers are not certain, and it is necessary to understand the impact of a	Number experiencing each outcome decreased by 15%	Increased sense of comfort in leaving their child to attend services alone – 148 Sense of community and connection with	-0.16	3.89

		potential over-achievement in attendance on the SROI.		other parents – 133 Relief about their child or children achieving their own outcomes – 120		
	Value for outcome of "relief about their child achieving their own outcomes"	Parents participated in a free valuation game and some parents found this difficult. To avoid over-claiming value, the impact of parents over-estimating the value of this outcome has been tested by reducing the value by 20%.	Value decreased from €5,300 to €4,240	€4,240	-0.07	3.98
All stakeholder groups	Deadweight	Deadweight was self-reported by all stakeholder groups. To avoid over-claiming, this has been tested with an increase of 10% across all outcomes for all stakeholder groups.	Deadweight increased by 10% across all outcomes for all stakeholder groups	Individual deadweight figures each increased by 10%	-0.21	3.84
	Displacement	Stakeholders reported no displacement of other outcomes because of the outcomes they achieved by attending Crann's services. To avoid over-claiming, this has been tested by including 10% displacement across all outcomes for all stakeholder groups.	Displacement of 10% included across all outcomes for all stakeholder groups	Displacement of 10% included for each outcome	-0.40	3.65
	Attribution	Attribution was self-reported by all stakeholder groups. To avoid over-claiming, this has been tested with an increase of 10% across all outcomes for all stakeholder groups.	Attribution increased by 10% across all outcomes for all stakeholder groups	Individual attribution figures each increased by 10%	-0.14	3.91

10.12 Summary

The social return ratio is calculated by dividing the value of the total outcomes by the total inputs in a given time period. Based on the SROI calculation, it is estimated that every €1.00 invested in Crann’s Services results in a social return on investment of approximately €4.05, within a range of €3.65 and €4.50.

11. Recommendations for Crann

11.1 Overview

This section summarises all recommendations for Crann that are based on feedback from all stakeholders engaged in the research as well as in-depth analysis of the implications of the findings detailed in the SROI report.

11.2 Recommendation: Marketing and expanding the client-base for Crann

11.2.1 Review and update the marketing strategy

Almost all of the interview participants included in the SROI talked about marketing when asked about suggestions for improvements and things that Crann should be focusing on in order to create more impact for families like theirs.

Many families that participated in the SROI research described how they discovered Crann by accident. Most stated that they had never seen marketing for Crann's services and didn't feel that they would know about Crann if they hadn't chanced upon it. Participants acknowledged that one way to create more impact would be for more families to avail of the services offered by Crann, which could be achieved in part through marketing.

This recommendation is something that Crann was aware of prior to the SROI project beginning, and since it emerged clearly within the initial stages of the project, Crann have already begun acting against this.

11.2.2 Scale services to serve more clients

There is a strong sense of families with disabilities looking out for other families with disabilities in Ireland, and many participants recounted anecdotal evidence of discovering services via another family with a disability or sharing their own knowledge of supports available with others. This also means that many clients and their families have a strong desire to see more people benefit in the way they have done themselves by engaging with Crann's services.

Marketing is one aspect of this, as covered in the previous recommendation, but the other important element will be scaling the services in order to serve more clients. It is recommended, based on this SROI analysis that Crann reviews its delivery strategy for services and assesses the scalability of its service offering.

Crann have engaged an external strategy consultant to support with this activity and work has already commenced.

11.3 Recommendation: Extend the Service Offering

Participants in the SROI research acknowledged that the Crann service offering is extensive and felt that the services they had engaged with had provided them with so much value. Many felt that Crann would be the right organisation to provide them with other services not currently offered.

11.3.1 Physiotherapy Services

Some participants described their difficulties in accessing physiotherapy treatment via other service-providers. In some cases, clients had turned to private physiotherapists in order to get the treatment they needed but acknowledged that this was not often an ideal situation due to accessibility issues, both physical and financial, lack of disability awareness, and long waiting lists. Having experienced the ease of attending services at Crann, some felt that if Crann had an in-house physiotherapy clinic, it would be preferrable and superior to other options available to them.

It was suggested that this would be a paid-for service and there was not an expectation that this would fall under Crann's list of free-to-access services. This could offer an opportunity for Crann to create significant value for its clients, due to the accessible premises and integrated approach to service provision. The inclusion of a physiotherapy service at Crann is under review currently.

11.3.2 A broader range of activities for adults with disabilities

A key recommendation for additional services is within activities for adults with disabilities. Many observed that the majority of activities provided outside of Crann are sport-based, and Crann's current offering for adult activities is predominantly focused on networking with peers. There was specific appetite expressed for accessible art classes and an accessible garden with raised beds for wheelchair users to garden. However, there are also many other non-sport activities that could be made accessible at Crann. Crann is currently reviewing and developing further adult activities for its service-offering.

There was also a desire for sporting and outdoor recreation activities from some clients, with a focus on sports led by other people with disabilities. It was felt that this would open up conversations between people with disabilities about participation in sports and offer an opportunity to learn from people who had overcome similar challenges to engage in sports and outdoor activities. However, sporting activities has been identified a service that is currently offered by other organisations and Crann is keen to avoid duplicating existing services, so this has not been recommended for further exploration by Crann.

11.3.3 Ongoing services for siblings

Anecdotal evidence captured during client interviews indicated that there is an opportunity for greater value to be created for siblings as primary stakeholders.

Some young siblings feel envious towards their sibling with a disability who attends ongoing services at Crann e.g., Breaking Barriers Theatre Group for Kids, and would like to attend an ongoing service designed for siblings of children with disabilities. This is not reported as envy about their sibling with a disability doing a particular activity but is specifically related to Crann and the community there. Many siblings of children with disabilities in the Cork area have engaged with each other in various other contexts, and there is a sense that they have a unique understanding of each other due to sharing similar experiences. This creates a safe and comfortable space for the siblings to express themselves freely and not be worried about what others will think of their sibling's disability.

Significant value is also created by the existing Sibshop service, and many expressed a desire to see these running more frequently, and for a broader range of age groups, as some siblings felt they were too old for the current Sibshop topics available but would like to attend.

There is an opportunity to create greater value for siblings by expanding the service offering to include more regular Sibshops or an ongoing service for siblings.

11.4 Recommendation: Supporting people with disabilities to live their best lives

11.4.1 Understanding entitlements

Parents of children (of all ages) with a disability often felt that they weren't clear on what benefits and services they were entitled to as carers, or what their children were entitled to as people with disabilities.

Crann's focus on supporting the whole family felt unique to many participants, and for some this meant that Crann felt best placed to support parents with this.

As this relates more to citizens advice than it does to disability services, it is recommended that Crann explore the opportunity to partner with the relevant government body to arrange a regular talk or workshop for Crann clients on this topic. Crann has already taken action on this recommendation at the time of writing.

11.4.2 Open days to showcase products available

Some clients reported their surprise about the lack of awareness around available products. Often, families are so focused on making the best of what they have and trying to access services that are sometimes difficult to access, that they haven't explored the wider landscape of lifestyle supports for people with disabilities.

It was suggested that an open day or trade fair that showcased the many different products available for people with disabilities would help more families to create a better, easier, or more comfortable lifestyle for a person with a disability.

Examples of products that would be of interest included:

- Continence management products
- Clothing lines
- Bed and chair options
- Hoists and lifts
- Accessible driving and transport options

These events could also showcase products created by people with disabilities for people with disabilities, for example, one client of Crann has developed his own clothing line which has a focus on wheelchair users. It was felt that this would serve a dual-purpose, by both showcasing useful products and demonstrating what is possible for people with disabilities.

11.4.3 Peer learning and support opportunities

Many clients described how engaging with other people with disabilities, or parents of children with disabilities, had helped them to achieve their own outcomes. One of the most common suggestions for Crann that was made by clients and their family members was to create more opportunities for peer learning and support within the community at Crann.

Due to the fact that Crann serves a broad range of age groups, it has a unique community and can bring together people of all ages with disabilities. Parents recognised that their children were often inspired by older clients with disabilities that they had encountered in group services or at events held at Crann. Some teen and adult clients had the opportunity to support other people with disabilities through Crann, for example some adults with disabilities had volunteered to read stories on Zoom to children who are clients at Crann, and this gave them a great sense of purpose and fulfilment. Some older teens and young adults have also been invited by Crann to support and assist with services delivered to children with disabilities, this was described as motivating them to realise the difference they can make for others and was felt to have showed them great respect which in turn made them feel valued.

For parents themselves, opportunities to learn from other parents whose children were older, or had been diagnosed longer ago, were felt to be very high value. Parents often described how lonely and isolating it can be to be a parent to a child with a disability, and most felt that they did not have many people in their lives who understood their experience, let alone who could advise or guide them. Crann's focus on serving the whole family is unique in most parents' experience and providing more opportunities for parents to learn from each other's experiences was greatly desired. They felt that this would help them both to be more prepared for the future as a parent to a child with a disability and also to feel inspired and hopeful about what might be possible for their child in the future.

Other opportunities for peer learning that were suggested included:
- Story sharing events to highlight positive and inspiring stories of people with disabilities
- Parent peer learning groups
- Volunteering opportunities for people with disabilities to support other people with disabilities
- More mixed-age group activities, especially for children to mix with people with disabilities who are older than themselves.

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11.5 Recommendation: Rural and non-Cork in-person access

Some clients reported struggling to access services and supports due to their location, often in rural places. Crann primarily serves Cork and Kerry, but its premises is located in Cork, so clients based in Kerry do not always have easy access to come into Crann in-person. Clients who did not live in Cork but had attended Crann in-person in the past reported how valuable that experience was to them, and how much they wished they could attend in-person more often.

The value to clients of engaging with both other clients and the Crann staff has been described throughout this report. Creating opportunities for rural and non-Cork-based access to Crann's services and an in-person opportunity to interact with other people with disabilities and with Crann staff could increase the value created by Crann.

It is recommended that Crann explore the option of a satellite location in Kerry for some in-person services and identify whether there is sufficient population in or near any rural locations to offer in-person group services, especially within the Community and Networks theme.

11.6 Recommendation: Partnerships to Provide Transport Options

Many people with disabilities do not drive and/or struggle to use public transport and many people living in rural areas do not have easy access to public transport options. It was also noted by some participants that the Crann Centre is not directly on a bus route, and they would have to transport themselves from the bus stop, the nearest of which is 10 minutes away, and not every client would be able to reach that specific stop with the bus routes available to them from home.

It was suggested by some that removing transport barriers would create more value for them as they would more easily be able to attend services at Crann.

Crann has previously explored the process to have the nearest bus stop moved nearer to the premises to improve accessibility. Crann has committed to reviewing this again as a result of the findings of the SROI.

While it is not within Crann's remit to incorporate transportation services into its own offering, it is recommended that Crann considers whether a partnership with an organisation that provides this service. This could improve accessibility in getting to the premises.

11.7 Recommendation: Create more value through the Personal Support and Connection Service

Crann's Personal Support and Connection Service creates notable value for clients. In order to identify opportunities for greater value creation through the Personal Support and Connection Service, more data is needed on primary reasons for contact, predominant client types and approaches taken to offering support.

Potential opportunities for greater value creation include:

- Specific timeslots made available to clients to contact key staff for focused personal support
- Information and support resource creation to cut down on time needed to offer a solution to a client
- Recruitment or job description evolution to prioritise time for this service.

11.8 Recommendation: Develop a clear fee structure

Some of Crann's current services are offered based on a financial contribution by the client. The fee structure is a combination of a fixed payment for a fixed-term services and sliding scale fees for other services, based on client circumstances.

Services included in the SROI that are based on a client financial contribution:

- Breaking Barriers Theatre Group for Kids – fixed contribution for fixed-term service
- Breaking Barriers Theatre Group for Adults – fixed contribution for fixed-term service
- Counselling – sliding scale contribution per individual session
- Play therapy – sliding scale contribution per individual session
- Sibshops – fixed contribution per individual session
- Growing in Confidence – fixed contribution for fixed-term service
- Podiatry – fixed contribution per individual session

As a client financial contribution applies across multiple services included in the SROI, there is an opportunity to better represent the value that Crann creates for clients by giving care and attention to developing a clear fee structure.

12. Recommendations for turning this forecast SROI into an evaluation in 2023

12.1 Encouraging Crann staff involvement in the SROI evaluation

12.1.1 A presentation of this SROI forecast to Crann staff

Due to the requirements for an SROI evaluation analysis, it will be necessary to involve a wider team within Crann. The team will be responsible for longitudinal data collection, administering service-related surveys, arranging logistics for face-to-face research and focus groups, and feeding in their expert opinion and understanding of the work being done and the client experience, where relevant. Getting the Crann team involved will lead to better quality data for the SROI evaluation.

Bringing the wider team on board will require significant buy-in from them on the SROI process, its value, and their ownership over its success. In order to secure buy-in from the wider Crann team, it is recommended that a presentation be made to them of the forecast SROI process, results, recommendations for the evaluation, and the impact it will have for Crann on a broader scale, e.g., its relevance for investors.

The commissioned researcher will deliver this presentation before the end of Q4 2022 as part of the roll-out of the 2023 SROI programme at Crann. This is already in proposal stage between the commissioned researcher and Crann.

12.1.2 Integration of data collection into day-to-day operations

As a relatively small team, the staff at Crann each have a full workload before we consider the inclusion of SROI data collection. In order to ensure data collection happens regularly, consistently and in a robust way, it will need to be integrated into existing operations within the organisation, and not ask staff to increase their workload to achieve it.

Currently, Crann operates a client intake and 6-monthly update review process, as well as post-service feedback surveys. The commissioned researcher will design the SROI data collection to fit within this framework to ensure workloads don’t negatively impact data collection for the SROI evaluation, and vice versa.

12.1.3 Staff training

Further to the integration of data collection, it is recommended that Crann undertake staff training on data collection for all staff who will be involved in this. It is key to the feasibility of on-going data collection that staff fully understand the importance of consistency, unbiased questioning, and data recording methods.

Validated tools included as indicators for outcomes may also require staff training before implementation. It will be necessary to ensure that staff feel comfortable and confident administering the relevant tools to measure the size of the change experienced by stakeholders.

The commissioned researcher has proposed the relevant training as part of the 2023 SROI project.

12.2 Research design and sampling

12.2.1 Simplicity in design, sophistication in analysis

In order not to overload staff or stakeholders, it is recommended that the design of the data collection for the evaluative SROI is kept simple and that the required sophistication for evidencing value is achieved through data analysis.

Some stakeholders will attend services in multiple themes, and multiple services within a theme. Data will need to be collected relating to each outcome for each theme, from each stakeholder. It will be important to ensure that this does not equate to stakeholders being asked a multitude of questions and to aim to avoid unnecessary repetition of questioning where possible. This recommendation has influenced the design of proposed indicators, as detailed in section 12.4.

Achieving this simplicity may also require adding a pre-service data collection step to the existing framework, to ensure that a baseline is evidenced for each stakeholder before the intervention takes place without overloading the requirements for data collection at client intake (see section 12.3.1 on establishing a baseline).

It is recommended that more complex statistical analysis is considered to identify the highest value combination of services delivered to clients.

12.2.2 More robust sampling

Sampling for this SROI forecast was limited in various ways, as detailed throughout this report, including by Covid-related restrictions, low potential sample numbers and research fatigue. It is imperative for the evaluative SROI that sampling is more robust.

The aforementioned recommendations around integrated data collection, staff training and simple design will ensure that data will be collected from every client who attends an in-scope service, rather than relying on good-will participation from stakeholders.

Further to the integrated data collection, it is recommended that focus groups are conducted at regular intervals to ensure robust qualitative data is collected. It will be necessary to ensure a variety of client-types and other segmentation sub-groups are represented within the sample recruited to participate. In order to ensure this, Crann will need to collect and store more consistent and robust data on clients and family members, in order to identify the mix of participants up-front.

12.2.3 Involve children in research

It was not possible to involve children in the data collection for this SROI forecast. This was a limitation of the methodology and is covered in Section 3.7. It will be important for the evaluative SROI to directly capture the experience of children who are clients of Crann.

There are some important considerations for this, as many of the children with disabilities who attend services at Crann have communication and/or comprehension difficulties. It is recommended that careful consideration be given to this part of the research design, and that staff and parents are consulted on the best way to involve children with disabilities in the research. This may include partnered interviews, with both parent and child present, or utilising assistive technology to ensure effective communication with children with disabilities. All quantitative surveys should include clear instructions to parents and/or carers on how to complete the survey as a research proxy for their child as well as how to involve the child in completion of the survey.
It will also be crucial to remain open-minded during analysis of data collected from children as their expressions of outcomes may differ from those collected from proxies in 2021-22

and the commissioned researcher and the Crann team must be open to evolving Theories of Change in line with this if necessary.

12.2.4 Review decision around inclusion of government stakeholder

A government stakeholder was not included in this SROI forecast and this is justified in section 3.3.2. It is recommended that this decision is reviewed again for the evaluative SROI, to ensure that nothing has changed, and a government stakeholder is still immaterial for the SROI calculation.

12.2.5 Use focus groups

The SROI forecast methodology was limited by the inability to use focus groups, due to Covid-related restrictions, as discussed in section 3.7. The SROI methodology lends itself to a group discussion format for research and it is recommended that this makes up a significant proportion of the SROI research for the evaluation.

It is recommended that Theory of Change validation and outcome valuation focus groups be conducted prior to on-going data collection being implemented. This will allow for verification of outcomes and identification of any additional outcomes before Crann begins collecting evidence of change occurring in 2023. This research will draw on clients who have already attended the services in-scope for the SROI. New clients attending services in 2023 will be asked within intakes, reviews, and pre-post intervention research to identify any other outcomes/ changes they experience as a result of the intervention.

It is also recommended that focus groups are conducted at regular intervals throughout the SROI period to support the ongoing data collection efforts and to ensure that qualitative insights are available to the commissioned researcher to provide a more robust understanding of quantitative responses.

12.2.6 Consider the location for face-to-face research to foster honesty

Qualitative interviews were conducted online for the SROI forecast, which meant participants were responding from their own homes. Interviews were conducted by the commissioned researcher and were not viewed by the Crann team, to foster unbiased and honest responses.

In the evaluative SROI methodology, face-to-face research will be used predominantly, and it will be important to consider the impact of the location of focus groups on bias. It is recommended that some focus groups are held outside of the Crann building. However, it is important to consider that due to its accessible nature and the fact that it is known to stakeholders, the Crann building will be the most suitable location for certain stakeholder groups to attend in-person research groups. As such, it is recommended that Crann staff are not present at these groups to encourage participants to give an honest account of their experience.

12.2.7 Consider potential impact of communication and/or comprehension difficulties for people with disabilities

As discussed in section 12.2.3, some of Crann’s clients have communication and/or comprehension difficulties. This may impact how they participate in research, and it will be important to consider how research can be made more accessible for people with communication and/or comprehension difficulties so that they can participate fully.

Staff have existing methods for collecting qualitative data from people with communication difficulties at intakes and reviews, and this process should continue to be followed in the context of that framework. It is recommended that staff offer support to people with disabilities to complete pre-post intervention quantitative surveys, and these surveys should be designed using simple language as well as including instructions for a parent or carer on how to support the person with a disability to complete the survey. Where focus groups are utilised, it is recommended that staff and parents/carers are consulted on the best way to involve people with communication and/or comprehension difficulties in the research.

12.3 Data collection

12.3.1 Establish a baseline

Post-only research informed this SROI forecast, and it relied on stakeholders self-reporting on size of change experienced based on prior attendance of a service, on a 4-point Likert scale. A baseline for pre-intervention status against outcomes was not collected as part of the forecast. This will be required for the evaluation.

It is recommended that all new clients and family members coming into Crann in the SROI period respond to all indicators for outcomes relevant to services they will attend. This should take place directly pre-intervention, to avoid any impact being accounted for that is created by services not in scope. The SROI analysis for 2023 will apply only to clients who attend an in-scope service in 2023.

Clients who have attended an in-scope service in 2021-22 may be recommended for inclusion to identify outcome duration and drop-off.

12.3.2 Consider other data collected by Crann

It is recommended that a full review is conducted of all data currently collected and stored by Crann in relation to clients of in-scope services. This will be especially relevant for qualitative review of family intake assessments, and 6 and 12-month reviews. This will serve to identify gaps in data collection, especially within demographic and social profiles, and also identify any usable existing data for the SROI evaluation. However, it is important to note that historical challenges with inconsistency in data capture may negatively impact the robustness of this review. Recommendations are included in this section to mitigate these inconsistencies going forward.

It is also recommended that more complete tracking is implemented for the Personal Support and Connection service so that individual interactions and unique clients served can be accounted for in the data. This will remove the need to estimate inputs and value of this theme in the SROI evaluation. Without this level of data collection, this theme may not meet the standard for inclusion in the evaluation.

As discussed in section 12.1.2, there is an existing framework for data collection within Crann. The qualitative data collected within this, especially within the intake and review process, will be utilised to support the SROI evaluation.

12.3.3 Considerations for longitudinal data collection

Relevant longitudinal data was not available for this SROI forecast but will be necessary for the evaluation. There are some key considerations within this for Crann, over and above the considerations discussed in previous recommendations around collection of data. The aim is to ensure a clean dataset over time for each stakeholder included in the SROI evaluation, and to ensure that as many stakeholders as possible can be included in the analysis.

- Every attendee at an in-scope service will be required to complete a pre-intervention survey in order to set the benchmark against which we can measure change. Without this, that stakeholder cannot be included in the sample.

- Staff will need to ensure that data is collected on a consistent schedule i.e., post-intervention data must be collected within a fixed timeframe after the intervention has ended.
- Qualitative questions, especially those relating to indicators, will need to be asked in a consistent and unbiased way. This is especially relevant for any validated tools being used within the indicators.
- All demographics and other potential segmentation-indicators must be captured for every response. Without this it will not be possible to consider sub-groups, which are a necessary component of the SROI evaluation.

It is recommended, as discussed in section 12.1.3 that staff are trained in consistent data collection in order to achieve this.

12.3.4 Consider how to mitigate stakeholders not understanding value game

Stakeholders potentially not understanding the value game approach has been identified as a potential limitation of the method of this SROI forecast. Another potential limitation within the valuation of outcomes was the use of parents as proxies for their children.

It is recommended that the value games are re-run as part of the SROI evaluation methodology, in a group setting and with a larger sample, in order to validate and/or refine the stakeholder valuation.

It is also recommended that the values obtained from stakeholders should be triangulated with existing primary research and valuation methods/ frameworks, e.g., HACT and distance travelled. Stakeholder valuation should make up one part of how outcomes are valued, and this should be considered more carefully in the SROI evaluation.

12.3.5 A need for more sophisticated segmentation

It is recommended that potential segmentation data is collected as part of every survey and interview conducted over the period of the SROI evaluation to ensure that sub-groups can be tested and applied to analysis where relevant. It is also recommended that outcomes continue to be measured by individual services, and that data is then combined to analyse for themes, if the data indicates that this is still relevant in 2023.

The data available currently does not indicate for sub-group analysis within this SROI forecast, but it is hypothesised that more robust sampling and use of other Crann data sources will have an impact on prevalence of sub-groups and relevant segmentation.

12.4 Indicators

12.4.1 Proposed indicators

In this SROI forecast, simple self-report Likert scales were used to measure the size of the change experienced by stakeholders. Through this SROI analysis, an in depth understanding of the change has been built and more sophisticated indicators have been chosen to evidence the size of the change in 2023 for the evaluative SROI. These will be administered alongside the indicators used in 2021-22 for this SROI forecast.

Validated scales have been included where possible, and in some cases a validated scale will be adapted for use within this context in order to ensure its suitability for the audience. It is important to note that many measurement tools that have been validated for people with disabilities focus on measuring the degree of disability, pain, medical intervention, etc. and are not suitable for this SROI evaluation.

Table 62: Proposed indicators for 2023 SROI evaluation

Theme	Outcome	2021-22 indicator (to be used in 2023)	2023 indicator	Reasoning
Psychological Wellbeing	Improved mental wellbeing	Self-reported change on 4-point Likert scale from 'no change' to 'large change.' Only 3 & 4 out of 4 considered materially significant	• CORE-10 for adult clients • YP-CORE for 11-18yr olds +5-point change in clinical score indicates reliable and clinically significant improvement For children under 11, a qualitative assessment based on the same indicators used within the CORE tools, supported by Play Therapist and/or parent will be used in place of quantitative indicator to assign a change score	CORE-10 and YP-CORE are commonly used and recommended in the field of psychological wellbeing to measure a clinical score for mental wellbeing. This tool is brief and validated with primary care patients and the general population, it has also been validated with people with intellectual disabilities. There is no current equivalent tool for children under 11, so a qualitative assessment based on the same indicators as are used within the CORE tools, by the relevant expert and the parent as a proxy will suffice.
	Increased confidence and motivation	Self-reported change on 4-point Likert scale from 'no change' to 'large change.' Only 3 & 4 out of 4 considered materially significant	• Rosenberg's Self-Esteem Scale (RSES) for clients not <12 years • Qualitative assessment by Play Therapist and/or parent of children <12 years will be used in place of RSES but other quantitative indicators will apply as per below list +5 score increase indicates acceptable level of change to be considered material Bespoke, to include (scales to be 7-point): • I am able to share my thoughts and opinions with others • I feel confident to attend a group • I am motivated to take action on my personal goals • Number of acts of self-care or personal wellbeing in a month (objective)	The RSES is a short questionnaire with a clinical grading scale to generate an overall score for self-esteem. It is widely used and has been tested for reliability and validity in many settings, including with people with intellectual disabilities. There is no current equivalent tool for children under 12, so a qualitative assessment based on the same indicators as are used within the RSES tool, by the relevant expert and the parent as a proxy will suffice. A further set of bespoke indicators was designed by the commissioned researcher as the RSES does not capture all of the specific facets of this outcome as described by stakeholders. Bespoke indicators have been

			- I feel that I am becoming more independent (specific to children and adults with disabilities) +2-point increase (and/or one additional self-care action per 2-week period) on 50% of variables measured indicates acceptable level of change to be considered material	designed based on qualitative insight collected directly from stakeholders about their experience of the change. A +2-point increase has been assigned as a material change based on initial data collected for this SROI forecast. However, this is subject to change once the baseline has been identified for the SROI evaluation.
	Improved ability to cope with challenges	Self-reported change on 4-point Likert scale from 'no change' to 'large change.' Only 3 & 4 out of 4 considered materially significant	- Brief Resilient Coping Scale (validated for adults only) - Qualitative assessment by Play Therapist and/or parent of children <12 years will be used in place of BRCS but other quantitative indicators will apply as per below list +5 score increase indicates acceptable level of change to be considered material Bespoke, to include (scales to be 7-point): - Number of times felt stressed/overwhelmed in previous 2 weeks period - I can approach a challenging situation calmly - I ask for help and support or share my feelings with others when I am facing a challenge - Time taken to reflect and process (scale, no time at all to taking time daily) - Self-compassion in times of challenge - Satisfaction with support system +2-point increase on 50% of variables measured (and/or reduction in	The BRCS is a 4-item measure designed to capture tendencies to cope with stress in a highly adaptive manner. It is a well-established tool and has been validated at a general population level. There is no current equivalent tool for children under 12, so a qualitative assessment based on the same indicators as are used within the BRCS tool, by the relevant expert and the parent as a proxy will suffice. A further set of bespoke indicators was designed by the commissioned researcher as the BRCS does not capture all of the specific facets of this outcome as described by stakeholders. Bespoke indicators have been designed based on qualitative insight collected directly from stakeholders about their experience of the change. A +2-point increase has been assigned as a material change based on initial data collected for this SROI forecast. However, this is subject to change once the baseline has been identified for the SROI evaluation.

			stress/overwhelm of 20%) indicates acceptable level of change to be considered material	
	Improved social inclusion, support, and community	Self-reported change on 4-point Likert scale from ‘no change’ to ‘large change.’ Only 3 & 4 out of 4 considered materially significant	• Adjusted Brief Sense of Community Scale – “neighbourhood” replaced with “community” +1 point on 5-point Likert scale on minimum 5 variables out of 8 to be considered material 7-point Likert scales – Bespoke, to include: • Having people to share feelings and challenges with • Satisfaction with social interaction • Satisfaction with support system +2-point increase on 50% of variables measured indicates acceptable level of change to be considered material	The BSOC is an 8 scale validated tool developed to represent sense of community dimensions of needs fulfilment, group membership, influence, and shared emotional connection. The tool focuses on the context of a physical neighbourhood, so it doesn’t completely fulfil the needs of the SROI context. It is a useful start point though, and the commissioned researcher will adapt the scales to replace the term “neighbourhood” with “community” to fit the Crann context. There is no current equivalent tool for children and young people under 18, so a qualitative assessment based on the same indicators as are used within the BSOC tool, by the relevant expert and the parent as a proxy will suffice. A further set of bespoke indicators was designed by the commissioned researcher as the BSOC does not capture all of the specific facets of this outcome as described by stakeholders. Bespoke indicators have been designed based on qualitative insight collected directly from stakeholders about their experience of the change. A +2-point increase has been assigned as a material change based on initial data collected for this SROI forecast. However, this is subject to change once the baseline has been identified for the SROI evaluation.

Community and Networks	Improved independence (people with disabilities)	Self-reported change on 4-point Likert scale from ‘no change’ to ‘large change.’ Only 3 & 4 out of 4 considered materially significant	Bespoke, to include (scales to be 7-point): • Number of times attended services alone • Number of social connections outside of family unit • I feel inspired/motivated to do things I wouldn’t have done before • Degree of recognition of their own abilities • I have my own support network outside of my family • I feel comfortable going to different places without my primary carer +2-point increase on 50% of variables measured (and/or 20% increase on number of services attended, number of social connections) indicates acceptable level of change to be considered material	This outcome is nuanced and so a validated tool was not found that fit the context well enough to be considered more effective than bespoke measurement. A set of bespoke indicators was designed by the commissioned researcher. Bespoke indicators have been designed based on qualitative insight collected directly from stakeholders about their experience of the change. A +2-point increase has been assigned as a material change based on initial data collected for this SROI forecast. However, this is subject to change once the baseline has been identified for the SROI evaluation.
	Increased confidence	Self-reported change on 4-point Likert scale from ‘no change’ to ‘large change.’ Only 3 & 4 out of 4 considered materially significant	Bespoke, to include (scales to be 7-point): • I feel confident to attend a group • I feel confident to voice my opinions (measured for different contexts) • I feel confident to share my feelings with others (measured for different contexts) • I feel confident asking for help and support • Level of comfort in being away from parent/carer (children and adults with disabilities only)	This outcome is nuanced and so a validated tool was not found that fit the context well enough to be considered more effective than bespoke measurement. A set of bespoke indicators was designed by the commissioned researcher. Bespoke indicators have been designed based on qualitative insight collected directly from stakeholders about their experience of the change. A +2-point increase has been assigned as a material change based on initial data collected for this SROI forecast. However, this is subject to change once the

			- Recognising own abilities and successes +2-point increase on 50% of variables measured indicates acceptable level of change to be considered material	baseline has been identified for the SROI evaluation.
	Improved social inclusion, support, and community	Self-reported change on 4-point Likert scale from 'no change' to 'large change.' Only 3 & 4 out of 4 considered materially significant	Adjusted Brief Sense of Community Scale – "neighbourhood" replaced with "community" +1 point on 5-point Likert scale on minimum 5 variables out of 8 to be considered material 7-point Likert scales – Bespoke, to include: - Having people to share feelings and challenges with - Satisfaction with social interaction - Satisfaction with support system +2-point increase on 50% of variables measured indicates acceptable level of change to be considered material	The BSOC is an 8 scale validated tool developed to represent sense of community dimensions of needs fulfilment, group membership, influence, and shared emotional connection. The tool focuses on the context of a physical neighbourhood, so it doesn't completely fulfil the needs of the SROI context. It is a useful start point though, and the commissioned researcher will adapt the scales to replace the term "neighbourhood" with "community" to fit the Crann context. There is no current equivalent tool for children and young people under 18, so a qualitative assessment based on the same indicators as are used within the BSOC tool, by the relevant expert and the parent as a proxy will suffice. A further set of bespoke indicators was designed by the commissioned researcher as the BSOC does not capture all of the specific facets of this outcome as described by stakeholders. Bespoke indicators have been designed based on qualitative insight collected directly from stakeholders about their experience of the change. A +2-point increase has been assigned as a material change based on initial data collected for this SROI forecast. However, this is subject to change once the baseline has been identified for the SROI evaluation.

	Improved ability to cope with challenges	Self-reported change on 4-point Likert scale from ‘no change’ to ‘large change.’ Only 3 & 4 out of 4 considered materially significant	• Brief Resilient Coping Scale (validated for adults only) • Qualitative assessment by Play Therapist and/or parent of children <12 years will be used in place of BRCS but other quantitative indicators will apply as per below list +5 score increase indicates acceptable level of change to be considered material Bespoke, to include (scales to be 7-point): • Number of times felt stressed/overwhelmed in previous 2 weeks period • I can approach a challenging situation calmly • I ask for help and support or share my feelings with others when I am facing a challenge • Time taken to reflect and process (scale, no time at all to taking time daily) • Self-compassion in times of challenge • Satisfaction with support system +2-point increase on 50% of variables measured (and/or reduction in stress/overwhelm of 20%) indicates acceptable level of change to be considered material	The BRCS is a 4-item measure designed to capture tendencies to cope with stress in a highly adaptive manner. It is a well-established tool and has been validated at a general population level. There is no current equivalent tool for children under 12, so a qualitative assessment based on the same indicators as are used within the BRCS tool, by the relevant expert and the parent as a proxy will suffice. A further set of bespoke indicators was designed by the commissioned researcher as the BRCS does not capture all of the specific facets of this outcome as described by stakeholders. Bespoke indicators have been designed based on qualitative insight collected directly from stakeholders about their experience of the change. A +2-point increase has been assigned as a material change based on initial data collected for this SROI forecast. However, this is subject to change once the baseline has been identified for the SROI evaluation.

Health and Continence	Improved ability to participate in activities and day-to-day life	Self-reported change on 4-point Likert scale from ‘no change’ to ‘large change.’ Only 3 & 4 out of 4 considered materially significant	Bespoke, to include (scales to be 7-point): • Number of activities missed or negatively impacted • Impact on mobility • Level of participation in school/ social activity • Hours per week spent on health concern management • Perception of time spent, i.e., too much, as expected, etc. • Satisfaction with ability to participate in activities +2-point increase on 50% of variables measured (and/or reduction of 20% on activities missed, hours spent on concern) indicates acceptable level of change to be considered material	This outcome is nuanced and so a validated tool was not found that fit the context well enough to be considered more effective than bespoke measurement. A set of bespoke indicators was designed by the commissioned researcher. Bespoke indicators have been designed based on qualitative insight collected directly from stakeholders about their experience of the change. A +2-point increase has been assigned as a material change based on initial data collected for this SROI forecast. However, this is subject to change once the baseline has been identified for the SROI evaluation.
	Increased sense of freedom	Self-reported change on 4-point Likert scale from ‘no change’ to ‘large change.’ Only 3 & 4 out of 4 considered materially significant	Bespoke, to include (scales to be 7-point): • Number of times day/plans/schedule are interrupted by health concern • Time spent thinking about/ worrying about health concern (amount and scale, far too much to no time at all) • Time in between episodes of pain/ discomfort (amount and scale, nowhere near enough to no pain/discomfort) • Time in between action to manage health concern (amount and scale, nowhere near enough to no management needed)	This outcome is nuanced and so a validated tool was not found that fit the context well enough to be considered more effective than bespoke measurement. A set of bespoke indicators was designed by the commissioned researcher. Bespoke indicators have been designed based on qualitative insight collected directly from stakeholders about their experience of the change. A +2-point increase has been assigned as a material change based on initial data collected for this SROI forecast. However, this is subject to change once the baseline has been identified for the SROI evaluation.

			• Level of freedom to move around (mobility) • Degree to which they feel it is negatively impacting their freedom +2-point increase on 50% of variables measured indicates acceptable level of change to be considered material	
	Improved physical wellbeing	Self-reported change on 4-point Likert scale from ‘no change’ to ‘large change.’ Only 3 & 4 out of 4 considered materially significant	WHOQOL-BREF adjusted for physical indicators only, to include: • Satisfaction with health • Physical pain preventing you from doing what you need • How much medical treatment needed to function in daily life • Having enough energy for daily life • How well are you able to get around • Satisfaction with ability to perform daily activities +1 point (on 5-point Likert scale) on 50% of variables measured indicates acceptable level of change to be considered material	The WHOQOL is a large validated and widely used tool designed by the World Health Organisation to measure generic quality of life. It is not feasible to use the full tool within this analysis because of its size, and even the brief version (WHOQOL-BREF) is too large and covers elements not relevant to this SROI analysis. The WHOQOL-BREF can be graded by domain and one of the domains included is physical health. The scales and scoring relating to this domain within the tool will be used.

	Improved peace of mind and confidence	Self-reported change on 4-point Likert scale from ‘no change’ to ‘large change.’ Only 3 & 4 out of 4 considered materially significant	• Rosenberg’s Self-Esteem Scale (RSES) for clients not <12 years • Qualitative assessment by Play Therapist and/or parent of children <12 years will be used in place of RSES +5 score increase indicates acceptable level of change to be considered material 7-point Likert scales – Bespoke, to include: • Level of stress relating to health concern and treatment of same • Level of pain/ discomfort experienced relating to health concern • Access to services for health concern in previous 6 months: easy, comfortable, accessible, stress-free (scale, very much so to not at all) +2-point increase on 50% of variables measured indicates acceptable level of change to be considered material	The RSES is a short questionnaire with a clinical grading scale to generate an overall score for self-esteem. It is widely used and has been tested for reliability and validity in many settings, including with people with intellectual disabilities. There is no current equivalent tool for children under 12, so a qualitative assessment based on the same indicators as are used within the RSES tool, by the relevant expert and the parent as a proxy will suffice. A further set of bespoke indicators was designed by the commissioned researcher as the RSES does not capture all of the specific facets of this outcome as described by stakeholders. Bespoke indicators have been designed based on qualitative insight collected directly from stakeholders about their experience of the change. A +2-point increase has been assigned as a material change based on initial data collected for this SROI forecast. However, this is subject to change once the baseline has been identified for the SROI evaluation.

	Feelings of empowerment and inclusion in the service provided	Self-reported change on 4-point Likert scale from ‘no change’ to ‘large change.’ Only 3 & 4 out of 4 considered materially significant	7-point Likert scales – Bespoke, to include: • Level of empowerment experienced attending health-related services in previous 6 months (scale from disempowered to empowered) • How much HCP involved client in the process • Awareness of choice and right to withdraw consent • I feel listened to and understood by healthcare professionals • I feel respected by healthcare professionals +2-point increase on 50% of variables measured indicates acceptable level of change to be considered material	This outcome is nuanced and so a validated tool was not found that fit the context well enough to be considered more effective than bespoke measurement. A set of bespoke indicators was designed by the commissioned researcher. Bespoke indicators have been designed based on qualitative insight collected directly from stakeholders about their experience of the change. A +2-point increase has been assigned as a material change based on initial data collected for this SROI forecast. However, this is subject to change once the baseline has been identified for the SROI evaluation.
Personal Support and Connection	Reduced loneliness	Self-reported change on 4-point Likert scale from ‘no change’ to ‘large change.’ Only 3 & 4 out of 4 considered materially significant	• UCLA Loneliness Scale – adapted to 14 measures (based on contextual relevance to outcome) +10-point score increase indicates acceptable level of change to be considered material	The UCLA Loneliness Scale is a 20-item validated measurement tool for loneliness. It is widely used and has been tested for reliability and validity in many settings, including with young people. A 20-item measure is too large to be viable as an indicator for a single outcome, so the commissioned researcher will adapt this scale to ~10 measures for use in the SROI analysis. The Personal Support and Connection service is accessed by parents and by adults (and some older teens) with disabilities, so it is not necessary to take measuring loneliness in children into account.

	Increased acceptance and feeling accommodated	Self-reported change on 4-point Likert scale from ‘no change’ to ‘large change.’ Only 3 & 4 out of 4 considered materially significant	7-point Likert scales – Bespoke, to include: • I have someone to ask questions to when I’m unsure • I have access to all the support we (family) need • I feel comfortable asking for what we (family) need • I feel welcomed at services • I feel cared for and supported by service-providers • I can rely on service-providers to do what’s needed, e.g., contact other organisations, follow up with me, book future appointments +2-point increase on 50% of variables measured indicates acceptable level of change to be considered material	This outcome is nuanced and so a validated tool was not found that fit the context well enough to be considered more effective than bespoke measurement. A set of bespoke indicators was designed by the commissioned researcher. Bespoke indicators have been designed based on qualitative insight collected directly from stakeholders about their experience of the change. A +2-point increase has been assigned as a material change based on initial data collected for this SROI forecast. However, this is subject to change once the baseline has been identified for the SROI evaluation.
	Increased hope for the future	Self-reported change on 4-point Likert scale from ‘no change’ to ‘large change.’ Only 3 & 4 out of 4 considered materially significant	7-point Likert scales – Bespoke, based on Herth Hope Index to include: • I have a positive outlook towards life • I have hope for my child’s future • I believe my child will be well cared for in future • I feel alone/ hopeless • I can see possibilities in the midst of difficulties • I have short and/ or long-range goals (for self and for child) • I have a sense of direction in relation to my child’s care	This outcome is nuanced and so a validated tool was not found that fit the context well enough to be considered more effective than bespoke measurement. A set of bespoke indicators was designed by the commissioned researcher. Bespoke indicators have been designed based on qualitative insight collected directly from stakeholders about their experience of the change. A +2-point increase has been assigned as a material change based on initial data collected for this SROI forecast. However, this is subject to change once the baseline has been identified for the SROI evaluation.

			+2-point increase on 50% of variables measured.	
	Improved social inclusion, support, and community	Self-reported change on 4-point Likert scale from ‘no change’ to ‘large change.’ Only 3 & 4 out of 4 considered materially significant	Adjusted Brief Sense of Community Scale – “neighbourhood” replaced with “community” +1 point on 5-point Likert scale on minimum 5 variables out of 8 to be considered material 7-point Likert scales – Bespoke, to include: • Having people to share feelings and challenges with • Satisfaction with social interaction • Satisfaction with support system +2-point increase on 50% of variables measured indicates acceptable level of change to be considered material	The BSOC is an 8 scale validated tool developed to represent sense of community dimensions of needs fulfilment, group membership, influence, and shared emotional connection. The tool focuses on the context of a physical neighbourhood, so it doesn’t completely fulfil the needs of the SROI context. It is a useful start point though, and the commissioned researcher will adapt the scales to replace the term “neighbourhood” with “community” to fit the Crann context. There is no current equivalent tool for children and young people under 18, so a qualitative assessment based on the same indicators as are used within the BSOC tool, by the relevant expert and the parent as a proxy will suffice. A further set of bespoke indicators was designed by the commissioned researcher as the BSOC does not capture all of the specific facets of this outcome as described by stakeholders. Bespoke indicators have been designed based on qualitative insight collected directly from stakeholders about their experience of the change. A +2-point increase has been assigned as a material change based on initial data collected for this SROI forecast. However, this is subject to change once the baseline has been identified for the SROI evaluation.

Parents of clients	Increased sense of comfort in leaving their child to attend services alone	Self-reported change on 4-point Likert scale from 'no change' to 'large change.' Only 3 & 4 out of 4 considered materially significant	Bespoke, to include (scales to be 7-point): • Number of times child has attended somewhere without carer in past 6 months • Degree of worry to leave child alone for service • I feel comfortable when I am not with my child • I am confident that staff can manage any need/issue that arises with my child while I am not there +2-point increase on 50% of variables measured	This outcome is nuanced and so a validated tool was not found that fit the context well enough to be considered more effective than bespoke measurement. A set of bespoke indicators was designed by the commissioned researcher. Bespoke indicators have been designed based on qualitative insight collected directly from stakeholders about their experience of the change. A +2-point increase has been assigned as a material change based on initial data collected for this SROI forecast. However, this is subject to change once the baseline has been identified for the SROI evaluation.
	Relief about their child or children achieving their own outcomes	Self-reported change on 4-point Likert scale from 'no change' to 'large change.' Only 3 & 4 out of 4 considered materially significant	Bespoke, to include (scales to be 7-point): • Degree of worry parent has about child's current situation • Degree of worry parent has about child's future • Degree to which child has experienced outcomes • I feel relieved about what my child has achieved +2-point increase on 50% of variables measured	This outcome is nuanced and so a validated tool was not found that fit the context well enough to be considered more effective than bespoke measurement. A set of bespoke indicators was designed by the commissioned researcher. Bespoke indicators have been designed based on qualitative insight collected directly from stakeholders about their experience of the change. A +2-point increase has been assigned as a material change based on initial data collected for this SROI forecast. However, this is subject to change once the baseline has been identified for the SROI evaluation.

	Sense of community and connection with other parents	Self-reported change on 4-point Likert scale from ‘no change’ to ‘large change.’ Only 3 & 4 out of 4 considered materially significant	Adjusted Brief Sense of Community Scale – “neighbourhood” replaced with “community” +1 point on 5-point Likert scale on minimum 5 variables out of 8 to be considered material Bespoke, to include (scales to be 7-point): • Number of parents of children with disabilities they consider friends • Times per week they talk to someone who understands their experience • Satisfaction with social interaction • Satisfaction with support system +2-point increase on 50% of variables measured indicates acceptable level of change to be considered material	The BSOC is an 8 scale validated tool developed to represent sense of community dimensions of needs fulfilment, group membership, influence, and shared emotional connection. The tool focuses on the context of a physical neighbourhood, so it doesn’t completely fulfil the needs of the SROI context. It is a useful start point though, and the commissioned researcher will adapt the scales to replace the term “neighbourhood” with “community” to fit the Crann context. A further set of bespoke indicators was designed by the commissioned researcher as the BSOC does not capture all of the specific facets of this outcome as described by stakeholders. Bespoke indicators have been designed based on qualitative insight collected directly from stakeholders about their experience of the change. A +2-point increase has been assigned as a material change based on initial data collected for this SROI forecast. However, this is subject to change once the baseline has been identified for the SROI evaluation.

12.5 Outcomes

12.5.1 New outcomes and evolving outcomes

More robust sampling, greater data collection over time, and new stakeholder language from inclusion of children and those with communication and/or comprehension difficulties could lead to wider discrepancies in language used to describe the change experienced by stakeholders, and caution should be taken to ensure that all material experiences are included and are not just retrofitted into the existing Theories of Change.

As discussed in section 12.2.5, It is recommended that verification groups take place to assess the existing Theory of Change developed during this SROI forecast, before the beginning of the SROI evaluation. Any new material outcomes that are identified, or changes in expression of outcomes, should be incorporated into the Theory of Change at this stage, and indicators developed for those outcomes to be included in the data collection across the period of the SROI evaluation.

It is also recommended that the outcomes data collected is review periodically by the commissioned researcher, during the period of the SROI evaluation, in order that any additional outcomes or new expressions of existing outcomes are picked up on and can be explored in a focus group and included in ongoing data collection if material.

12.6 Calculating value

12.6.1 Volunteer inputs

It is not currently intended within the Crann strategy that volunteer inputs will be used to deliver any of the in-scope services. However, it is recommended that this is revisited when inputs are calculated for the SROI evaluation to ensure that any relevant in-kind or volunteered inputs are included in the calculation.

12.6.2 Double counting

There is potential for an increased risk of double counting value within the SROI evaluation as the forecasted influx of clients into Crann's services, especially coming through the Continence Clinic, will likely mean a greater overlap between both services and themes. In order to mitigate this, it will be vital that Crann records the ID number of all attendees on all in-scope services during the period of the SROI. This is so that the commissioned researcher can calculate the proportion of overlap between services and themes and discount quantities to account for double counting within the SROI calculation.

12.6.3 Discounts

Displacement was not reported by any stakeholder for any outcome within the SROI forecast. It has been identified that language used in the research guides and/or quantitative surveys could have influenced positive responder bias leading to missed data on displacement. It is recommended that language be reviewed for all data collection in the SROI evaluation to ensure that displacement and less positive changes experienced by stakeholders can be accounted for accurately within the SROI calculation.

The SROI calculation in this analysis forecasted value for one year only, due to a lack of longitudinal data. Duration was captured but was not considered to be reliable enough data to include in the calculation. In the SROI evaluation, the issue of a lack of longitudinal data will still be present. Drop-off could not be captured reliably in post-only research. It is recommended, however, to revisit stakeholders who attended an in-scope service in the 2021-22 period to assess the current duration of the outcomes they experienced and explore drop-off. This data, alongside self-reported expected duration and drop-off from new stakeholders will support an estimated duration and drop-off calculation to forecast potential value past the end of the SROI evaluation period.

12.7 Verification

12.7.1 ToC validation focus groups

The Theories of Change were validated in interviews and in a quantitative survey for this SROI forecast. However, it was not possible to have a group discussion about these ToCs with stakeholders due to aforementioned restrictions and limitations.

As discussed in section 12.2.5, validation focus groups are recommended to validate and/or evolve the existing Theory of Change and valuation of outcomes in a group setting before commencing data collection for the evaluation.

12.7.2 SROI analysis verification

This SROI analysis and report were verified with the Crann team as representative experts, as discussed in Chapter 3. Theories of Change, outcome values and other data points were verified with stakeholders throughout to ensure an accurate representation of their experience.

It is recommended that stakeholder validation of all relevant elements is included in the SROI evaluation process, and that regular workshops with the Crann team also take place to verify results throughout the analysis process.

Further to this, it is recommended that an external peer review by an accredited SROI practitioner is undertaken prior to finalising the SROI evaluation report for assurance by SVUK.

13. Conclusions

This Social Return on Investment (SROI) forecast for Crann's Services in 2023 shows a highly positive social return that will be generated by the include services. This report shows a social return ratio of €4.05 for every €1 invested in 2023, within a range of €3.65 and €4.50. The SROI methodology draws on well-established methodologies from economics, accounting and social research, and is widely evidenced for calculating social value based on data collected from stakeholders, alongside expert input.

Crann's services enable better health and wellbeing for adults and children with neuro-physical disabilities, and their families, empowering them to participate in work or education, social activities and in their community and leading to an improved quality of life. This report evidences that both intended and unintended positive outcomes have been experienced by clients of Crann's Services.

Crann chose the SROI methodology to evaluate its services because it puts stakeholders at the centre of the evaluation, which is in-keeping with Crann's person-centred approach to its model of care and service delivery. It also allows for independent assessment of the impact generated in a well-recognised format.

This report creates a full picture of the impact created by Crann through the included themes. These themes not only created impact for clients, but also for their parents, and potentially for partners and siblings, though these stakeholders have not been included in this SROI analysis, but have been highlighted for further research in the future.

There are several recommendations outlined in this report that would help Crann to create even greater value for its stakeholders. While many of the recommendations would involve expanding the service offering in order to create more value, there are opportunities for Crann to create more value within the existing service offering through improved marketing, increasing its client-base, further developing the Personal Support and Connection service and developing a clear fee structure.

Conducting the SROI study has also proven the significant value in working with stakeholders to understand how existing services are performing and identify opportunities for value creation. Crann has engaged stakeholders for quantitative service feedback before now, but the SROI highlights the value in engaging them in a qualitative format and involving stakeholders in ideation and innovation work within the organisation to continually improve the services offered.

Crann has provided tangible and much needed services to its clients, helping them to overcome challenges relating to physical and psychological health, and social capital, but it has also created significant value through its person-centred approach and a staff who truly care about their clients and take time out of their working day to engage with and support them, even outside of a service appointment. This study has been important for Crann, not only to evidence the value of the services offered, but also to prove the value of the Crann model of care and internal culture of care within the organisation.

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15. Appendices

Appendix 1: List of Tables

Appendix 2: List of figures

Appendix 3: Qualitative Interview Discussion Guide – Client ToC Defining

Intro
Thank you for making the time to speak to me. We're very grateful to you for giving your time to help us understand what impact Crann is having and make it even more impactful for the future.

This interview will explore what you feel you got out of attending [service(s)] at Crann.

Some of the things I ask you to think about or do might feel a bit unfamiliar, that's ok. There's no such thing as "getting it right" in this interview, so just answer as best you can based on your experience. If anything feels confusing or doesn't make sense to you, please do ask questions. Don't be afraid to ask me to explain anything. The most important thing is for you to feel comfortable, so if you don't want to answer something just let me know.

Everything you share will be confidential and only used for this specific project, combined with everyone else's experience and treated anonymously.

The interview will take around 45 minutes. Are you ready to begin?

Outcomes experienced
Thinking about how you felt, your behaviours and what you thought before you attended [service(s)] compared to where you're at now, what would you say the outcomes of having attended [service(s)] were for you?
Probe:

- What impact did that outcome have on your life?
- How did you feel because of that outcome?
- Did achieving that outcome mean you could do anything that you couldn't do before?

Prompt for outcomes:

- Circumstance
- Behaviour
- Capacity
- Awareness
- Attitude

And did you experience any negative outcomes or changes from attending [service(s)] at Crann?

Do you think there's a difference between accessing this service at Crann vs. somewhere else?

Amount of change, attribution, deadweight
For each outcome participant has talked about:
Thinking about [outcome] specifically, you experienced a [reduction/increase/improvement]. Before you attended [service] what rating would you have given yourself for that on a scale of 1-10? And what about now?

- *Moderator to adjust wording according to outcome*
- *Example: outcome = reduced anxiety; before attending anxiety was a 9/10, now it is a 5/10*

How long do you expect that change to last?

Of that change, how much do you think was down to [service]?
- Was there anything else that could have contributed to that change?
- Are you attending any other services that are relevant to this change?
- Have you had any support in the past that you think helped you experience this level of change this time? E.g. previous education/ training, an existing routine or behaviour?

If Crann didn't exist, what do you think would have happened?
- Would you have sought out the same or a similar service elsewhere? If so, where?
- Would any of the outcomes have occurred of their own accord?

What other service, product or experience could have helped you to achieve the same change?
- Do you think you would have experienced the same amount of change from that service, product or experience?

Relative importance/ value

If you had to rank each of the outcomes you experienced in order of how valuable they were to you, from most valuable to least valuable, what order would you put them in?

Assigning monetary value:
1. In the following scenario, I want you to imagine that you don't have any budgetary constraints, you have plenty of money available to you.
2. *Start with the least valuable outcome:* If I told you I could give you [outcome] in exchange for money, how much would you pay to have that outcome for one year without having to do anything?
3. *Then value most valuable outcome*
4. *Then value mid outcome*
5. *For each outcome between the valued points:* How much more valuable is this outcome than the one below it? E.g. in %, times more, etc.

If above methodology isn't working:
1. What three material things do you want, one very expensive, one middling and one lower end? E.g. a new car (~€20K), a luxury holiday for the family (~€7K), a new smart TV (~€500)
2. *Moderator to put chosen items in the chat so participant can see them*
3. *Starting with lowest value outcome:* do you want this outcome more or less than you want [lowest value object]? [mid value object]? [highest value object]?
4. How much more?
5. *Moderator to suggest value based on amount more than material object*

***Moderator to run through and confirm values for each outcome before moving on*

Suggestions for improvement

Do you have any suggestions for ways that the service(s) you attended and overall service at Crann could be improved?

Additional probing questions [to be applied where relevant]

[If outcomes discussed fit within wellbeing]

Would you say that your general wellbeing has improved since attending [service(s)]?

What about your mental wellbeing?

- In what way(s) would you say this has changed?

Community and networks:

[Below questions based on identifying loneliness and integration indicators, based on scientific research review]

Do you ever feel excluded or separated from others in your community/ school/ work etc.
If yes:

- How does that feel?
- Has your experience at Crann impacted those feelings in any way?

Before you attended [service(s)] would you say you ever felt lonely?

- How about now?

Do you feel like you've found friends and/or a community here?

[For parents who express child has found community/ inclusion/ similar only]
Do you notice any impact on you yourself because your child has found this at Crann?

Continence/ Podiatry

Before attending the Continence Clinic/ Podiatry, had you seen anyone else re: continence/ podiatry?

- How did you find that interaction? Probe: comfort levels, information, support, trust/confidence
- How did Crann compare?

What, if anything, do you feel you can do now that you couldn't do before, or can do differently now that your [issue] is better managed?

What, if any, impact has attending the continence clinic had on your/ your child's overall health?

Has attending Crann changed how you view your/ your child's continence management at all?

- If so, how?

[Below questions for parents]
To what extent would you have said your child's continence management was a burden or a challenge in your own life prior to attending Crann?

- What if anything did it prevent your child from doing?
- What if anything did it prevent you yourself, or the family unit from doing?
- Has that improved at all? If so, how?

Appendix 4: Quantitative Survey – Client ToC validation and quantification

[SINGLE SELECT – THREE SEPARATE QUESTIONS]

Q1. Which programmes/ services have you or your child attended at Crann in the past 12 months?
This includes both online and in-person

Q1a. Psychological wellbeing

a. A moment for me
b. Counselling
c. Play Therapy
d. Sibshops
e. Growing in Confidence
f. None of these

Q1b. Community and networks

a. Chat and connect
b. Drama for kids
c. Drama for adults
d. Parents' Café
e. None of these

Q1c. Health and continence

a. Continence clinic
b. Podiatry clinic
c. None of these

[SINGLE SELECT MATRIX – THREE SEPARATE]

[Piped answers from Q1]

Q2. How long did you/ your child attend those programmes/ services for?

Psychological wellbeing

	1 month or less	1-2 months	2-3 months	3-6 months	6-9 months	9-12 months	12 months or more
A moment for me							
Counselling							
Play Therapy							
Sibshops							
Growing in Confidence							

Community and networks

	1 month or less	1-2 months	2-3 months	3-6 months	6-9 months	9-12 months	12 months or more
Chat and connect							
Drama for kids							
Drama for adults							
Parents' Café							

Health and continence

	1 month or less	1-2 months	2-3 months	3-6 months	6-9 months	9-12 months	12 months or more
Continence clinic							
Podiatry clinic							

[SINGLE SELECT MATRIX]
[If a. or b. at Q1.]
[Piped from Q1.]
Q3. Who attended the clinic?

	Myself (18+)	Myself (under 18)	My child (18+)	My child (under 18)
Continence clinic				
Podiatry clinic				

[If not f. at Q1a.]
Psychological Wellbeing Outcomes

[PRESENTATION TEXT]
The following questions relate only to the programmes/ services you and/or your child have attended within the Psychological Wellbeing services at Crann.

All of the questions relate to the experience and outcomes for the person who attended the programmes / service only.

You've stated that you or your child attended the following:
[List of programmes piped from Psychological Wellbeing answers on Q1]

[SINGLE SELECT MATRIX]
[Piped from Q1.]
Q4. How much of a change did the person who attended the programmes /services (i.e. you or your child) experience in relation to each of the below?

	No change	A small change	A medium change	A large change
Increased social inclusion, support and community				
Increased confidence and motivation				
Improved mental wellbeing				
Improved ability to cope with challenges				

[RANKING]
[Pipe answers from Q4. – medium and large change only (materiality)]
Q5. What order of importance do the changes go in?

1 represents the most important
If you're answering on behalf of your child, please think about how valuable the change was for <u>them</u> when considering your answer

a. Increased social inclusion, support and community
b. Increased confidence and motivation
c. Improved mental wellbeing
d. Improved ability to cope with challenges

[PRESENTATION TEXT]
For each change that you have experienced, think about what it's given you in your life, what you can do now that you couldn't do before, what you feel or no longer feel.

In the next question, you're going to be asked to assign a monetary value to the change you've experienced. Think about what a **<u>reasonable and fair</u>** amount of money for that change would be, and what you would **<u>realistically</u>** pay to achieve this change.

<u>Please note, this is not a cost for the service you have attended, but a value for the change you have achieved.</u>

[SLIDER]
[Pipe answers from Q4. – medium and large change only (materiality)]
Q6. What would the person who attended (i.e. you or your child) realistically pay to achieve each of the changes they experienced?
If you're answering on behalf of your child, please think about how valuable the change was for <u>them</u> when considering your answer

[Scale €1-€10,000]
a. Increased social inclusion, support and community
b. Increased confidence and motivation
c. Improved mental wellbeing
d. Improved ability to cope with challenges

[SINGLE SELECT – FOUR SEPARATE]
[Pipe answers from Q4. – medium and large change only (materiality)]
Q7. Which of the services listed below do you think would help the person who attended the programmes / services (i.e. you or your child) to achieve the same amount of change as experienced by attending them?

[NB: € values not to be included in participant-facing survey]
Increased social inclusion, support and community
a. Attending an event on a topic you are interested in
b. Having a weekly coffee with friends
c. Becoming a member of a club, e.g. sports, hobbies, etc.
d. Weekly support group/ group therapy

Increased confidence and motivation
a. A new haircut
b. Online course on building assertiveness and self-confidence
c. Learning a new skill through a class or course
d. Biweekly 1:1 life and confidence coaching

Improved mental wellbeing

a. Half-day mindfulness and meditation workshop
b. 6 sessions of online cognitive behavioural therapy
c. Biweekly support group
d. Biweekly 1:1 therapy

Improved ability to cope with challenges

a. Half-day mindfulness and meditation workshop
b. Online stress-management course
c. Biweekly support group
d. Biweekly 1:1 therapy

[SLIDER]
[Pipe answers from Q4. – medium and large change only (materiality)]
Q8. How much would you say the programmes / services were responsible for the changes they (i.e. you or your child) experienced?
On a scale of 0-100%, where 100% is completely responsible

[Scale 0-100]

a. Increased social inclusion, support and community
b. Increased confidence and motivation
c. Improved mental wellbeing
d. Improved ability to cope with challenges

[SLIDER]
[Pipe answers from Q4. – medium and large change only (materiality)]
Q9. And how much of the change would have happened anyway if Crann programmes / services weren't available?
On a scale of 0-100%, where 100% is the whole change
[Scale 0-100]

a. Increased social inclusion, support and community
b. Increased confidence and motivation
c. Improved mental wellbeing
d. Improved ability to cope with challenges

[OPEN TEXT]
[If Q9 any answer option is less than 100]
[Pipe answers from Q4. – medium and large change only (materiality)]
Q10. What/ who else was responsible for that change?

Increased social inclusion, support and community

Increased confidence and motivation

Improved mental wellbeing

Improved ability to cope with challenges

[SINGLE SELECT MATRIX]
[Pipe answers from Q4. – medium and large change only (materiality)]
Q11. How long do you think the changes the person who attended programmes / services (i.e. you or your child) experienced will last?

	1 year or less	1-2 years	2-3 years	3-5 years	More than 5 years
Increased social inclusion, support and community					
Increased confidence and motivation					
Improved mental wellbeing					
Improved ability to cope with challenges					

[OPEN TEXT]
Q12. Has the person who attended the programmes / services (i.e. you or your child) experienced any other changes not covered by the ones we've asked about so far, from the Psychological Wellbeing services specifically?
These might be positive or negative changes

[OPEN TEXT]
Q13. Thinking about other people in your/ your child's life, e.g. family, colleagues, SNAs, teachers, friends, etc., do you think anyone else has experienced their own changes because of your/ your child's attendance?

Think about their own changes, e.g. they are more relaxed, their mood has improved, etc.

Please state who and what change(s) they have experienced in the box below.

[If not e. at Q1b.]

<u>Community and Networks Outcomes</u>

[PRESENTATION TEXT]

The following questions relate only to the programmes/ services you and/or your child have attended within the Community and Networks services at Crann.

All of the questions relate to the experience and outcomes for the person who attended the programmes/ service only.

You've stated that you or your child attended the following:

[List of programmes piped from Community and Networks answers on Q1]

[SINGLE SELECT MATRIX]

[Piped from Q1.]

Q14. How much of a change did the person who attended the programmes/services (i.e. you or your child) experience in relation to each of the below?

	No change	A small change	A medium change	A large change
Increased social inclusion, support and community				
Increased confidence				
Improved independence				
Improved ability to cope with challenges				

[RANKING]

[Pipe answers from Q14. – medium and large change only (materiality)]

Q15. What order of importance do the changes go in?

1 represents the most important

If you're answering on behalf of your child, please think about how valuable the change was for <u>them</u> when considering your answer

a. Increased social inclusion, support and community
b. Increased confidence
c. Improved independence
d. Improved ability to cope with challenges

[PRESENTATION TEXT]

For each change that you have experienced, think about what it's given you in your life, what you can do now that you couldn't do before, what you feel or no longer feel.

In the next question, you're going to be asked to assign a monetary value to the change you've experienced. Think about what a **reasonable and fair** amount of money for that change would be, and what you would **realistically** pay to achieve this change.

Please note, this is not a cost for the service you have attended, but a value for the change you have achieved.

[SLIDER]
[Pipe answers from Q14. – medium and large change only (materiality)]
Q16. What would you realistically pay to achieve each of the changes you/ your child experienced?
If you're answering on behalf of your child, please think about how valuable the change was for them when considering your answer

[Scale €1-€10,000]

a. Increased social inclusion, support and community
b. Increased confidence
c. Improved independence
d. Improved ability to cope with challenges

[SINGLE SELECT – FOUR SEPARATE]
[Pipe answers from Q14. – medium and large change only (materiality)]
Q17. Which of the services listed below do you think would help the person who attended the programmes/ services (i.e. you or your child) to achieve the same amount of change as experienced by attending?

[NB: € values not to be included in participant-facing survey]
Increased social inclusion, support and community

a. Attending an event on a topic you are interested in
b. Having a weekly coffee with friends
c. Becoming a member of a club, e.g. sports, hobbies, etc.
d. Weekly support group/ group therapy

Increased confidence

a. A new haircut
b. Online course on building your self-esteem
c. Learning a new skill through a class or course
d. Biweekly 1:1 life and confidence coaching

Improved independence

a. Half-day independence workshop
b. Going out with a friend or family member who isn't a primary carer once a month
c. Weekly class or workshop attended without parent or carer
d. Biweekly support group/ group therapy

Improved ability to cope with challenges

a. Half-day mindfulness and meditation workshop
b. Online stress-management course
c. Biweekly support group
d. Biweekly 1:1 therapy

[SLIDER]
[Pipe answers from Q14. – medium and large change only (materiality)]
Q18. How much would you say the programmes/ services attended were responsible for the changes they (i.e. you or your child) experienced?
On a scale of 0-100%, where 100% is completely responsible

[Scale 0-100]

a. Increased social inclusion, support and community
b. Increased confidence
c. Improved independence
d. Improved ability to cope with challenges

[SLIDER]
[Pipe answers from Q14. – medium and large change only (materiality)]
Q19. And how much of the change would have happened anyway if Crann programmes/ services weren't available?
On a scale of 0-100%, where 100% is the whole change

[Scale 0-100]

a. Increased social inclusion, support and community
b. Increased confidence
c. Improved independence
d. Improved ability to cope with challenges

[OPEN TEXT]
[If Q19 any answer option is less than 100]
[Pipe answers from Q14. – medium and large change only (materiality)]
Q20. What/ who else was responsible for that change?

Increased social inclusion, support and community

Increased confidence

Improved independence

Improved ability to cope with challenges

[SINGLE SELECT MATRIX]
[Pipe answers from Q14. – medium and large change only (materiality)]
Q21. How long do you think the changes experienced will last?

	1 year or less	1-2 years	2-3 years	3-5 years	More than 5 years

Increased social inclusion, support and community					
Increased confidence					
Improved independence					
Improved ability to cope with challenges					

[OPEN TEXT]

Q22. Has the person who attended the programmes/ services (i.e. you or your child) experienced any other changes not covered by the ones we've asked about so far, from the Community and Networks programmes/ services specifically?

These might be positive or negative changes

[OPEN TEXT]

Q23. Thinking about other people in your/ your child's life, e.g. family, colleagues, SNAs, teachers, friends, etc., do you think anyone else has experienced their own changes because of your/ your child's attendance?

Think about their own changes, e.g. <u>they</u> are more relaxed, <u>their</u> mood has improved, etc.

Please state who and what change(s) they have experienced in the box below.

[If not c. at Q1c.]

Health and Continence Outcomes

[PRESENTATION TEXT]

The following questions relate only to the programmes/services you and/or your child have attended within the Health and Continence services at Crann.

All of the questions relate to the experience and outcomes for the person who attended the programme/ service only.

You've stated that you or your child attended the following:
[List of themes piped from Health and Continence answers on Q1]

[SINGLE SELECT MATRIX]
[Piped from Q1.]

Q24. How much of a change did the person who attended the programmes/services experience in relation to each of the below?

	No change	A small change	A medium change	A large change
Improved ability to participate in activities and day-to-day life				
Increased sense of freedom				
Improved physical wellbeing				
Improved peace of mind and confidence				
Feelings of empowerment and inclusion in the service provided				

[OPEN TEXT]
[If a. b. or d. at Q24.]
Q24b. You've said they (i.e. you or your child) experienced improved ability to participate in activities and day-to-day life as well as an increased sense of freedom and improved peace of mind and confidence. Can you tell us in your own words, what the overall impact of those three changes has been in their (i.e. your or your child's) life?

[RANKING]
[Pipe answers from Q24. – medium and large change only (materiality)]
Q25. What order of importance do the changes go in?
1 represents the most important
If you're answering on behalf of your child, please think about how valuable the change was for <u>them</u> when considering your answer

a. Improved ability to participate in activities and day-to-day life
b. Increased sense of freedom
c. Improved physical wellbeing
d. Improved peace of mind and confidence
e. Feelings of empowerment and inclusion in the service

[PRESENTATION TEXT]
For each change that you have experienced, think about what it's given you in your life, what you can do now that you couldn't do before, what you feel or no longer feel.

In the next question, you're going to be asked to assign a monetary value to the change you've experienced. Think about what a **<u>reasonable and fair</u>** amount of money for that change would be, and what you would **<u>realistically</u>** pay to achieve this change.

<u>Please note, this is not a cost for the service you have attended, but a value for the change you have achieved.</u>

[SLIDER]
[Pipe answers from Q24. – medium and large change only (materiality)]
Q26. What would the person who attended programmes/ services (i.e. you/ your child) realistically pay to achieve each of the changes they experienced?

If you're answering on behalf of your child, please think about how valuable the change was for <u>them</u> when considering your answer

[Scale €1-€10,000]

a. Improved ability to participate in activities and day-to-day life
b. Increased sense of freedom
c. Improved physical wellbeing
d. Improved peace of mind and confidence
e. Feelings of empowerment and inclusion in the service

[SINGLE SELECT – FIVE SEPARATE]
[Pipe answers from Q24. – medium and large change only (materiality)]
Q27. Which of the services listed below do you think would help the person who attended programmes/services (i.e. you/ your child) to achieve the same amount of change as experienced by attending?

[NB: € values not to be included in participant-facing survey]
Improved ability to participate in activities and day-to-day life

a. A day out at the seaside
b. Attending a group activity twice per month
c. Becoming a member of a club, e.g., sports, hobbies, etc.
d. A personal assistant to support you for 3.5 hours per week

Increased sense of freedom

a. A day out with friends or family
b. A weekend away in Ireland
c. €20 in taxi costs per week
d. A personal assistant to support you for 3.5 hours per week

Improved physical wellbeing

a. One month of accessible gym classes
b. Six visits from a private nurse re: health issues
c. Nutrition support from an expert
d. Monthly consultation with a relevant healthcare expert

Improved peace of mind and confidence

a. Half-day mindfulness and meditation workshop
b. Online course on building your self-esteem
c. Biweekly support group
d. Biweekly 1:1 therapy

Feelings of empowerment and inclusion in the service

a. Attending an interactive workshop on a topic you're passionate about
b. Joining Toastmasters public speaking club, and travel to and from the biweekly meetings
c. Learning a new skill through a class or course
d. Biweekly 1:1 life and confidence coaching

[SLIDER]
[Pipe answers from Q24. – medium and large change only (materiality)]
Q28. How much would you say the programmes/ services attended were responsible for the changes you experienced?
On a scale of 0-100%, where 100% is completely responsible

[Scale 0-100]

a. Improved ability to participate in activities and day-to-day life
b. Increased sense of freedom
c. Improved physical wellbeing
d. Improved peace of mind and confidence
e. Feelings of empowerment and inclusion in the service

[SLIDER]
[Pipe answers from Q24. – medium and large change only (materiality)]
Q29. And how much of the change would have happened anyway if Crann programmes / services weren't available?
On a scale of 0-100%, where 100% is the whole change

[Scale 0-100]

a. Improved ability to participate in activities and day-to-day life
b. Increased sense of freedom
c. Improved physical wellbeing
d. Improved peace of mind and confidence
e. Feelings of empowerment and inclusion in the service

[OPEN TEXT]
[If Q29 any answer option is less than 100]
[Pipe answers from Q24. – medium and large change only (materiality)]
Q30. What/ who else was responsible for that change?
Improved ability to participate in activities and day-to-day life

Increased sense of freedom

Improved physical wellbeing

Improved peace of mind and confidence

Feelings of empowerment and inclusion in the service

[SINGLE SELECT MATRIX]
[Pipe answers from Q24. – medium and large change only (materiality)]
Q31. How long do you think the changes experienced will last?

	1 year or less	1-2 years	2-3 years	3-5 years	More than 5 years
Improved ability to participate in activities and day-to-day life					
Increased sense of freedom					
Improved physical wellbeing					
Improved peace of mind and confidence					
Feelings of empowerment and inclusion in the service					

[OPEN TEXT]
Q32. Has the person who attended the programmes / services (i.e. you or your child) experienced any other changes not covered by the ones we've asked about so far, from the Health and Continence programmes / services specifically?
These might be positive or negative changes

[OPEN TEXT]
Q33. Thinking about other people in your/ your child's life, e.g. family, colleagues, SNAs, teachers, friends, etc., do you think anyone else has experienced their own changes because of your/ your child's attendance?

Think about their own changes, e.g. they are more relaxed, their mood has improved, etc.

Please state who and what change(s) they have experienced in the box below.

Personal Support and Connection outcomes

[PRESENTATION TEXT]
During research interviews, some people reported having experienced a change due to engaging with Crann outside of programmes/ services, e.g. from speaking to the team, visiting the centre, meeting people in the lobby area etc.

[SINGLE SELECT MATRIX]
[Piped from Q1.]

Q34. Thinking about your experience of Crann outside of the specific programmes / services you or your child have attended, how much of a change did the person who engaged with Crann experience in relation to each of the below?

	No change	A small change	A medium change	A large change
Increased social inclusion, support and community				
Increased acceptance and feeling accommodated				
Reduced loneliness				
Increased hope for the future				

[RANKING]
[Pipe answers from Q34. – medium and large change only (materiality)]
Q35. What order of importance do the changes go in?
1 represents the most important
If you're answering on behalf of your child, please think about how valuable the change was for <u>them</u> when considering your answer

a. Increased social inclusion, support and community
b. Increased acceptance and feeling accommodated
c. Reduced loneliness
d. Increased hope for the future

[PRESENTATION TEXT]
For each change that you have experienced, think about what it's given you in your life, what you can do now that you couldn't do before, what you feel or no longer feel.

In the next question, you're going to be asked to assign a monetary value to the change you've experienced. Think about what a **reasonable and fair** amount of money for that change would be, and what you would **realistically** pay to achieve this change.

Please note, this is not a cost for the service you have attended, but a value for the change you have achieved.

[SLIDER]
[Pipe answers from Q34. – medium and large change only (materiality)]
Q36. What would the person who attended (i.e. you or your child) realistically pay to achieve each of the changes they experienced?
If you're answering on behalf of your child, please think about how valuable the change was for them when considering your answer

[Scale €1-€10,000]
a. Increased social inclusion, support and community
b. Increased acceptance and feeling accommodated
c. Reduced loneliness
d. Increased hope for the future

[SINGLE SELECT – FOUR SEPARATE]

[Pipe answers from Q34. – medium and large change only (materiality)]
Q37. Which of the services listed below do you think would help the person who attended programmes/ services (i.e. you or your child) to achieve the same amount of change as experienced by attending?

[NB: € values not to be included in participant-facing survey]
Increased social inclusion, support and community
  a. Attending an event on a topic you are interested in
  b. Having a weekly coffee with friends
  c. Becoming a member of a club, e.g., sports, hobbies, etc.
  d. Weekly support group/ group therapy

Increased acceptance and feeling accommodated
  a. A day out with friends or family
  b. Going out with a friend or family member who isn't a primary carer once a month
  c. Becoming a member of a club, e.g., sports, hobbies, etc.
  d. Weekly support group/ group therapy

Reduced loneliness
  a. A day out with friends or family
  b. Having a weekly coffee with friends
  c. Becoming a member of a club, e.g., sports, hobbies, etc.
  d. Weekly support group/ group therapy

Increased hope for the future
  a. Half-day vision board workshop
  b. Monthly support group
  c. Learning a new skill through a class or course
  d. Biweekly 1:1 therapy

[SLIDER]
[Pipe answers from Q34. – medium and large change only (materiality)]
Q38. How much would you say that Crann was responsible for the changes you experienced?
On a scale of 0-100%, where 100% is completely responsible
[Scale 0-100]
  a. Increased social inclusion, support and community
  b. Increased acceptance and feeling accommodated
  c. Reduced loneliness
  d. Increased hope for the future

[SLIDER]
[Pipe answers from Q34. – medium and large change only (materiality)]
Q39. And how much of the change would have happened anyway if Crann programmes / services weren't available?
On a scale of 0-100%, where 100% is the whole change
[Scale 0-100]
  a. Increased social inclusion, support and community
  b. Increased acceptance and feeling accommodated
  c. Reduced loneliness
  d. Increased hope for the future

[OPEN TEXT]
[If Q29 any answer option is less than 100]
[Pipe answers from Q34. – medium and large change only (materiality)]
Q40. What/ who else was responsible for that change?

Increased social inclusion, support and community

Increased acceptance and feeling accommodated

Reduced loneliness

Increased hope for the future

[SINGLE SELECT MATRIX]
[Pipe answers from Q34. – medium and large change only (materiality)]
Q41. How long do you think the changes experienced will last?

	1 year or less	1-2 years	2-3 years	3-5 years	More than 5 years
Increased social inclusion, support and community					
Increased acceptance and feeling accommodated					
Reduced loneliness					
Increased hope for the future					

[OPEN TEXT]
Q42. Has the person who attended the programmes / services (i.e. you or your child) experienced any other changes not covered by the ones we've asked about so far, from your engagement with Crann outside of specific programmes?
These might be positive or negative changes

[OPEN TEXT]
Q43. Thinking about other people in your/ your child's life, e.g. family, colleagues, SNAs, teachers, friends, etc., do you think anyone else has experienced their own changes because of your/ your child's engagement with Crann outside of specific programmes?

Think about their own changes, e.g. they are more relaxed, their mood has improved, etc.

Please state who and what change(s) they have experienced in the box below.

Appendix 5: Discussion guide for Parents (secondary stakeholders) focus group

Intro

- SROI project and what we're doing
- About 20 minutes
- MRS code of conduct
- It's ok to have different opinions or perspectives, don't be afraid to share yours, and make sure you're respectful of everyone else's too if it's different
- Questions?

Outcomes

What would you say has changed for you because of the services your child has attended at Crann?
Probe:

- What impact did that change have on your life?
- How did you feel because of that change?
- Did that change mean you could do anything that you couldn't do before?

Did you yourself experience any negative changes or feelings because of your child attending services at Crann?

Would you say that any of those changes is linked to a specific service your child attended?

[Moderator to write a list of key themes based on changes experienced]

[For each change on the list]
For those who experienced this change, raise your hand if you feel it was a small change.

- Medium change
- Large change

And how much of that change do you think happened specifically because your child attended services at Crann?

- Who or what else might have been responsible for that?

If Crann didn't exist, what do you think would've happened in relation to that change?

- Would any of the change have happened on its own?

Weight and value of outcomes

[Each outcome on a card – get participants to write one each]

Work together as a group to put them in order of value to you

- If you have any "outliers" or someone who feels differently about a specific change's position in the ranking, you can tell me when you reveal the order

Now we're going to use financial value as a proxy for the value these changes have created in your life. We're going to give each one an amount of money that feels equivalent to its value.

- Free value – what would you pay to have/ not have this?
- Anchor value game

[Moderator to verify all data points with group]

Appendix 6: Quantitative Survey for Parents of Clients (secondary stakeholder)

There are 8 questions in the survey, and it should only take around 5 minutes to complete.

[OPEN TEXT]
Q1. How old is your child?

[SINGLE SELECT]
Q2. Which of the below categories of services has your CHILD attended?
- a. Psychological wellbeing: Play therapy, counselling, growing in confidence
- b. Community and Networks: Chat & Connect, Drama for kids, Drama for adults
- c. Health and continence: Podiatry clinic, continence clinic
- d. None of these (SCREEN OUT)

[SINGLE SELECT MATRIX]
Q3. What size change have you experienced in relation to the below?

	No change	Small change	Medium change	Large change
Relief about child achieving their own outcomes				
Sense of community and connection with other parents				
Increased sense of comfort in leaving your child alone to attend				

[SLIDER]
Q4. What is the value of each of those changes to you, using € as a way to express that value?

Think about what a reasonable and fair amount of money for that change would be, and what you would realistically pay to achieve this change. Please note, this is not a cost for the service you have attended, but a value for the change you have achieved.
Scale €0-€10,000
- a. Relief about child achieving their own outcomes
- b. Sense of community and connection with other parents
- c. Increased sense of comfort in leaving your child alone to attend

[OPEN TEXT – THREE SEPARATE]
Q5. What thing or service in your life feels equally as valuable to you as each of the changes you've experienced?
- a. Relief about child achieving their own outcomes
- b. Sense of community and connection with other parents
- c. Increased sense of comfort in leaving your child alone to attend

[SLIDER]
Q6. How much of that change was due to Crann's services specifically?
Scale 0%-100%
- a. Relief about child achieving their own outcomes
- b. Sense of community and connection with other parents
- c. Increased sense of comfort in leaving your child alone to attend

[SLIDER]

Q7. And how much of the change you experienced do you think would have happened anyway in the same timeframe, if Crann didn't exist?

Scale 0%-100%

a. Relief about child achieving their own outcomes
b. Sense of community and connection with other parents
c. Increased sense of comfort in leaving your child alone to attend

[OPEN TEXT]

Q8. Are there any other changes you yourself have experienced as a result of your child's attendance of Crann's services?

Appendix 7: Qualitative Phone Interview Discussion Guide for Siblings as secondary stakeholders

[INTRO]
You might have heard we're doing a big project at the moment to prove the concept of Crann's services so that we can increase the impact we are making for families like yours.

I'm calling you because you have a child with a disability engaged in Crann's services, as well as another child/ other children. I have a couple of questions relating to your other child/children's experience of your child attending services. This will help us to understand what impact, if any, our services are having on the siblings of our clients.

It should take around 15 minutes to go through the questions, would you have time to go through them with me on the phone now?

This is a structured interview, so I'll read the question and any instructions to you and you can let me know your answers. I'll note them down here so don't worry about remembering anything or making notes.

Are you happy to begin?

Q1. What changes have you experienced, due to your sibling engaging in Crann's services?
If participant struggles, prompt with e.g. are you feeling calmer, getting on better with your sibling, expressing yourself more, etc. Or maybe you've noticed a negative change, are you feeling envious, arguing more with your sibling, etc.

Interviewer to insert changes listed below

a. Change 1:
b. Change 2:
c. Change 3:
d. Change 4:
e. Change 5:

Q2. Of those changes you've listed above, what size change (how much) would you say you have experienced?

	Small change	Medium change	Large change
Change 1			
Change 2			
Change 3			
Change 4			
Change 5			

Q3. Thinking about how important those changes are. If you had to put a financial value on each of them, what would that value be in €?

Think about what a reasonable and fair amount of money **for that change** would be, and what you would realistically pay the change, based on how important it is. Please note, this is not a cost for the service attended, but a value for the change you have experienced.
Scale €0-€10,000

a. Change 1
b. Change 2
c. Change 3
d. Change 4
e. Change 5

Q4. How much of that change was due to Crann specifically?
Scale 0%-100%

a. Change 1
b. Change 2
c. Change 3
d. Change 4
e. Change 5

Q5. And how much of the change you experienced do you think would have happened anyway in the same timeframe, if Crann didn't exist?
Scale 0%-100%

a. Change 1
b. Change 2
c. Change 3
d. Change 4
e. Change 5

[If answered by parent as research proxy]
Q6. What age are your children? Both the child with a disability who has engaged services and their sibling(s).

Q7. Which of the below categories of services has your sibling (i.e. the person with the disability) attended?

a. Psychological wellbeing: Play therapy, counselling, growing in confidence
b. Community and Networks: Chat & Connect, Drama for kids, Drama for adults
c. Health and continence: Podiatry clinic, continence clinic

Appendix 8: Value Game Analysis and Calculation of Average Estimated Value of Outcomes

The value of each outcome was calculated by calculating the average of two figures generated by the same group of stakeholders across two modified value games, detailed below.

Value game one: Participants asked to assign the value they would realistically pay to achieve the change

Qualitative Question Format: Assigning monetary value

1. In the following scenario, I want you to imagine that you don't have any budgetary constraints, you have plenty of money available to you.
2. *Start with the least valuable outcome:* If I told you I could give you [outcome] in exchange for money, how much would you pay to have that outcome for one year without having to do anything?
3. *Then value most valuable outcome*
4. *Then value mid outcome*
5. *For each outcome between the valued points:* How much more valuable is this outcome than the one below it? E.g. in %, times more, etc.

Quantitative Question Format: Assigning monetary value

What would the person who attended (i.e. you or your child) realistically pay to achieve each of the changes they experienced?
If you're answering on behalf of your child, please think about how valuable the change was for them when considering your answer

[Scale €1-€10,000]

[Scale defined based on data collected in qualitative interviews]

Value game two: Participants asked to choose another service or experience that would help them to achieve the same or a similar amount of change

Qualitative Question Format: Choosing a financial proxy

What other service, product or experience could have helped you to achieve the same change?

- Do you think you would have experienced the same amount of change from that service, product or experience?

Quantitative Question Format: Choosing a financial proxy

Which of the services listed below do you think would help the person who attended programmes /services (i.e. you/ your child) to achieve the same amount of change as experienced by attending?

[NB: € values not to be included in participant-facing survey]
Improved ability to participate in activities and day-to-day life

a. A day out at the seaside (approx. €50)
b. Attending a group activity twice per month (approx. €300 per year)
c. Becoming a member of a club, e.g., sports, hobbies, etc. (approx. €1000 per year)
d. A personal assistant to support you for 3.5 hours per week (approx.€2,000 per year)

The above is an example question from the Client Survey and represents the financial proxy options for one outcome. The financial proxy options were selected based on the answers given by clients in the qualitative interviews, and expert input. Each outcome was presented with four financial proxy options on a value scale from €50-€2000. This scale of value was in line with the financial values for the proxies chosen by clients in the interviews. The financial value of the proxies was not shown to participants, and they are included in the question above only as a label within this example.

Calculating the average value for an outcome

The average value for each outcome, provided by respondents across the two modified value games in the quantitative data, were combined to calculate the average value for each outcome. The average values were cross-checked against qualitative data to ensure consistency and a representative value was calculated. Obvious outliers and false responses were removed before averages were calculated.

Appendix 9: Value Map Data

The tables below include the key data from the value map spreadsheet in an easy-to-read format. The full value map spreadsheet is also included, directly following the tables.

Stakeholders	What will be invested	Financial value of inputs	Outputs summary	Outcome experienced by stakeholders	Indicator
Clients of Psychological Wellbeing Services	Cost of all staff delivering the services (delivery time, preparation time, administration). Materials and consumables. Overheads and % Of Depreciation charge apportioned for stakeholder group	€81,233	4 x 4-week A Moment for Me programmes @ 2 hours per week, 5 clients per group. 30 x 8-week blocks of 1-1 counselling sessions, running ~1hr each. 30 x 10-week blocks of Play Therapy, running ~50mins each. 2 x Growing in Confidence programmes, running 2hrs per day for 3 days each, 7 clients per group. 4 x Sibshop programmes, 2 hours each, 5 clients per group.	Increased social inclusion, support, and community	Self-reported post intervention assessment based on qualitative research conducted for this report. 4-point Likert scale from no change to a large change experienced. Indicators identified for use in pre-post research for evaluative SROI in 2023 are included in the report.
				Improved mental wellbeing	Self-reported post intervention assessment based on qualitative research conducted for this report. 4-point Likert scale from no change to a large change experienced. Indicators identified for use in pre-post research for evaluative SROI in 2023 are included in the report.
				Improved ability to cope with challenges	Self-reported post intervention assessment based on qualitative research conducted for this report. 4-point Likert scale from no change to a large change experienced. Indicators identified for use in pre-post research for evaluative SROI in 2023 are included in the report.
				Increased confidence and motivation	Self-reported post intervention assessment based on qualitative research conducted for this report. 4-point Likert scale from no change to a large change experienced. Indicators identified for use in pre-post research for evaluative SROI in 2023 are included in the report.

Clients of Community and Networks Services	Cost of all staff delivering the services (delivery time, preparation time, administration). Materials and consumables. Overheads and % Of Depreciation charge apportioned for stakeholder group	€12,701	52 x 1hr Chat & Connect sessions, 10 clients per group. 36 x 1.5hr Drama for Kids classes, 20 clients per class. 36 x 1hr Drama for Adults classes, 10 clients per class. 10 x 1hr Parents Café sessions, 25 clients per session.	Increased social inclusion, support, and community	Self-reported post intervention assessment based on qualitative research conducted for this report. 4-point Likert scale from no change to a large change experienced. Indicators identified for use in pre-post research for evaluative SROI in 2023 are included in the report.
				Increased confidence	Self-reported post intervention assessment based on qualitative research conducted for this report. 4-point Likert scale from no change to a large change experienced. Indicators identified for use in pre-post research for evaluative SROI in 2023 are included in the report.
				Improved independence	Self-reported post intervention assessment based on qualitative research conducted for this report. 4-point Likert scale from no change to a large change experienced. Indicators identified for use in pre-post research for evaluative SROI in 2023 are included in the report.
				Improved ability to cope with challenges	Self-reported post intervention assessment based on qualitative research conducted for this report. 4-point Likert scale from no change to a large change experienced. Indicators identified for use in pre-post research for evaluative SROI in 2023 are included in the report.

Clients of Health and Continence Services	Cost of all staff delivering the services (delivery time, preparation time, administration). Materials and consumables. Overheads and % Of Depreciation charge apportioned for stakeholder group	€912,532	350 clients attending Continence Clinic for an average of 2 appointments per client, lasting approx. 1hr each. 60 clients attending Podiatry Clinic for an average of 2 appointments per client, lasting approx. 1hr each.	Improved ability to participate in activities and day-to-day life	Self-reported post intervention assessment based on qualitative research conducted for this report. 4-point Likert scale from no change to a large change experienced. Indicators identified for use in pre-post research for evaluative SROI in 2023 are included in the report.
				Increased sense of freedom	Self-reported post intervention assessment based on qualitative research conducted for this report. 4-point Likert scale from no change to a large change experienced. Indicators identified for use in pre-post research for evaluative SROI in 2023 are included in the report.
				Improved physical wellbeing	Self-reported post intervention assessment based on qualitative research conducted for this report. 4-point Likert scale from no change to a large change experienced. Indicators identified for use in pre-post research for evaluative SROI in 2023 are included in the report.
				Improved peace of mind and confidence	Self-reported post intervention assessment based on qualitative research conducted for this report. 4-point Likert scale from no change to a large change experienced. Indicators identified for use in pre-post research for evaluative SROI in 2023 are included in the report.

				Feelings of empowerment and inclusion in the service provided	Self-reported post intervention assessment based on qualitative research conducted for this report. 4-point Likert scale from no change to a large change experienced. Indicators identified for use in pre-post research for evaluative SROI in 2023 are included in the report.
Clients of Personal Support and Connection Service	Cost of all staff delivering the services (delivery time, preparation time, administration). Materials and consumables. Overheads and % Of Depreciation charge apportioned for stakeholder group	€15,274	Approx. 509 hours spent by 9 members of staff via phone calls and in-person, offering personal support and connection to clients outside of the context of service appointments.	Increased social inclusion, support, and community	Self-reported post intervention assessment based on qualitative research conducted for this report. 4-point Likert scale from no change to a large change experienced. Indicators identified for use in pre-post research for evaluative SROI in 2023 are included in the report.
				Increased acceptance and feeling accommodated	Self-reported post intervention assessment based on qualitative research conducted for this report. 4-point Likert scale from no change to a large change experienced. Indicators identified for use in pre-post research for evaluative SROI in 2023 are included in the report.
				Reduced loneliness	Self-reported post intervention assessment based on qualitative research conducted for this report. 4-point Likert scale from no change to a large change experienced. Indicators identified for use in pre-post research for evaluative SROI in 2023 are included in the report.

				Increased hope for the future	Self-reported post intervention assessment based on qualitative research conducted for this report. 4-point Likert scale from no change to a large change experienced. Indicators identified for use in pre-post research for evaluative SROI in 2023 are included in the report.
Parents of clients - secondary stakeholders	No associated costs - secondary impact created by services delivered to client stakeholders		Conservatively forecasted as 1 parent per child with a disability and 1 parent for every 3 adults with a disability attending the included services.	Increased sense of comfort in leaving their child to attend services alone	Self-reported post intervention assessment based on qualitative research conducted for this report. 4-point Likert scale from no change to a large change experienced. Indicators identified for use in pre-post research for evaluative SROI in 2023 are included in the report.
				Sense of community and connection with other parents	Self-reported post intervention assessment based on qualitative research conducted for this report. 4-point Likert scale from no change to a large change experienced. Indicators identified for use in pre-post research for evaluative SROI in 2023 are included in the report.
				Relief about their child or children achieving their own outcomes	Self-reported post intervention assessment based on qualitative research conducted for this report. 4-point Likert scale from no change to a large change experienced. Indicators identified for use in pre-post research for evaluative SROI in 2023 are included in the report.

Stakeholders	Outcome experienced by stakeholders	Quantity experiencing outcome	Duration of outcome	Value per stakeholder	Total value less attribution, deadweight and displacement
Clients of Psychological Wellbeing Services	Increased social inclusion, support, and community	67	1 year	€2,585	€90,303.87
	Improved mental wellbeing	78	1 year	€3,985	€174,562.13
	Improved ability to cope with challenges	75	1 year	€2,915	€125,928.00
	Increased confidence and motivation	67	1 year	€3,115	€126,454.36
Clients of Community and Networks Services	Increased social inclusion, support, and community	51	1 year	€2,420	€56,279.52
	Increased confidence	59	1 year	€3,095	€82,227.03
	Improved independence	55	1 year	€3,685	€91,203.75
	Improved ability to cope with challenges	25	1 year	€3,900	€51,333.75

Clients of Health and Continence Services	Improved ability to participate in activities and day-to-day life	232	1 year	€3,080	€432,165.89
	Increased sense of freedom	262	1 year	€3.160	€420,748.94
	Improved physical wellbeing	293	1 year	€2,830	€384,412.48
	Improved peace of mind and confidence	262	1 year	€2,635	€341,111.82
	Feelings of empowerment and inclusion in the service provided	262	1 year	€2,970	€285,733.01
Clients of Personal Support and Connection Service	Increased social inclusion, support, and community	51	1 year	€2,545	€61,743.48
	Increased acceptance and feeling accommodated	89	1 year	€2,790	€106,227.02
	Reduced loneliness	76	1 year	€3,385	€107,431.78
	Increased hope for the future	83	1 year	€2,950	€102,249.36

Parents of clients - secondary stakeholders	Increased sense of comfort in leaving their child to attend services alone	174	1 year	€5,325	€459,939.42
	Sense of community and connection with other parents	156	1 year	€3,160	€284,684.40
	Relief about their child or children achieving their own outcomes	141	1 year	€5,300	€354,593.85

		Year 0	Year 1	Year 2	Year 3
Present Value of each year		€4,139,333.86	€0	€0	€0
Total Present Value (PV)	€4,139,333.86				
Net Present Value (PV minus the investment)	€3,117,593.86				
Social Return (Value per amount invested)	€4.05				

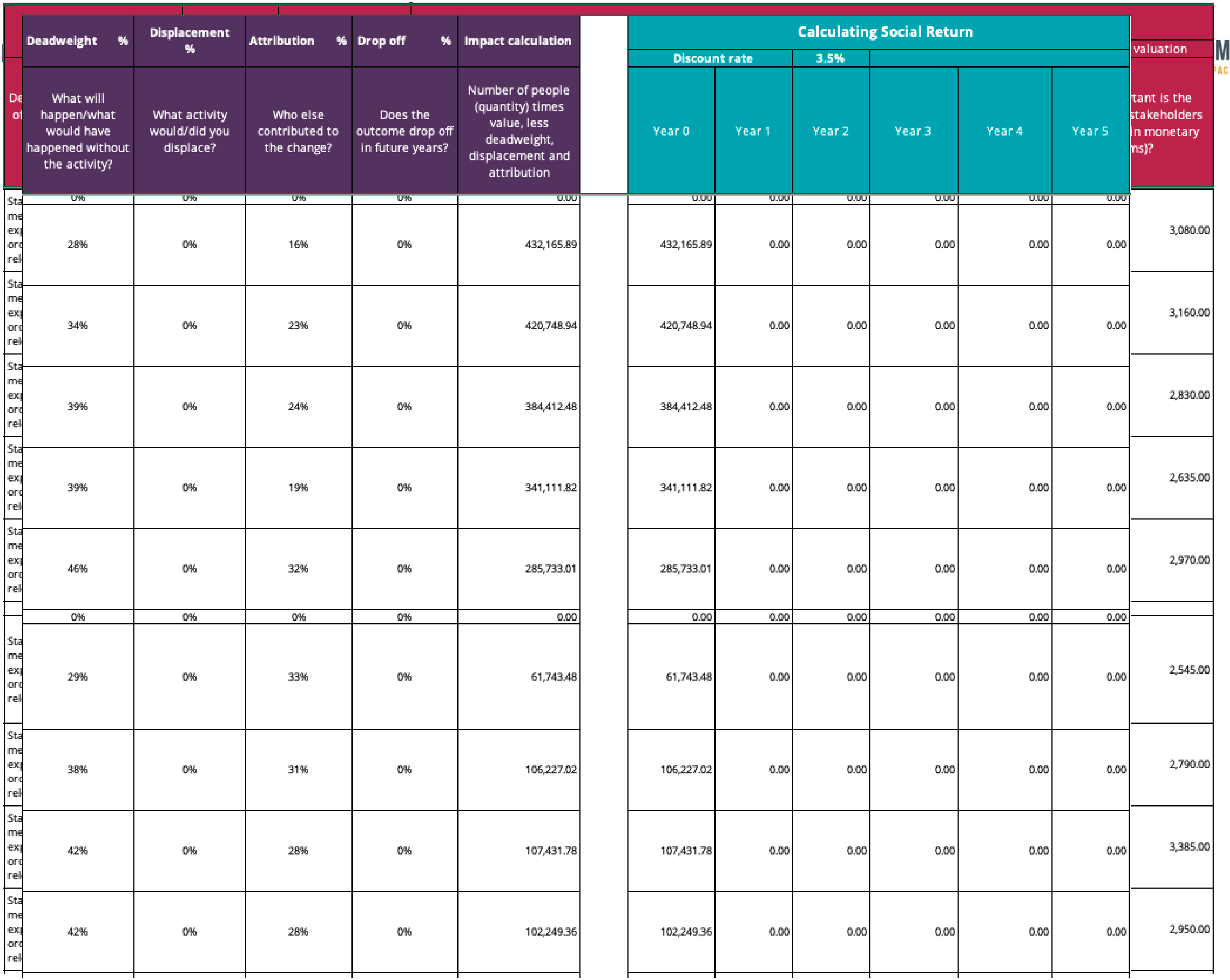
Who and how many?		At what cost?			What changes?	How much?	
Stakeholders		Inputs		Outputs	Outcomes Outcome description	Indicator and source	Quantity (scale)
Who do we have an effect on? Who has an effect on us?	How many in group?	What will/did they invest and how much (money, time)?	Financial value (for the total population for the accounting period)	Summary of activity in numbers.	What is the change experienced by stakeholders?	Describe how you measured the described outcome (including any sources used)	Number of people experiencing described outcome.
Clients of Psychological Wellbeing Services	110	Cost of all staff delivering the services (delivery time, preparation time, administration). Materials and consumables. Overheads and % Of Depreciation charge apportioned for stakeholder group	81,233	4 x 4-week A Moment for Me programmes @ 2 hours per week, 5 clients per group. 30 x 8-week blocks of 1-1 counselling sessions, running ~1hr each. 30 x 10-week blocks of Play Therapy, running ~50mins each. 2 x Growing in Confidence programmes, running 2hrs per day for 3 days each, 7 clients per group. 4 x Sibshop programmes, 2 hours each, 5 clients per group. Cross-over between programmes accounts for the discrepancy between client numbers per programme in Column E and total number per group in Column B.	Increased social inclusion, support and community	Self-reported post intervention assessment based on qualitative research conducted for this report. 4-point likert scale from no change to a large change experienced. Indicators identified for use in pre-post research for evaluative SROI in 2023 are included in the report.	67
					Improved mental wellbeing	Self-reported post intervention assessment based on qualitative research conducted for this report. 4-point likert scale from no change to a large change experienced. Indicators identified for use in pre-post research for evaluative SROI in 2023 are included in the report.	78
					Improved ability to cope with challenges	Self-reported post intervention assessment based on qualitative research conducted for this report. 4-point likert scale from no change to a large change experienced. Indicators identified for use in pre-post research for evaluative SROI in 2023 are included in the report.	75
					Increased confidence and motivation	Self-reported post intervention assessment based on qualitative research conducted for this report. 4-point likert scale from no change to a large change experienced. Indicators identified for use in pre-post research for evaluative SROI in 2023 are included in the report.	67
Clients of Community and Networks Services	76	Cost of all staff delivering the services (delivery time, preparation time, administration). Materials and consumables. Overheads and % Of Depreciation charge apportioned for stakeholder group	12,701.00	52 x 1hr Chat & Connect sessions, 10 clients per group. 36 x 1.5hr Drama for Kids classes, 20 clients per class. 36 x 1hr Drama for Adults classes, 10 clients per class. 10 x 1hr Parents Café sessions, 25 clients per session. Cross-over between programmes accounts for the discrepancy between client numbers per programme in Column E and total number per group in Column B.	Increased social inclusion, support and community	Self-reported post intervention assessment based on qualitative research conducted for this report. 4-point likert scale from no change to a large change experienced. Indicators identified for use in pre-post research for evaluative SROI in 2023 are included in the report.	51
					Increased confidence	Self-reported post intervention assessment based on qualitative research conducted for this report. 4-point likert scale from no change to a large change experienced. Indicators identified for use in pre-post research for evaluative SROI in 2023 are included in the report.	59
					Improved independence	Self-reported post intervention assessment based on qualitative research conducted for this report. 4-point likert scale from no change to a large change experienced. Indicators identified for use in pre-post research for evaluative SROI in 2023 are included in the report.	55
					Improved ability to cope with challenges	Self-reported post intervention assessment based on qualitative research conducted for this report. 4-point likert scale from no change to a large change experienced. Indicators identified for use in pre-post research for evaluative SROI in 2023 are included in the report.	25

	How long?		How valuable?		
Amount of change per stakeholder (depth)	Duration of outcomes	Outcomes start	Express the relative importance (value) of the outcome		
			Weighting	Valuation approach (monetary)	Monetary valuation
Describe the average amount of change experienced (or to be experienced) per stakeholder.	How long (in years) does the outcome last for?	Does the outcome start in Period of activity or in the Period after?	How important is this outcome to stakeholders? (e.g. on a scale of 1-10) (N.B. To make comparison between outcomes possible, your analysis should be consistent in the type of weighting used).	Describe the monetary valuation approach used to express the relative importance (value) of each outcome. (N.B. If your analysis does not use monetary valuation of outcomes, please use the Value Map (non-SROI) tab of this spreadsheet).	How important is the outcome to stakeholders (expressed in monetary terms)?
Stakeholders must self-report a medium or large change experienced for the outcome in order to be counted as materially relevant for the SROI.	1	period of activity	2.8/4	Valuations provided by respondents across two modified value game approaches (free valuation and value proxies)were combined to calculate the average value for each outcome. The average values were cross-checked against qualitative data to ensure consistency and a representative value was calculated. Obvious outliers and false responses were removed before averages were calculated.	2,585.00
Stakeholders must self-report a medium or large change experienced for the outcome in order to be counted as materially relevant for the SROI.	1	period of activity	3.31/4	Valuations provided by respondents across two modified value game approaches (free valuation and value proxies)were combined to calculate the average value for each outcome. The average values were cross-checked against qualitative data to ensure consistency and a representative value was calculated. Obvious outliers and false responses were removed before averages were calculated.	3,985.00
Stakeholders must self-report a medium or large change experienced for the outcome in order to be counted as materially relevant for the SROI.	1	period of activity	2.38/4	Valuations provided by respondents across two modified value game approaches (free valuation and value proxies)were combined to calculate the average value for each outcome. The average values were cross-checked against qualitative data to ensure consistency and a representative value was calculated. Obvious outliers and false responses were removed before averages were calculated.	2,915.00
Stakeholders must self-report a medium or large change experienced for the outcome in order to be counted as materially relevant for the SROI.	1	period of activity	2.8/4	Valuations provided by respondents across two modified value game approaches (free valuation and value proxies)were combined to calculate the average value for each outcome. The average values were cross-checked against qualitative data to ensure consistency and a representative value was calculated. Obvious outliers and false responses were removed before averages were calculated.	3,115.00
Stakeholders must self-report a medium or large change experienced for the outcome in order to be counted as materially relevant for the SROI.	1	period of activity	3.07/4	Valuations provided by respondents across two modified value game approaches (free valuation and value proxies)were combined to calculate the average value for each outcome. The average values were cross-checked against qualitative data to ensure consistency and a representative value was calculated. Obvious outliers and false responses were removed before averages were calculated.	2,420.00
Stakeholders must self-report a medium or large change experienced for the outcome in order to be counted as materially relevant for the SROI.	1	period of activity	3.27/4	Valuations provided by respondents across two modified value game approaches (free valuation and value proxies)were combined to calculate the average value for each outcome. The average values were cross-checked against qualitative data to ensure consistency and a representative value was calculated. Obvious outliers and false responses were removed before averages were calculated.	3,095.00
Stakeholders must self-report a medium or large change experienced for the outcome in order to be counted as materially relevant for the SROI.	1	period of activity	2.29/4	Valuations provided by respondents across two modified value game approaches (free valuation and value proxies)were combined to calculate the average value for each outcome. The average values were cross-checked against qualitative data to ensure consistency and a representative value was calculated. Obvious outliers and false responses were removed before averages were calculated.	3,685.00
Stakeholders must self-report a medium or large change experienced for the outcome in order to be counted as materially relevant for the SROI.	1	period of activity	1.92/4	Valuations provided by respondents across two modified value game approaches (free valuation and value proxies)were combined to calculate the average value for each outcome. The average values were cross-checked against qualitative data to ensure consistency and a representative value was calculated. Obvious outliers and false responses were removed before averages were calculated.	3,900.00

How much caused by the activity?				Still material?
Deadweight %	**Displacement %**	**Attribution %**	**Drop off %**	**Impact calculation**
What will happen/what would have happened without the activity?	What activity would/did you displace?	Who else contributed to the change?	Does the outcome drop off in future years?	Number of people (quantity) times value, less deadweight, displacement and attribution
34%	0%	21%	0%	90,303.87
28%	0%	22%	0%	174,562.13
28%	0%	20%	0%	125,928.00
27%	0%	17%	0%	126,454.36
0%	0%	0%	0%	0.00
40%	0%	24%	0%	56,279.52
43%	0%	21%	0%	82,227.03
40%	0%	25%	0%	91,203.75
35%	0%	19%	0%	51,333.75

Calculating Social Return					
Discount rate		**3.5%**			
Year 0	Year 1	Year 2	Year 3	Year 4	Year 5
90,303.87	0.00	0.00	0.00	0.00	0.00
174,562.13	0.00	0.00	0.00	0.00	0.00
125,928.00	0.00	0.00	0.00	0.00	0.00
126,454.36	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00
56,279.52	0.00	0.00	0.00	0.00	0.00
82,227.03	0.00	0.00	0.00	0.00	0.00
91,203.75	0.00	0.00	0.00	0.00	0.00
51,333.75	0.00	0.00	0.00	0.00	0.00

Who and how many?		At what cost?		Outputs	What changes?	How much?	
Stakeholders		Inputs			Outcomes Outcome description	Indicator and source	Quantity (scale)
Who do we have an effect on? Who has an effect on us?	How many in group?	What will/did they invest and how much (money, time)?	Financial value (for the total population for the accounting period)	Summary of activity in numbers.	What is the change experienced by stakeholders?	Describe how you measured the described outcome (including any sources used)	Number of people experiencing described outcome.
Clients of Health and Continence Services	386	Cost of all staff delivering the services (delivery time, preparation time, administration). Materials and consumables. Overheads and % Of Depreciation charge apportioned for stakeholder group	912,532.00	350 clients attending Continence Clinic for an average of 2 appointments per client, lasting approx. 1hr each. 60 clients attending Podiatry Clinic for an average of 2 appointments per client, lasting approx. 1hr each. Cross-over between programmes accounts for the discrepancy between client numbers per programme in Column E and total number per group in Column B.	Improved ability to participate in activities and day-to-day life	Self-reported post intervention assessment based on qualitative research conducted for this report. 4-point likert scale from no change to a large change experienced. Indicators identified for use in pre-post research for evaluative SROI in 2023 are included in the report.	232
					Increased sense of freedom	Self-reported post intervention assessment based on qualitative research conducted for this report. 4-point likert scale from no change to a large change experienced. Indicators identified for use in pre-post research for evaluative SROI in 2023 are included in the report.	262
					Improved physical wellbeing	Self-reported post intervention assessment based on qualitative research conducted for this report. 4-point likert scale from no change to a large change experienced. Indicators identified for use in pre-post research for evaluative SROI in 2023 are included in the report.	293
					Improved peace of mind and confidence	Self-reported post intervention assessment based on qualitative research conducted for this report. 4-point likert scale from no change to a large change experienced. Indicators identified for use in pre-post research for evaluative SROI in 2023 are included in the report.	262
					Feelings of empowerment and inclusion in the service provided	Self-reported post intervention assessment based on qualitative research conducted for this report. 4-point likert scale from no change to a large change experienced. Indicators identified for use in pre-post research for evaluative SROI in 2023 are included in the report.	262
Clients of Personal Support and Connection Service	165	Cost of all staff delivering the services (delivery time, preparation time, administration). Materials and consumables. Overheads and % Of Depreciation charge apportioned for stakeholder group	15,274.00	Approx. 509 hours spent by 9 members of staff via phone calls and in-person, offering personal support and connection to clients outside of the context of service appointments.	Increased social inclusion, support and community	Self-reported post intervention assessment based on qualitative research conducted for this report. 4-point likert scale from no change to a large change experienced. Indicators identified for use in pre-post research for evaluative SROI in 2023 are included in the report.	51
					Increased acceptance and feeling accommodated	Self-reported post intervention assessment based on qualitative research conducted for this report. 4-point likert scale from no change to a large change experienced. Indicators identified for use in pre-post research for evaluative SROI in 2023 are included in the report.	89
					Reduced loneliness	Self-reported post intervention assessment based on qualitative research conducted for this report. 4-point likert scale from no change to a large change experienced. Indicators identified for use in pre-post research for evaluative SROI in 2023 are included in the report.	76
					Increased hope for the future	Self-reported post intervention assessment based on qualitative research conducted for this report. 4-point likert scale from no change to a large change experienced. Indicators identified for use in pre-post research for evaluative SROI in 2023 are included in the report.	83



	Deadweight %	Displacement %	Attribution %	Drop off %	Impact calculation	Calculating Social Return						valuation
						Discount rate		3.5%				
De of	What will happen/what would have happened without the activity?	What activity would/did you displace?	Who else contributed to the change?	Does the outcome drop off in future years?	Number of people (quantity) times value, less deadweight, displacement and attribution	Year 0	Year 1	Year 2	Year 3	Year 4	Year 5	tant is the stakeholders in monetary ns)?
Sta me ex or rel	0%	0%	0%	0%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	28%	0%	16%	0%	432,165.89	432,165.89	0.00	0.00	0.00	0.00	0.00	3,080.00
Sta me ex or rel	34%	0%	23%	0%	420,748.94	420,748.94	0.00	0.00	0.00	0.00	0.00	3,160.00
Sta me ex or rel	39%	0%	24%	0%	384,412.48	384,412.48	0.00	0.00	0.00	0.00	0.00	2,830.00
Sta me ex or rel	39%	0%	19%	0%	341,111.82	341,111.82	0.00	0.00	0.00	0.00	0.00	2,635.00
Sta me ex or rel	46%	0%	32%	0%	285,733.01	285,733.01	0.00	0.00	0.00	0.00	0.00	2,970.00
	0%	0%	0%	0%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Sta me ex or rel	29%	0%	33%	0%	61,743.48	61,743.48	0.00	0.00	0.00	0.00	0.00	2,545.00
Sta me ex or rel	38%	0%	31%	0%	106,227.02	106,227.02	0.00	0.00	0.00	0.00	0.00	2,790.00
Sta me ex or rel	42%	0%	28%	0%	107,431.78	107,431.78	0.00	0.00	0.00	0.00	0.00	3,385.00
Sta me ex or rel	42%	0%	28%	0%	102,249.36	102,249.36	0.00	0.00	0.00	0.00	0.00	2,950.00

Stakeholders		Inputs		Outputs	Outcomes	Indicator and source	Quantity (scale)
					Outcome description		
Who do we have an effect on? Who has an effect on us?	How many in group?	What will/did they invest and how much (money, time)?	Financial value (for the total population for the accounting period)	Summary of activity in numbers.	What is the change experienced by stakeholders?	Describe how you measured the described outcome (including any sources used)	Number of people experiencing described outcome.
Parents of clients - secondary stakeholders	190	No associated costs - secondary impact created by services delivered to client stakeholders		Conservatively forecasted as 1 parent per child with a disability and 1 parent for every 3 adults with a disability attending the included services.	increased sense of comfort in leaving their child to attend services alone	Self-reported post intervention assessment based on qualitative research conducted for this report. 4-point likert scale from no change to a large change experienced. Indicators identified for use in pre-post research for evaluative SROI in 2023 are included in the report.	174
					sense of community and connection with other parents	Self-reported post intervention assessment based on qualitative research conducted for this report. 4-point likert scale from no change to a large change experienced. Indicators identified for use in pre-post research for evaluative SROI in 2023 are included in the report.	156
					relief about their child or children achieving their own outcomes	Self-reported post intervention assessment based on qualitative research conducted for this report. 4-point likert scale from no change to a large change experienced. Indicators identified for use in pre-post research for evaluative SROI in 2023 are included in the report.	141

Amount of change per stakeholder (depth)	Duration of outcomes	Outcomes start	Express the relative importance (value) of the outcome		
			Weighting	Valuation approach (monetary)	Monetary valuation
Describe the average amount of change experienced (or to be experienced) per stakeholder.	How long (in years) does the outcome last for?	Does the outcome start in Period of activity or in the Period after?	How important is this outcome to stakeholders? (e.g. on a scale of 1-10) (N.B. To make comparison between outcomes possible, your analysis should be consistent in the type of weighting used).	Describe the monetary valuation approach used to express the relative importance (value) of each outcome. (N.B. If your analysis does not use monetary valuation of outcomes, please use the Value Map (non-SROI) tab of this spreadsheet).	How important is the outcome to stakeholders (expressed in monetary terms)?
Stakeholders must self-report a medium or large change experienced for the outcome in order to be counted as materially relevant for the SROI.	1	period of activity	2.23/3	Valuations provided by respondents across two modified value game approaches (free valuation and value proxies)were combined to calculate the average value for each outcome. The average values were cross-checked against qualitative data to ensure consistency and a representative value was calculated. Obvious outliers and false responses were removed before averages were calculated.	5,325.00
Stakeholders must self-report a medium or large change experienced for the outcome in order to be counted as materially relevant for the SROI.	1	period of activity	1.44/3	Valuations provided by respondents across two modified value game approaches (free valuation and value proxies)were combined to calculate the average value for each outcome. The average values were cross-checked against qualitative data to ensure consistency and a representative value was calculated. Obvious outliers and false responses were removed before averages were calculated.	3,160.00
Stakeholders must self-report a medium or large change experienced for the outcome in order to be counted as materially relevant for the SROI.	1	period of activity	2.45/3	Valuations provided by respondents across two modified value game approaches (free valuation and value proxies)were combined to calculate the average value for each outcome. The average values were cross-checked against qualitative data to ensure consistency and a representative value was calculated. Obvious outliers and false responses were removed before averages were calculated.	5,300.00

Deadweight %	Displacement %	Attribution %	Drop off %	Impact calculation	Calculating Social Return					
					Discount rate		3.5%			
What will happen/what would have happened without the activity?	What activity would/did you displace?	Who else contributed to the change?	Does the outcome drop off in future years?	Number of people (quantity) times value, less deadweight, displacement and attribution	Year 0	Year 1	Year 2	Year 3	Year 4	Year 5
32%	0%	27%	0%	459,939.42	459,939.42					
23%	0%	25%	0%	284,684.40	284,684.40					
27%	0%	35%	0%	354,593.85	354,593.85					
0%	0%	0%	0%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0%	0%	0%	0%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0%	0%	0%	0%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0%	0%	0%	0%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0%	0%	0%	0%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			Total	4,139,333.86	4,139,333.86	0.00	0.00	0.00	0.00	0.00
			Present value of each year		4,139,333.86	0.00	0.00	0.00	0.00	0.00
			Total Present Value (PV)							4,139,333.86
			Net Present Value (PV minus the investment)							3,117,593.86
			Social Return (Value per amount invested)							4.05

Appendix 10: Stakeholder Quotes that Informed Final Outcomes

10.1 Psychological Wellbeing Outcomes

10.1.1 Improved mental wellbeing

- "[Sibling] is much more relaxed and at ease. Through the play therapy we also discovered what the root of it all was for [them], relating to [child with a disability] having spent a long time in hospital. I don't think [they] would be the way [they are] now if it wasn't for the Play Therapy." – Parent as proxy for sibling of a child with a disability
- "You can't share that stuff with other people because they don't get it, and it's hard. Sometimes you just need to be able to laugh about it, that's how you cope, and I could do that in the group because I knew the other parents got it too." – Parent of an adult with a disability

10.1.2 Increased confidence and motivation

- "I've gained a lot of weight because I've been so stressed, and unhappy, and just focusing on being mum to [child] and it's me that does most of the caring for him as my [partner] works. After the counselling I really had a new outlook and I'm eating better and exercising again, probably for the first time since [child] was born." – Parent of a child with a disability
- "[Child has their] entrance exams for secondary school soon, and [they're] such an anxious child that we just didn't tell [them], but someone let it slip at school and [they were] panicking. But [they] went for a session with [play therapist] that week and [play therapist] really put [them] at ease about it, so [they] feel much better about the exams now. [They] might still get anxious when it comes around, but [they] feel more confident coming up to it at least." – Parent as proxy for a child with a disability

10.1.3 Improved ability to cope with challenges

- "You'd feel so alone sometimes when there's an issue, because your friends whose kids don't have a disability wouldn't necessarily have experienced that thing before, and you don't want to share stuff like that either really. But you can talk about those things in the group, and almost always, someone else has been there and can help you and give you advice." – Parent of a child with a disability
- "[Child] asks questions in advance now about what an experience was going to be like for [them]. It's like [they] think more about how things might impact [them] in the future too." – Parent as proxy for sibling of a child with a disability

10.1.4 Increase in social inclusion, support, and community

- "It's so good for [them] to have someone outside of our own little bubble, to talk to and who cares about [them] and listens to [them]. And I think [they're] more likely to listen to [play therapist] and take it on board than [they] are with us." – Parent as proxy of a child with a disability
- "We're still in touch, we have a little WhatsApp group and we all met for a coffee since the end of the programme. It's actually so nice because it's harder than you'd think to meet other parents of children with disabilities and even the parents you would know, you're usually just bumping into each other in the consultants' office." – Parent of a child with a disability
- "[They] wouldn't really know any other kids with a sibling with a disability and I don't think [they] really notice it yet, [they're] too young, but [they] came out of the session with some new language about disability, so they clearly all connected on that and

were talking about it. It's nice to know [they have] peers in there." – Parent as proxy for sibling of a child with a disability

10.2 Community and Networks Outcomes

10.2.1 Increase in independence (clients with disabilities only)

- "[They'd] never been anywhere without one of us really, but we're not allowed to go into drama with [them], which was good for us all honestly. [They] love heading off into the class without us and having that time for [themselves]. It's definitely given [them] more independence." – Parent as proxy for a child with a disability
- "I wouldn't really have had anyone to talk to outside of my family before, but now I can talk to the Chat and Connect group if I have a problem or a worry. It's nice to have friends of my own. I didn't really have that after I finished school." – Adult with a disability
- "Because there are all sorts of kids in the group, different ages, different disabilities…[they] hadn't really experienced that before, [they] usually only mix with kids [their] own age, or even younger, because of [their] disability [they're] often put into groups with the younger children. At Crann [they] got to see older children and teenagers with disabilities and see all the things they were able to do. It's been really helpful to push [them] forward with what they can do [themselves]." – Parent as proxy for a child with a disability

10.2.2 Improved ability to cope with challenges

- "You can talk about anything you want in the group. Sometimes someone is having trouble with something, and they can ask the group for advice. We're likeminded people and have some of the same experiences and can help each other." – Adult with a disability
- There are other parents in the group whose child might be older or they're further on their journey, and that's amazing and so helpful. It can be really lonely and confusing and it's hard to find the right information, but someone else in the group might say, "did you know you're entitled to this support" or "have you contacted this place for services" and that's information you wouldn't have otherwise. So, you sort of feel like things are easier to deal with, when you have these other parents in your corner." – Parent of a child with a disability

10.2.3 Increase in social inclusion, support, and community

- "Sure, I never met any of these people before, until Parents' Café. I think I met [parent] and [parent] at the Christmas Party actually, but other than that I didn't know anyone. And now they're like my family. No joke, I tell them things before I tell anyone else, they're the first people I ask when I need advice or help, other people just don't get it like they do. It really is a family here." – Parent of a child with a disability
- "Seeing [them] heading off in with [their] buddies, and [they're] always so happy to go, [they] look forward to drama every week, to see the gang and [teacher] too. [They're] the only wheelchair user in school, so [they] love being in a group of people like [them] and having the craic." – Parent as proxy for a child with a disability

10.2.4 Increased confidence

- "It's actually made [them] bossier! [They'll] tell [sibling] now that [they] don't want to play a particular game and want to do something else. In the past [sibling] would've always dictated what they were doing together and [child with a disability] would've gone along with it, I think just happy [their sibling] wanted to play with [them], but not anymore." – Parent as proxy for a child with a disability

- “I don’t feel half as isolated as I used to. And it’s probably built up my confidence too, you know from a social point of view. All the people I’ve met have been very welcoming and friendly and you do build up a relationship with them… Sometimes I’d get nervous when talking to someone if I haven’t met them before or if they’re relatively new to me. But I think when I’m talking to another wheelchair user I don’t feel as nervous because I know that they exactly understand where I’m coming from.” – Adult with a disability

10.3 Health and Continence Outcomes

10.3.1 Empowerment and involvement in the service

- “Crann is so much nicer than the doctor. They’re not at all pushy, it’s very much a case of try this out and see how you get on. Then they’ll constantly check in and make sure everything is going ok for you. You feel like a team, they’re so reliable and actually want to know if you’re not getting on ok. You’d lose hope relying on people honestly, but they’re always there.” – Adult with a disability
- “They’re research-based, client-based and person-centred. Honestly, it’s so important. You feel like you’re partners. As people with disabilities, we’re always having to settle, always feeling like Oliver Twist if we have to ask for something, but at Crann I feel I can ask for what I need and they’ll do everything they can to give me that, because we’re a team and they’re genuinely trying to meet people’s needs and working with the service users.” – Adult with a disability

10.3.2 Improved physical wellbeing

- “The bowel routine used to take us hours! [They’d] have to sit there for hours, and it was really uncomfortable and [they] hated it, so [they’d] scream and cry the whole way through…for hours. It was awful. I had to stay with “them” for the whole thing. But now it’s over so quickly, it’s no issue, no tears, nothing. The stress of it before, [they] used to nearly make [themselves] sick with the crying.” – Parent as proxy for a child with a disability
- “It’s this kind of constant pain and discomfort, and because of Covid, it went on and on, I never really managed to get it looked at. If I went to the GP I’d have to be taking off all my compression stockings and everything, and they never have time for that. So I just put up with it, and hoped it wasn’t anything too serious. But the podiatrist sorted it right out, no pain!” – Adult with a disability

10.3.3 Improved ability to participate in activities and day-to-day life

- “We went to a family event recently, and [they] were able to just enjoy the day; we all were. No one had to think about changing [them] and [they] didn’t have to stop playing or feel embarrassed to be taken off for that in the middle of it. [They] made it all the way through without an accident or anything. I don’t think we ever thought we’d be there.” – Parent as proxy for a child with a disability
- “I was becoming more and more unwell with it, and it’s impossible to continue as normal when you feel so sick. After that trip to the GP, I knew I needed someone else to help me get better so I could get back to normal.” – Adult with a disability

10.3.4 Increased sense of freedom

- “I live alone, I can drive myself, I do have a home help who comes to get me showered and dressed in the mornings, because that’s so important for your wellbeing, you know? But after the kidney stone got caught in the catheter, I was in so much pain and discomfort, I had a fever, I couldn’t get out of my bed for anything. Being able to call [staff] and get that support to get it sorted – [they were] truly so helpful and even followed up with the consultant for me to get me in there quicker –

then I was back to myself again and I'm free to do as I please again now." – Adult with a disability

- "I don't know what would've happened [without Crann], honestly. No one even ever had a conversation with us about it. We found Crann ourselves, and it's been life changing. We don't even have to think about changing or whether there's an accessible bathroom anymore!" – Parent as proxy for a child with a disability

10.3.5 Improved peace of mind and confidence

- "I was able to call [staff] when the public health nurse couldn't manage something for me, because that's her specialty, and she knows. And if she doesn't, she can go to the urology team in the hospital for me and get further information. Then she's very prompt to come back and relay all the information that is required. Her service is invaluable." – Adult with a disability
- "We had been to a podiatrist before and [child with a disability] would not go back! [They] came home almost in more pain than they went in with. It took some convincing to get [them] into [podiatrist] at Crann, but now [they] head in with no issue at all. [They'd] be a very anxious child, but [they] don't even get worried now about going." – Parent as proxy for a child with a disability

10.4 Personal Support and Connection

10.4.1 Increased social inclusion, support, and community

- "It's a big change because we'd never have been in the community set ups or meet ups…When we switched over to Enable, there wasn't any community. It felt like we were never really being given the opportunity to be part of a community anywhere." – Parent of a child with a disability
- "I love it, it's a really happy place to be, it's comfortable, it's really homely. It's similar to other organisations, but less clinical. It's a community! I'm not saying that they don't have clinical expertise, but it's a lovely environment." – Adult with a disability

10.4.2 Increased feelings of acceptance and being accommodated

- "[As child's mother, the impact of that was] it was so welcoming, it felt absolutely great, the fact that they welcomed us and the family in and there was that acceptance…everything's under control, take a bit of space, take some time for yourself. You were at peace of mind that you knew [child with a disability] was in a good place and around good people." – Parent of a child with a disability
- "[Staff] was so good to follow up every so often and let me know another Moment for Me was running and to see if I had time to do it." – Parent of a child with a disability

10.4.3 Increased hope for the future

- "I love that about Crann, you don't just do the course, they kind of say to [adult with a disability], "would you be interested in giving a course?". [They] love that because it gives [them] great self-esteem and [they] can see that [they] can help people too. It's the same with the voluntary work. It gives [them] a sense of worth and a belief that [they] can help people in the future too. It's about the feeling that [they're] helping kids that went through what [they] went through. [They'd] have loved to have that as a kid. That's the best thing we've got out of it." – Parent of an adult with a disability
- "You never have to fight. You feel that you have someone in your corner, and they have your child and your family's interests at heart. It's the whole family; no matter what happens with the child in the future, it impacts the whole family." – Parent of a child with a disability

10.4.4 Reduced loneliness

- "You feel like someone is there, you have help and support. They're so reliable to get back to you and the tone of voice and even the language they use is so supportive. You can talk to them and ask them about anything!" – Parent of a child with a disability
- "I think it's the people that work there. I know [partner] has had a lot of contact with the people that work there, more so than I have, and I've always heard [them] say they're very open and it's like a community. You know if you ring, you're going to get someone who will talk to you…with other services, you could ring, you could email, you may be lucky enough to get something back but you're not holding out any hope." – Parent of a child with a disability
- "Obviously [other organisation] were incredible, but to be fair to them, they're a service for [adult with a disability] not me. Even though, if I rang any of them concerned about [them], they would be so kind to me obviously but ultimately my main goal is [them] and they would meet [their] medical and physical needs and they're so important as [they're] growing up…it's a whole range of services for [them], which is great, but that is their role…I wouldn't really be in touch with any service for me." – Parent of an adult with a disability

10.5 Outcomes for parents of clients

10.5.1 Increased sense of comfort in leaving their child to attend services alone

- "You'd just be more comfortable to go away and leave [them] to go into the class on their own. I don't think I ever felt that anywhere else, like I'd always have to be there in case." – Parent of a child with a disability
- "Sometimes [they] dribble on [themselves] but I have no qualms that the staff would help clean [them] up a bit and say nothing about it. It's nice to know [they] can be happy and comfortable here and get that bit of independence to do something without me too." – Parent of a child with a disability

10.5.2 Sense of community and connection with other parents

- "I've made some of my closest friends here. I actually really missed the drop-off and pick-up chats during Covid, and then even when things opened up a bit of course we couldn't all sit or stand inside having the chat while we waited because there's so many of us. Some days you'd be stood out in the car park getting the news in the freezing cold even." – Parent of a child with a disability
- "We're a proper little community. Everyone looks out for everyone else and would help you with anything. Even for all our differences, we've got a common goal." – Parent of an adult with a disability

10.5.3 Relief about their child or children achieving their own outcomes

- "I guess relief would be the overwhelming feeling. Just to see [them] thriving and achieving so much. Especially to see the friendships and know [they're] happy here." – Parent of a child with a disability
- "Honestly, [child with a disability] has come such a long way since we found Crann and that just makes me feel so relieved." – Parent of a child with a disability