



Football Foundation: Social Return on Investment (SROI) analysis and Extra Time

Tuesday 1 March 2011



1. SROI and Extra Time.

What am I going to cover?

1. What is Extra Time?
2. What is SROI?
3. How I did the SROI of Extra Time.
4. Strengths and limitations of SROI.

2. What is Extra Time?

- Result of a partnership between the Football Foundation and Sport Relief, with Age UK as a strategic partner.
- The programme uses the pull of professional football clubs to engage older people (over 55).
- The programme aims to increase the physical activity and reduce the social isolation of participants.



3. What is SROI?

Introduction.

- SROI is an adjusted cost-benefit analysis that quantifies the social value created by an intervention.

BUT...

- SROI is a process of understanding and valuing impact. It is as much about:
 - listening to stakeholders
 - understanding outcomes
 - understanding how they are valued

as it is about expressing this in financial terms.

4. What is SROI? Introduction.

What is social value?

- Would an older person prefer to receive £100, or the services a charity, or football club, could provide for that money?

Future or past?

- SROIs can be forecast or evaluative.
- Forecasts are common due to lack of outcomes data in the charity sector.
- Extra Time SROI is evaluative.



5. What is SROI?

The six stages of SROI.

- 1. Establish scope and identify key stakeholders:**
 - Set clear boundaries of what the SROI will cover.
 - Identify who experiences significant change.
- 2. Map outcomes:**
 - Stakeholder engagement enables outcomes to be understood.
 - Map the relationship between outputs and outcomes.
- 3. Evidence outcomes and give them a value:**
 - Data collection to find out how many people experience that outcome.
 - Attach financial proxy to each outcome.
- 4. Establish impact:**
 - Establish what the project is responsible for.
- 5. Calculate the SROI:**
 - Add up all the benefits, subtract negatives, consider input to produce a ratio.
- 6. Reporting, using and embedding:**
 - Sharing findings and recommendations.

6. SROI analysis of Extra Time. Introduction.

- Worked with Dr Eva Neitzert from Just Economics who externally verified this SROI evaluation.
- Eva was the Head of the Business, Finance and Economics programme at the New Economics Foundation (nef).
- Co-authored the Cabinet Office guide on SROI.
- Recently set up her own company specialising in SROI.



7. SROI analysis of Extra Time.

1. Establish scope and identify key stakeholders.

Scope:

- Second year of the pilot.
- Five clubs.
- Purposefully selected to represent the programme as a whole.

Key stakeholders:

- Participants.
- The state.
- The Football Foundation, Sport Relief, Age UK, and the football clubs were not deemed key stakeholders because significant changes were through participants.



8. SROI analysis of Extra Time.

2. Map outcomes.

- Visited football clubs to speak to participants.
- ‘Project Storyboard and Impact Mapping Exercise’:
 - Focus group style approach, discussion, post-it notes.
 - Identify outcomes and develop a theory of change.
 - Understand what needs to be measured and meaningful indicators.
- Individual interviews with participants to explore in further depth.
- Spoke to project staff.
- Drew up an Impact Map for each club
- This understanding informs all decisions and assumptions throughout the analysis.

9. SROI analysis of Extra Time.

3. Evidence outcomes and give them a value.

- Entry and exit surveys enabled outcomes to be measured. Some questions were added.
- Outcome incidence is measured as well as magnitude.
- National averages used to provide comparison to the outcomes for the state.



10. SROI analysis of Extra Time.

3. Evidence outcomes and give them a value.

- **Identified outcomes for each stakeholder.**

Participants:

- Reduction in feeling of social isolation – more socialising.
- Reduction in feeling of social isolation – feeling supported.
- Improved physical health – people report finding tasks easier.
- Improved physical health – people report feeling better.
- Reduction in health service use and reduced dependence on medication.
- Increased confidence.
- Improved general sense of emotional wellbeing.

The state:

- Change in health service use.

- **Largely aligned with programme aims.**

11. SROI analysis of Extra Time.

3. Evidence outcomes and give them a value.

- Attach a value to each outcome with a financial proxy.
- Some straight forward:
 - e.g. change in health service use = unit cost of GP consultation.
- Others need a rationale e.g. Feeling better:
 - Method NICE use to measure the cost-effectiveness of new drugs
 - e.g. anaemia used as an indicator of quality of life as main symptoms are similar to improvement areas felt by participants.
 - The EQ-5D calculator scores 'disease burden', anaemia gives a score of 0.96 – i.e. 96% of normal quality of life.
 - Assume Extra Time alleviates the anaemia-like symptoms which produces a difference of 4%.
 - NICE state a QALY is worth between £20,000–£30,000. Using £20,000, the 4% improvement is worth £800 per individual reporting they feel better.
- Links back to understanding of outcome

12. SROI analysis of Extra Time.

4. Establish impact.

What is Extra Time responsible for?

1. **Deadweight** – the counterfactual, or what would have happened anyway.

The entry survey is a good indication of what would have happened anyway.
Could use a control group or secondary evidence.

2. **Attribution** – the credit Extra Time can take for the changes.

The questions in the survey were largely phrased asking the participant to consider what Extra Time was responsible for.

13. SROI analysis of Extra Time.

4. Establish impact.

3. **Displacement** – whether changes have just been moved from elsewhere.

Stakeholder engagement revealed Extra Time did not displace anyone but offered provision where there was a gap.

4. **Benefit period and drop off** – often benefits last beyond the project and so SROI values into the future.

Stakeholder engagement revealed benefits were largely short-lived and would not continue without Extra Time.

Drop off acknowledges that outcomes are not maintained at the same level.

Stakeholder engagement informed all of these elements.

14. SROI analysis of Extra Time.

5. Calculate SROI.

Stakeholder	Outcome Description	Indicator	Value	Outcome incidence	Headweight proportion	Utilisation proportion	Stigma need proportion	Units after de-weighting	Units after utilisation & de-weighting	Units after attribution to football & replace ment	Financial proxy description	Proxy	Total Value Produced	Benefit period	Year 1	Month 13	Month 14	Month 15	Year 1	Year 2 (y2)	Year 3	Year 4	Total Value	Total Value (PV)	
Participants	Reduction in feelings of loneliness and social isolation - more socialising	Socialising (Q1.12, Outlook Q5, Benefit 4)	0%	0	5.00%	47.00%		0.0	0.0		Average cost of 30 weeks of social activities for services (bridge club, cinema club, tea dancing)	£87	£0	1.00	0.00				0.00					£0	£0
	Reduction in feelings of loneliness and social isolation - being supported	Socialising (Q1.16-moderate change)	4%	21	5.00%	95.00%		20.1	19.1		Cost of private befriending service Assume 1 hour a week for 30 weeks at £5 per hour	£450	£8,575	2.00	8574.52				8574.52	£4,287				£12,862	£12,287
		Socialising (Q1.16-significant change)	3%	14	5.00%	95.00%		13.0	12.3		Cost of private befriending service Assume 2 hours a week for 30 weeks at £5 per hour	£900	£11,107	4.00	11106.71				11106.71	£7,775	£6,806	£5,617		£31,107	£28,844
	Improved physical health-people report finding tasks easier (strength, flexibility)	Flexibility and Strength Q1.6, Benefit 3.6	8%	3	5.00%	95.00%		3.3	3.1		Average cost of attending a weekly session to improve strength and flexibility. Assume once a week for 30 weeks	£136	£421	1.25	420.88	24.56	17.19	12.03	420.88	£94				£475	£457
	Improved physical health-people report being better	Flexibility and Strength Q1.12, Benefit 3.27.2 (only after measurement)	8%	36	5.00%	95.00%		34.3	32.6		Calculated value based on QALY for exercise reduction	£800	£26,079	1.25	26079.64	1521.25	1064.86	745.41	26079.64	£3,332				£29,410	£28,307
	Less time accessing health services and reduced dependence on medication	General Health Q1a, Q1c - less use	22%	9	5.00%	95.00%		9.0	8.5		Time taken to visit GP two times less - using national average mean hourly savings against cost taking 1.30 hours	£38	£327	1.25	327.03	18.06	13.35	9.35	327.03	£42				£369	£355
		General Health Q1a, Q1c - more use	1%	4	5.00%	95.00%		3.8	3.6		Time taken to visit GP one time more using national average mean hourly savings against cost taking 1.30 hours	£19	£70	1.25	-89.86	-4.08	-2.85	-2.00	-89.86	£9				£-79	£-76
	Increased confidence	Benefit 3.5, Outlook Q4	2%	11	5.00%	95.00%		10.2	9.7		Average cost of 3 computer courses Assume that feeling of confidence that results from this is similar to general feeling of confidence gained	£50	£482	1.25	481.86	20.08	10.04	5.02	481.86	£35				£517	£498
	Improved general sense of emotional wellbeing	Benefit 9, Outlook 3, Enthusiasm 14b, 24b	5%	22	5.00%	95.00%		20.4	19.4		Cost of course of CBT from PISRU (Q30). A quarter of the cost has been paid as a result of change for participants is smaller than you would expect typically for people on a CBT course	£177	£3,434	1.25	3434.46	200.34	140.24	98.17	3434.46	£436				£3,873	£3,728
	State	Change in health service use	General health 1a - health service use more	9.3%	4	5.00%	95.00%		3.8	3.6		Assume one GP visit more per individual reporting an increase. Use unit cost - PISRU (Q30)	£35	£127	1.25	-127.34	-67.43	-45.20	-43.84	-127.34	£18				£-144
General health 1a - health service use less			21.8%	9	5.00%	95.00%		8.9	8.5		Assume two GP visits less per individual reporting less health use. Use unit cost - PISRU (Q30)	£70	£594	1.25	594.24	£34.66	£24.26	£16.99	£594.24	£76				£670	£645
General health 2a - reduction in medication use			9.3%	4	5.00%	95.00%		3.8	3.6		Assume two GP visit less per individual reporting less health use. Use unit cost for average prescription per GP consultation - PISRU (Q30)	£88	£320	1.25	320.16	£18.88	£13.07	£9.15	£320.16	£41				£361	£348
													Total value of benefits to participants		£74,400										
													Total value of benefits to state		£954										
													Total value of benefits		£75,255										
													Inputs		£10,950										
													SROI ratio		6.87										

15. SROI analysis of Extra Time.

5. Calculate SROI.

- Sensitivity analysis:
 - Alter figures in the spreadsheet.
 - Tests decision-making and assumptions.
 - Allows you to know which elements in the model are the most sensitive and therefore which assumptions are driving your results.
- SROI Ratio:
 - Scaling up from the five projects analysed, the total value created by Extra Time in the second year is estimated to be £1,128,252.
 - This means for every £1 invested into Extra Time, £5.22 is created in social value.

16. SROI analysis of Extra Time.

6. Reporting, using and embedding.

- The SROI is not just about the ratio – the analysis contains crucial information.
- Information on different elements of the project and the participants' experience can assist with optimising strategy.



17. Strengths and limitations.

Strengths of SROI.

- It's honest about impact – it encourages transparency throughout and prevents over-claiming.
- It consults those directly involved and considers unintended or negative outcomes.
- It's thorough; many principles are good general evaluation practice.
- Benefits to different stakeholders (e.g. state) can be considered alongside benefits to individuals or communities.
- It can help to understand value created in a comparable way – with caution.

18. Strengths and limitations.

Potential limitations.

- SROI doesn't tell you how to measure outcomes.
- It doesn't guarantee quality – only as good as your outcomes data.
- Tendency to take the ratio and run with it
- It takes considerable investment to conduct an SROI analysis.
- There are lots of low quality reports out there. SROI Network Assurance Process is not widely known about...

19. Strengths and limitations.

SROI information.

- The SROI Network was set up in 2008. It has standardised the methodology and established an Assurance Process for reports as well as awarding Accredited Practitioner status.
- Over 570 practitioners globally are members of the SROI Network.
- The SROI methodology is endorsed by the Cabinet Office.
- Growing in prominence.

Any questions...?



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