

# SROI Evaluation of Changing Minds Executive Summary

for the  
South London & Maudsley NHS Foundation Trust

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## Headline Findings

**The Social Return on Investment (SROI) for the Changing Minds programme is for every £1 spent £8.78 of social value is created**

**This represents a high social return and good value for money**

### SIGNIFICANT BENEFITS FROM THE PROJECT WERE:

- Many beneficiaries found employment through doing the course; many of these are now working as support workers in the field of mental health.
- Participants talked about the increase in their social networks, and some talked about improved family relationships.
- Some beneficiaries continued to volunteer after the course had ended.
- Some beneficiaries used their new-found confidence to pursue formalised learning outcomes and have improved their education as a result of the programme.

Outcomes indicated that most of these benefits were true of all graduates, whether they went on to deliver training or not.



Beneficiaries also reported a number of positive health related outcomes, in particular:

- Increased confidence
- Increased mental well-being
- Better physical health
- More physical activity
- Reduction in medications
- Reduced visits to health care professionals
- Sleeping better
- Weight loss

The fact that graduates were interviewed some time after the project had finished (approx 2 years), demonstrates that there is also a sustained effect. It shows that this client group in particular benefit disproportionately from interventions that integrate them back into society. This was clearly a very successful programme for both the clients and society as a whole, with £8.78 of social value created for every pound spent.



## Introduction

### The Changing Minds Programme – Background

*Changing Minds* was a project delivered by the South London and Maudsley NHS Foundation Trust (SLaM). It aimed to develop and equip participants to design and co-deliver mental health awareness training courses to challenge stigma and discrimination within staff groups and in their local communities. People undertook a nine-month part-time training course (consisting of 14-19 sessions) to give them the skills to co-design and co-deliver training from their own perspective, and to be paid for so doing.

The objectives of the course were to:

- Develop a 'pool' of trainers for SLaM to use internally
- Develop individual skills and prospects for participants
- Raise mental health awareness in the community

Once people had completed the training courses, they had the option of being paid to deliver mental health awareness training to staff within SLaM, to other organisations and within community settings. The pool would deliver different types of mental health awareness training, according to preference and expertise, for example: substance abuse; self-harm; wellbeing; coping with bi-polar disorders; and what carers need to know to support people with a mental illness.

Each programme offered 12-16 places. Places were prioritised using the following criteria:

- Using or had used secondary mental health services
- From black and minority ethnic communities
- Not already engaged in service user involvement on a regular basis
- From areas within the Well London remit

There was an open referral process that was not diagnosis specific. The course was co-facilitated by service users, ideally two people working together, who enabled a 'mirroring process' for participants.



Between 2008 and 2010 SLaM commissioned four courses to be delivered by outside community organisations. Participants came from the 20 London boroughs that were part of the Well London programme. The courses were advertised in mental health services, GP surgeries and community based facilities, such as Citizen Advice Bureaux, voluntary organisations and libraries. Marketing commenced around 1-2 months before each course began. An information/taster day was then held in a non-medical venue for people who had expressed an interest in taking part, and application forms were available which gave people two weeks to decide whether to follow up their interest.

Organisations in each of the 20 Well London boroughs were invited to tender for the work. Successful organisations had to demonstrate their ability to design and deliver mental health awareness training, and to involve people using mental health services in the design and delivery of the training. Service-user led organisations were encouraged to apply for the work.

When the course began it ran for three hours every other week. There were four different training providers running the courses; Shoreditch Spa, Mind in Tower Hamlets, Community Options and Kensington & Chelsea Mind. The original course and programme was written and run by the Programme Lead, Stephanie McKinley. The training providers ran the course following this best practice.

Sessions covered a range of topics, such as aims and objectives, group dynamics, facilitation skills, presenting information, structuring a training course, how adults learn, and equal opportunities. Due to the uniqueness of the client group, specific sessions were included e.g. a welfare benefits session, to ensure participants would make an informed choice regarding employment options on completion of the course and how to use their own personal mental health experience.

In each of the 20 boroughs, additional funding was offered in order to deliver 12 mental health awareness training sessions using the graduates from the Changing Minds programme.



The course was developed through ongoing monitoring and review. Careful monitoring of participants' progress was undertaken during debriefing sessions and each session was evaluated, with feedback given at the next session.

Each participant was required to co-design and deliver a selected part of a training session to the other participants, which was peer assessed. A follow-up 'reference' session was held one month after the end of the course. This gave participants the opportunity to assess their skills and development needs, and explore the level of training delivery they wanted to get involved with. In addition business advice was given to people who wanted to become self-employed. Graduates were offered opportunities to co-facilitate the next course, with the eventual aim of enabling them to run their own Changing Minds programme alongside another graduate.

In addition, the Programme Lead telephoned participants after six months for a 'check up', and thereafter on an annual basis, in order to record information about their service user involvement activities, training delivery, further education and employment outcomes.

The evaluation of the course demonstrated that the most significant impact was in terms of:

- **Having a valued role – through going onto voluntary work, paid employment and training delivery**
- **Ability to make decisions and choices**
- **Enhanced self esteem**
- **Increased confidence**
- **Development of supportive social networks**
- **More optimistic outlook**
- **Challenging discrimination**

As a follow-up to the points that were raised in the evaluation, SLaM asked the University of East London to undertake an SROI evaluation. They felt the methodology was particularly appropriate for this type of programme, because it provides a more subtle analysis than that gained from traditional methodology, which finds it hard to record



soft outcomes such as enhanced confidence, health gains, self esteem etc.

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# The SROI Approach

SROI started in the United States and has been used worldwide for a number of years. In 2009 'A Guide to Social Return on Investment' was published by the Cabinet Office which has helped to standardise the application of SROI. Further Government endorsement has come from the Centre for Social Justice and their publication 'Outcomes Based Government 2011'.

SROI is an approach that measures a broader concept of value than is usually accounted for in cost benefit calculations. It seeks to "reduce inequality and environmental degradation and improve wellbeing by incorporating social, environmental and economic costs and benefits."<sup>1</sup> SROI frameworks account for change in an organisation, or to society, by measuring social and economic outcomes, and uses monetary values to represent these outcomes. Once these monetary values have been established, a cost:benefit analysis can be conducted that includes this notion of social value. Finally, a SROI ratio is produced that shows the social value in pound terms, against money spent on the project or programme.

The SROI approach is based on seven principles:

- **Involve stakeholders**
- **Understand what changes**
- **Value the things that matter**
- **Only include what is material**
- **Do not over-claim**
- **Be transparent**
- **Verify the result<sup>2</sup>**

There are six stages in calculating an SROI, which are as follows:<sup>3</sup>

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<sup>1</sup> Cabinet Office et al *A Guide to Social Return on Investment* (2009) page 8

<sup>2</sup> Ibid pg 9

<sup>3</sup> The six stages are taken from the cabinet office report; here we apply these stages to the SLaM evaluation



**Establishing scope and identifying key stakeholders.** The scope of the SROI was established in conjunction with SLaM. There have been 33 graduates from the programme and they have had a good success rate in obtaining employment. The evaluators interviewed 15 graduates (approximately 45% of the total cohort). The evaluators were given a list of 30 graduates from which we selected the interviewees. We interviewed both people that had delivered training as a result of the course and those that hadn't, and ensured a representative spread of gender and borough.

**Mapping outcomes.** Through engagement with the stakeholders, we developed an impact map, or theory of change, which shows the relationship between inputs, outputs and outcomes. This impact map considers the social value of changes in the participants' lifestyles and wellbeing that were provoked by their engagement with the Changing Minds programme.

**Evidencing outcomes and giving them a value.** This stage involved data collection to establish what outcomes had taken place, and then assigning monetary value to them. This data collection was based on in depth interviews with the graduates and the training providers, along with meetings with SLaM. Particular financial proxies that were used, along with their source, are outlined later in this report.

**Establishing impact.** Having collected evidence on outcomes and monetised those, the aspects of change that would have happened anyway, or are a result of other factors, are eliminated from consideration. This is common economic practice and includes notions of deadweight, attribution, displacement and drop off. These impacts are calculated via a percentage; deadweight considers what would have happened anyway, without the activity under investigation. Displacement considers any activity that the programme under evaluation displaces. Attribution considers any other things that contributed to the changes that are being mapped, and drop off considers the outcomes that might lessen over future years.



**Calculating the SROI.** This stage involved adding up all the monetised outcomes, subtracting any negatives (in this case the cost of the project to SLAM) and comparing the result to the investment.

**Reporting, using and embedding.** This last step involved sharing findings with stakeholders and responding to them, embedding good outcomes processes and verification of the report.

## Methodology

Although the evaluation primarily utilised the SROI approach in calculating monetised social value for the programme, the data collected from SLAM and the semi-structured, in-depth interviews with beneficiaries was also used to evaluate the programme in terms outside of the SROI approach. The following methodology was employed.

### 1. Establishing scope and identifying key stakeholders

Stakeholder engagement – we established the stakeholder group to properly address the scope of the SROI approach. This was done via a number of meetings between the evaluators and SLAM. The other stakeholders were the beneficiaries themselves, who were contacted and interviewed. We interviewed 15 participants who had completed the Changing Minds programme. A list of graduates was given to the evaluation team, which consisted of people that SLAM staff had been able to contact. This represented 30 out of 33 graduates. SLAM had not been able to contact 3 of the graduates. Approximately half had not delivered any training.

### 2. Mapping outcomes

A desk review of Changing Minds was conducted. This was done via an examination of documentary evidence; including participant numbers, and any other documents associated with the programme including an internal evaluation that SLAM had undertaken, and financial data on running costs.



### 3. Evidencing outcomes and giving them a value

We conducted semi-structured, in-depth telephone interviews with 15 participants. While these interviews were primarily intended to collect data for the SROI, there was the opportunity to establish a framework that went beyond the SROI. Thus the combination of the SROI approach with a number of qualitative indicators, covered not only the financial value of these programmes, but also helped us to understand other, soft impacts.

The indicators that we were particularly interested in were as follows:

- i. How the programme has helped the participant to be well and how this might have an impact on health inequalities at a local level
- ii. To establish whether the participant has had less contact with health services, or is taking reduced medication etc after the programme.
- iii. Impacts on health literacy
- iv. Image of SLaM and Well London, as result of the programme.
- v. Influences of beneficiaries on others – e.g. partners and children, to support their healthier lifestyles

**Calculating value in financial terms** We firstly established what was material to the programme based on the interviews, and a desk review of the Changing Minds Programme. We then assigned financial value to the outcomes. A full breakdown of all the proxies used, including their source and justifications are included later in this report. We also asked graduates on a scale of 1 to 10 how much they attributed the change in their lives to the programme. This then relates directly to the attribution figure.

### 4. Establishing impact

This involved subtracting benefit values that would have occurred anyway, without the intervention or programme taking place. This was based on the methodology outlined by the HM Treasury in the Green Book, which is comparable with the SROI approach.



## 5. Calculating the SROI

This involved the calculations to establish the final financial figures for the SROI, and the SROI ratio of the programme in its entirety. At this stage we undertake a sensitivity analysis. A definition of the headings for this is explained below. The actual sensitivity analysis relating to Changing Minds is described in more detail further on the report.

## 6. Recommendations

This final phase of the evaluation considered the SROI calculations as well as the other qualitative indicators outlined above, to enable the evaluators to make recommendations about the future of Changing Minds or similar programmes.



# Impact Mapping

## Stakeholders

One of the key stages in any evaluation, but particularly for the SROI approach, is to clearly establish the main stakeholders. This better enables an examination of both the costs, and the nature of change brought about by Changing Minds. Through the evaluation we found the main stakeholders to be:

- **Beneficiaries** - the graduates of the Changing Minds (and in some instances their families)
- **Training Providers** – Community Options, Mind in Tower Hamlets, Shoreditch Spa and Kensington and Chelsea Mind
- **National Government** - due to the benefits saved, and increase in taxes earned through increased employment, reductions in benefits
- **SLaM** - as they had a pool of trainers for the Mental Health Courses

We interviewed 15 out of the 33 graduates on the programme (45% of the total). There were 55 participants in all, but a number dropped out – the most common reason was because the participants became unwell or had other commitments. We agreed with SLaM only to include those who had graduated from the course (whether or not they had delivered any training themselves). Thus the evaluation is based on the Social Returns created by those graduates.

For this SROI we defined the beneficiaries as graduates of the programme, not the recipients of the training that the graduates subsequently delivered to. This “snowballing” effect, which is at the heart of the project, could have been included in an SROI, with the effect of further increasing the levels of Social Return. However, contacting such a wide pool of “second-tier” beneficiaries was out of the scope of this project.



## Financial Indicators

From the interview data, we interviewed 15 beneficiaries to map the most important changes to the Changing Minds graduates, (and other stakeholders). This represented around 45% of the cohort. The graduates we interviewed had been on the programme 2-3 years ago and had sustained the changes that are described below. We therefore feel confident in the results and if anything we have erred on the side of caution.

These are outlined in the table below and on pages 16-17.

<p><b>Participant 1</b></p>	<ul style="list-style-type: none"> <li>• Employment</li> <li>• Increased tax</li> <li>• Employers and Employees National Insurance Contributions</li> <li>• Confidence boost</li> <li>• Out of supported housing</li> <li>• Reduced visits to GP</li> <li>• Reduced visits to health professional both psychotherapist and GP</li> <li>• Lowered medication</li> </ul>
<p><b>Participant 4</b></p>	<ul style="list-style-type: none"> <li>• Confidence boost</li> </ul>
<p><b>Participant 5</b></p>	<ul style="list-style-type: none"> <li>• Volunteering</li> <li>• Confidence boost</li> <li>• Better sleeping patterns</li> </ul>
<p><b>Participant 7</b></p>	<ul style="list-style-type: none"> <li>• Employment</li> <li>• Reduced visits to health professionals – psychotherapist</li> <li>• Reduction in medication</li> <li>• Increased physical activity</li> <li>• EDCL course (not monetised but still a benefit)</li> </ul>



<b>Participant 8</b>	<ul style="list-style-type: none"> <li>• Confidence boost</li> </ul>
<b>Participant 9</b>	<ul style="list-style-type: none"> <li>• Employment</li> <li>• Increased tax</li> <li>• Employers and Employees National Insurance Contributions</li> <li>• Increased physical activity</li> </ul>
<b>Participant 10</b>	<ul style="list-style-type: none"> <li>• Volunteering</li> <li>• Confidence boost</li> </ul>
<b>Participant 12</b>	<ul style="list-style-type: none"> <li>• Volunteering</li> <li>• Decreased visits to health professionals</li> <li>• Weight loss</li> <li>• Increased social networks</li> </ul>
<b>Participant 13</b>	<ul style="list-style-type: none"> <li>• Reduced benefits</li> <li>• Volunteering</li> <li>• Confidence boost</li> <li>• Reduction in medication</li> <li>• Increase in physical activity</li> <li>• Better money management</li> <li>• Certificate in psycho-analytic psychology (not monetised but a benefit)</li> </ul>
<b>Participant 14</b>	<ul style="list-style-type: none"> <li>• Employment</li> <li>• Increased tax</li> <li>• Employers and Employee National Insurance contributions</li> <li>• Confidence boost</li> <li>• Decrease in medication</li> <li>• Increased physical activity</li> <li>• Increased social networks</li> </ul>



## Participant 15

- Volunteering
- Confidence boost
- Increased physical activity
- CBT training – Diploma in cognitive therapy (not monetised but a general benefit)

An SROI Impact map was developed to ascertain the financial indicators used in the evaluation from the interviews. These were then applied across the whole cohort (n) 33 to give an estimated value of savings.

- Increase in earnings, as participants moved into employment:  
estimated value £139,966
- Increased taxation receipts, as a result of people moving from benefits into employment – total taxation including tax, NIC Employer and Employees:  
estimated value £33,700
- Reduction in benefits received as beneficiaries moved into employment or moved off incapacity benefit:  
estimated value £19,938
- Volunteering hours:  
estimated value £28,582
- Costs of supported accommodation as beneficiaries moved out of supported housing:  
estimated value £17,333
- Less reliance on medication:  
estimated value £400



- **Decrease in the contact with health professionals:  
estimated value £22,257**
- **Better sleeping patterns:  
estimated value £231**
- **Increase in physical activity:  
estimated value £1,709**
- **Weight loss:  
estimated value £213**
- **Increased confidence and self esteem  
estimated value £18,667**
- **Graduates enhancing their social networks  
estimated value £489**
- **Better money management  
estimated value £145**
- **Costs of the programme to SLaM  
£74,047**



## Non Monetised Benefits

### Training

A number of the graduates had facilitated training sessions, but these had been paid for by the programme and therefore could not be monetised for this reason. However some of the graduates had facilitated courses outside the Well London programme. Therefore there is a social benefit here, but for the evaluation it was not monetised.

### Educational outcomes as a result of participation in the programme

A number of graduates gained qualifications, however this information has not been included because the return from gaining a qualification are normally seen over a longer period of time and thus we could not give a social return on it.

### Benefits of the training given by the graduates to recipients subsequent to completing the programme

The participants were trained to give training on dealing with mental health stigma and although this report was not able to measure the ripple effect of the training received, it would be expected that there would be further changes in behaviour that could be measurable. Research shows that one of the most powerful ways to reduce mental health stigma is to have direct contact with somebody who has experienced mental ill health - based on social contact theory; (Thorncroft, G. (2006) *Shunned: Discrimination against people with mental illness*, Oxford: Oxford University Press). One benefit of this may be that employers will be more likely to consider employing people with experience of mental health distress and better able to support employees with specific needs in this area. Reduced stigma would encourage people to seek help at an earlier stage and thus reduce the costs associated with mental illness.



## **Beneficiaries: Interviews with participants**

15 interviews were undertaken, with the views taken to be representative of the cohort of 33 graduates. The comments were nearly all positive, with typical comments such as:

**'I was not good at mixing with people and the course gave me confidence and it made it easier to make friends'**

**'I never missed a session'**

**'I feel more balanced now'**

**'The training changed my outlook on life so much'**

**'The lunches were very good'**

**'The team work and working with other in a similar situation was very good'**

**'I can now face everyday challenges'**

**'I now connect with other people when I meet people'**

**'Because I am well now, other things are falling into place'**

**'I am really proud of what I have achieved'**

**'I am much more aware of my moods now, and I don't let things get me down'**

**'I felt accepted by the others'**



**'It brought me out of myself, now I can talk in front of a crowd'**

**'The social side has made a big difference to me. I joined a poetry group through someone I met'**

There were some negative comments in that some graduates felt that the course was too slow also that there was not enough follow up after the course. One graduate felt that he had been brought to a certain point of wellness but needed more input he felt the structure hadn't been there to support this – this sentiment was echoed by a couple of others. A number of the graduates wanted to retain the group ethos after the course and to do joint training with the members of the group that they had trained with – this again was not something that had happened.

**'It was too slow paced'**

**'Out of our group not many went to the follow up event'**

Although the training courses that a number of the graduates delivered were not part of the SROI analysis, SLAM provided the evaluators with some quotes from participants of these training sessions, to illustrate the ripple effect that the original Changing Minds programme had on the wider community. Although this was out of the scope of the evaluation, it illustrates the potential for greater economic benefits.

**'Better insight and understanding. Able to see someone living a 'normal life''**

**'Because you don't realise that normal everyday looking people have experienced such things'**



**'It made my understanding of mental health real'**

**'Gave me hope that people with mental ill health can do something better than what people think'**



## Conclusion

The SROI analysis has found a high social return on this project – the fact that these graduates were interviewed some time after the project had finished demonstrates that there is also a sustained effect. It shows that this client group in particular benefit disproportionately from interventions that integrate them back into society. This was clearly a very successful programme for both the clients and society as a whole, with £8.78 of social value created for every pound spent.

The project had one core aim: to get clients to train as mental health awareness trainers. However this was a small part of what the project actually achieved with the graduates – the list of benefits to a number of the participants speaks for itself.

There were a couple of recommendations that arose from the findings of the evaluation, which don't detract from the project but are aimed to improve it, if it were to run again. The project did not cherry pick its participants and welcomed everyone who met the basic criteria; this was both a strength and a weakness. A strength in that the project was inclusive and was clearly viewed by some of the graduates as a major catalyst to help them back into society. A weakness in that some of the participants felt it was too slow and not geared to their level of wellness. It is difficult to achieve a balance, but more consideration to some of the clients who were able and wanted to work at a quicker rate could be considered.

A number of the graduates felt that they had gained a lot from the project, particularly being with people who had similar experiences, and the course had helped them support each other. A few said that they would have really appreciated having a structure that went beyond the end of the course, so that camaraderie could be maintained and would further support positive changes they were making in their life.



## Recommendations

- More consideration of the needs of the more socially integrated and confident participants, in order to ensure they don't find the course too slow.
- More follow-up of the graduates, after they have graduated – to set a structure in place so that they can maintain the support of their fellow graduates.
- A consideration of accrediting the course, so that this can contribute to more formalised learning outcomes.

