Scotia Clubhouse

Social Return On Investment

What is the value to society of the impact of the relationship between members and the Clubhouse as a multi-faceted working environment on mental health, social integration and work readiness?

gamh
Glasgow Association for Mental Health

CONTENTS

Acknowledgements

The journey of doing this study together has been a privilege of working alongside members and staff of Scotia Clubhouse. We wish to thank all the members who have given their time and shared their experience so generously with us and with those who did the interviewing. We want to particularly thank Dee, Peter, Liz and Vicky for doing so many of the member interviews. We have really valued the perspectives of all who served on the reference group, Sylvia McCombe, John Linn, Peter Wylie , Dee MacGregor , Liz Jaconnelli, John McCormack and Annette Carllow. Lastly we wish to thank John McCormack and Liz Jaconnelli for having the foresight and courage in their leadership to find both the financial resource and human resource to ensure such an extensive piece of work is carried out.

SROI Network Assurance Statement:

This report has been submitted to an independent assurance assessment carried out by The SROI Network. The report shows a good understanding of the SROI process and complies with SROI principles. Assurance here does not include verification of stakeholder engagement, data and calculations. It is a principles-based assessment of the final report

Executive Summary

The Scotia Clubhouse is part of the worldwide movement of 'Clubhouses' offering an important different way for people who suffer with severe and enduring mental health problems to contribute and engage with the world. Scotia is more than a "service" for this group of people. It provides an accepting environment which is to all intents and purposes a physical work place. People who access Scotia become its members and they are responsible for the operation of the Clubhouse. Staff are also members and there is a deliberate blurring of the boundaries between staff and other members. Areas of work include a cafe, learning activities, administration, finance and care for other members. There are deliberately not enough staff for the project to run, thus members have to be the main workforce, with staff being mainly facilitators. There is an active membership of around 160 people at any one time.

Scotia is set in the heart of the East End of Glasgow where the assumption is commonly held that the hope of employment is scarce for most people. It quickly became apparent during the course of this study that Scotia's culture is one of hope in a difficult environment.

Moreover, the facts indicate that Scotia is actually successful in placing people in work situations and helping people gain employment.

This SROI study focuses on measuring '***the value to society of the impact of the relationship between members and the Clubhouse as a multi-faceted working environment on mental health, social integration and work readiness.'*** The study was conducted between April – November 2010.

The research explored the story of change as experienced by members, using in depth one to one semi-structured interviews. The following key findings are evidenced by this work:

1. There are significant improvements in the quality of relationships for members that last a long time. This improves and contributes to mental health recovery through maintaining members confidence and self esteem and was highly valued by members.

2. A sense of regular place (workplace) is key to the impact of re-accessing skills and mental health recovery. Members use Scotia to practice the more subtle arts of workplace survival and thriving, such as developing team working, cooperative working and social competence. Without these skills, most prospective employees do not prosper.

3. The longer term nature of Scotia membership is important to ongoing mental health. Mental health recovery is not a uniform upward curve. There are dips and set backs along the way. Scotia is there for members at these times, providing a safety net that is as valuable to members as it is to the state in preventing resource draining relapse into poor mental health, with all the associated implications.

4. Scotia is by far the main contributor to change in members lives. The concept of attribution of credit for change is a key SROI technique and this study measured this thoroughly, with the above result.

5. The model of facilitated peer support consistently came out as a valued experience in members mental health recovery. Highly valued by members was the sense of self esteem and self worth they felt as a result of feeling needed by Scotia and other members within it. This is a unique finding. Most other services provide support to people, rather than facilitate people to sup-port each other. Making members responsible for aspect of Scotia's operation was also key to this.

The total present value of Scotia Clubhouse is calculated as £1,621,891 over five years. The total invested to generate the total present value was £301,197 per year invested in the main by the Mental Health Partnership. Therefore the net present value is £1,320,694.The SROI index value is

that for every £1 spend on this project our society gets back £5.38 in a variety of ways.

Section 1

Introduction

Why & how this evaluation study was undertaken.
In August 2009 Glasgow Association for Mental Health (GAMH) was having discussions with other Associations for Mental Health about different ways of proving the worth of their work in the current Scottish climate. At the same time in the Scottish Coalition of Clubhouses there was both a desire to do more work to demonstrate the impact as well as an anxiety that the Clubhouse model was increasingly going to be mis-understood as public finance becomes tighter and as the employability sector becomes more competitive. This led to an exploratory meeting in September 2009 with Scotia Clubhouse to consider whether to use the Social Return On Investment evaluation process to conduct an in depth study of the impact of Scotia. This is therefore an evaluative, rather than a forecast, SROI study.

In March 2010 this study was commissioned and the reference group set up by GAMH.

Purpose of this particular SROI study
From the initial work the following core purpose of the study was decided.

> ***To show the value to society of the impact of the relationship between members and the Clubhouse as a multi-faceted working environment on mental health, social integration and work readiness.***

The context and explanation of this focus is explained fully in the following section 'scope and stakeholders'.

Who report is for
The main audiences that GAMH is seeking to inform through this work are;

1. Professionals in the Mental Health Directorate (s) of the Scottish Government and Health Boards who have an interest in how employability and social isolation overlaps with mental health.
2. GAMH Directors who lead and manage the wide range of service responses that the organisation provides.
3. Service Commissioners – mainly in Glasgow relating to Scotia, but also in other health board areas interested in service provision for people with severe and enduring mental health issues.
4. Other Clubhouses – both in the Scottish Coalition of Clubhouses and the International Coalition of Clubhouses – as a contribution to the evidence base.
5. Members and staff of Scotia who are seeking to broaden their understanding of the impact of their work.

Why Now?
The reasons for undertaking an Social Return On Investment with Scotia at this time are to

1. Find out the full social and economic value of the Scotia Clubhouse
2. The Coalition of Clubhouses are interested in this approach as a way of adding defence to the whole Clubhouse Model, as commissioners seem interested in going for partial clubhouses.
3. For this to assist GAMH in its understanding of itself as a social enterprise.

Overview about Scotia Clubhouse

Scotia Clubhouse is a GAMH project situated in the heart of the East End of Glasgow, which started in 1998. Scotia is part of the international movement of Clubhouses, which is an international model of recovery from mental illness. There are approx. 425 Clubhouses throughout the world and they all use 36 internationally agreed standards of practice.

Scotia provides the opportunity for people with severe and enduring mental health issues to have a physical, locally set, place of work which provides many opportunities to be involved in meaningful activity during the day. It is not a "Drop in Centre" or "Therapy" but uses a "Work Ordered Day" which assists people to structure their time and plan their recovery. There are about 300 members and an average of 20 – 25 members visit the Clubhouse on a daily basis and participate in the structured "work ordered day"

Members of Scotia Clubhouse volunteer to assist in the day to day running of the Clubhouse.

There are several work areas in the physical building-based environment of the Clubhouse

- Business -The business area takes responsibility for all the clerical work of the Clubhouse
- Education and Employment- The Education and Employment area co-ordinates all the training, employment, and educational opportunities for members and staff. This includes C.V. development and support with personal goal planning.
- Catering- Members and staff work together to plan the weekly menu, order groceries, food preparation and manage the tea bar. All new recipe ideas welcomed.
- Finance -Finance is responsible for all the financial aspects of the Clubhouse.
- Membership- Membership coordinates tours, intake and subsequent induction of, and reach out to, members. Reception duties are also undertaken here.

By providing Scotia mainly in one normal workplace building there are a complexity of internal work environments. As you look around from reception you will regularly see members working at desks, in the kitchen and having meetings in various rooms. There is often a busy atmosphere with plenty of office banter.

The core idea of Scotia Clubhouse actively promotes partnership working between members and staff. Through membership, acceptance and shared ownership of tasks, individuals with severe & long term mental health issues, find meaning, stability, new roles and purposeful work.

Attendance at the Clubhouse is totally voluntary and without time limits. By being a regular, known, physical place of work there is a sense of familiarity and 'my place' which enables members to take up their role(s) easily.

Scotia's Vision and Mission Statement

Every individual has the right to be shown respect and dignity, appreciated as being a valuable and important part of a community and the society as a whole. Scotia Clubhouse is dedicated to the recovery of people experiencing mental health problems by providing opportunities for our members to live, work and learn, while contributing their talents through a community of mutual support. The members and staff of Scotia are committed, as we have been since 1998, to improving our lives. We do this through the development of innovative techniques, research and sharing knowledge with others. Scotia's goal is a high

quality of life for all members, ongoing recovery and the ultimate elimination of stigma surrounding those with mental health problems.

Section 2

About Social Return on Investment

SROI is a framework for measuring and managing the outcomes of an organisation's activities and valuing those outcomes in a commonly understood way. SROI can encompass all types of outcomes – social, economic and environmental - but it is based on involving stakeholders in determining what outcomes are relevant.

SROI was developed from social accounting and cost benefit analysis, and has a lot in common with other outcomes approaches. However, SROI is different from many approaches in that it places a monetary value on outcomes, so that they can be added up and compared to the investment made. This results in a ratio of total benefits (a sum of all the outcomes) to total investments. For example, an organisation might have a ratio of £4 of social value created for every £1 spent on its activities.

This ratio is only one part of the SROI story, however. A good SROI presents a story of change in a compelling way, including both qualitative and quantitative findings, and provides information to help organisations maximise their outcomes.

The ratio should always be understood in the context of the whole analysis. There is understandable fear that funders may use the ratio – and this only – to guide funding decisions. However, it would be a very unwise funder who made funding decisions simply on the basis of one number. It is also not recommended that you use the ratio to compare different organisations. Even if they work in the same sector, for example advocacy organisations will be working with different users with different needs, and may have made different judgements in calculating their ratio. As with any approach, SROI does involve making judgements – but these should be well documented so as to be transparent.

SROI is not an economic evaluation. It uses money only as a universally understood unit of value when trying to measure outcomes that are not easily understood outside the work area being evaluated. Outcomes that are valuable to our society include improved mental health, social cohesion, independence of lifestyle, self confidence – the list is virtually endless. But society has struggled to find a way to articulate this value in a universally understood way. We all know what a £20,000 profit means in the private sector, but somehow describing the value of the outcomes mentioned above in a way that engages with the world "out there" is much more difficult.

This is one reason so much interest has been generated recently around SROI. It tries to find commonly understood ways to both measure and explain areas of activity that have to some degree stubbornly resisted previous such attempts. SROI gives organisations a powerful language to communicate with funders and partners about the value of their work.

Applying SROI to Scotia Clubhouse

An important idea underpinning SROI is the need to remain open to evolving our understanding of the change we are part of. Scotia Clubhouse is an environment where members do more than receive a service. They are an integral part of the "service" itself and without their input – their work – the model could not exist. Members' relationship with Scotia *is* the service. Evaluation in this context is all about seeking common themes in members' relationships with Scotia. These could be themes that are related to the quality of that relationship as well as themes that emerge about the effects of the relationship.

By focussing on the perspectives of stakeholders and by adhering to a principled framework, SROI ensures that the subjective nature of this work is explored with as much rigour as possible.

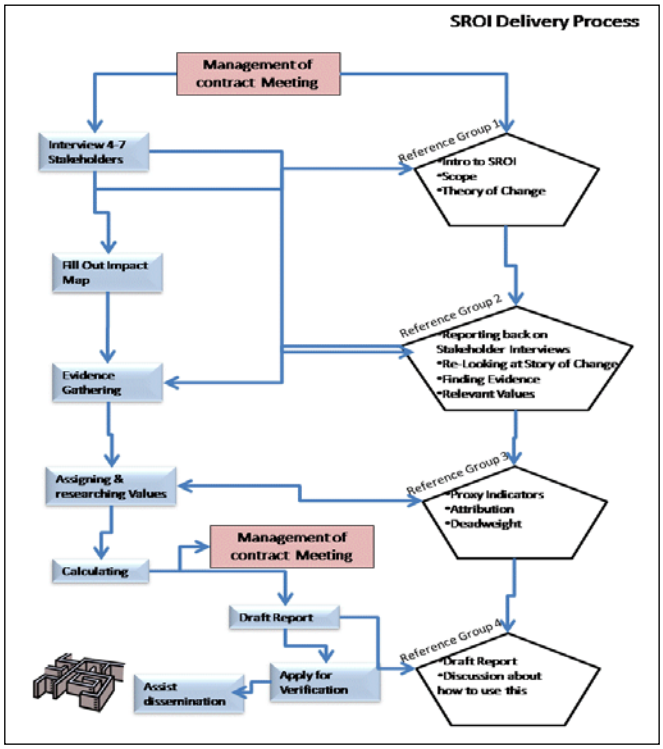
The SROI framework provides a methodology for trying to measure the social added value of an organisation's activities using a commonly understood unit of measurement – money. Through the SROI process, an effort is made to objectify those aspects of a service that have traditionally resisted being articulated in this way.

The New Economics Foundation points out some important limitations to what and how SROI is able to articulate, however.

There will be some benefits that are important to stakeholders but which cannot be monetised. An SROI analysis should not be restricted to one number, but seen as a framework for exploring an organisation's social impact, in which monetisation plays and important but not an exclusive role.

One of the dangers of SROI is that people may focus on monetisation without following the rest of the process, which is crucial to proving and improving. Moreover, an organisation must be clear about its mission and values and understand how its activities change the world – not only what it does but also what difference it makes. This clarity informs stakeholder engagement. Therefore, if an organisation seeks to monetise its impact without having considered its mission and stakeholders, then it risks choosing inappropriate indicators; and as a result the SROI calculations can be of limited use or even misconstrued.
(www.proveandimprove.org)

This report provides comprehensive context and background on Scotia Clubhouse and the world in which it operates. The reader is thus able to clearly relate the report's findings to the organisation's context. Only when making these connections do the outcome indicators and financial proxies used take on their full significance.



Methodology of this SROI study of Scotia Clubhouse

For this SROI we used the following processes to ensure there were checks and balances built in to the research process to ensure as much integrity and objectivity as possible.

Throughout the process of the study we had a reference group made up of internal stakeholders and external stakeholders. They met with us for 5 half days between April 2010 and October 2010 during which they robustly debated the theory of change, the methodology, the evidence and the findings. Internally they included members, staff, the manager, and GAMH senior manager. Externally they included the NHS Mental Health and Employability Officer, two managers from other Clubhouses in Scotland and a Faculty Member of the International Centre for Clubhouse Development.

Stage 1 – Establishing the Scope and Stakeholders
At the initial commissioning meeting we established the purpose and focus of this study.

After this, we carried out 8 in depth interviews with different stakeholders to develop a rich picture of how Scotia is experienced and viewed. We recorded and transcribed each interview. The inputs, outputs, outcomes and outcome indicators that these people identified were then used to do an initial impact map (logic model) describing the draft theory of change that they are perceiving. We used the actual words, as well as their logic, to create the draft.

Sage 2 –Establishing the Story of Change

After the initial in depth interviews, at the first reference group meeting we explored the various theories of change we were hearing about and we used the reference group to inform us as to whether we were studying the right aspects.

We then conducted three further interviews and began to examine the existing evidence the project already had. This was taken to the second reference group to shape and refine the study further. A process of filtering based on materiality to the scope followed. Some interesting stories had emerged through the interviews but were discounted from the study as not relevant to the purpose of the study. An example of this was the emergence of the role of the cafe within the Clubhouse as an important contributor to improvements in member's diet and changes to their wider attitudes to nutrition and the social aspects of taking meals communally. Clearly, this is another area of value derived by members from the Clubhouse model, but it is not relevant to the scope this study explores and so is discounted.

At this point the 'logic model' of the study was developed, based on the actual logic of what has happened for 8 different stakeholders. We transposed what we'd heard about into a clear systems grid of inputs, outputs, outcomes and outcome indicators.

It was at this point that the current form of words for the actual Scope of this study were agreed.

Stage 3 - Gathering Evidence

The main research phase of this study was developing ways where we could find evidence of how many people have experienced those outcomes and outcome indicators.

The main stakeholders who are having the most outcomes are the members. Semi-structured questionnaires were designed to enable members and staff to interview other members to find out more details about the difference and impact made. A sample population of 26 members were interviewed between June and September 2010. The interviews ranged from 20 minutes to an hour and a half as Scotia members found it interesting and useful to reflect on the impact that Scotia is making. A sample questionnaire is in appendix 1 .

The period of this study covers June 2010 - November 2010. We have measured the impact of members' relationship with Scotia using a sample of the clubhouse's current active membership base during that period. The size of this population is around 160.

We sampled a cross section of members based on the duration of their relationship with Scotia. This ensured we captured any impacts among those who had only come to the Clubhouse within the preceding few weeks as well as among those who had a longer term connection.

Our sample size represents 18% of the current active membership base and the figures we got from the sampling have been extrapolated out to be representative of this group. One striking feature of this study has been the similarities in the responses of members. We are confident that the outcomes we have identified are representative of those experienced by the membership base of Scotia as a result of these similarities in responses. At the completion of the sampling, the themes identified in the report were being repeated, with no new themes emerging.

At the same time, evidence gathering processes for the other main stakeholder groups were undertaken. For Carers of people at Scotia, the reference group decided that a focus group would be a good method of beginning to build a conversation about how Scotia affects their lives. This was undertaken by the external consultants. For staff from other organisations who refer to, and receive referrals from, Scotia (Referrers) the reference group decided to use a postal questionnaire followed up by a telephone interview.

The appropriate focus groups and questionnaires were designed specifically to do two functions. To ask other stakeholders about the changes they observe in Scotia members, as well as to ask the stakeholders specifically how they and their organisations have benefited. By being able to ask two or more types of stakeholders about the changes seen in members we were therefore able to 'triangulate' the core evidence of change and be more confident in the main claims of member outcomes.

Stage 4 Researching Financial Proxies

The external consultants conducted a brief literature review referencing relevant research in the field in order to guide the subsequent search for relevant financial proxies. These financial proxies were proposed to the third reference group meeting who had a strong and important debate about the different messages being conveyed in the choices made. At this stage we deliberately didn't use the data about the quantity of outcome indicators, so that we could not get tempted to simply choose the most financially beneficial proxies.

Reference group three also had a facilitated discussion about deadweight (what would have happened anyway).

Stage 5 – Calculating & Checking Assumptions

As the main member questionnaires were compiled, the external consultants began the process of beginning to calculate the SROI. The initial calculations together with a first draft of the main sections of this report were taken to the fourth reference group in October. At this reference group a range of key areas were further clarified and debated. These included DropOff, Duration and further work on the Financial Proxies.

Stage 6 – Reporting

The last stage of writing this full report and editing it to create shorter accessible versions for different audiences, also involved a few key members of the reference group to be able to check facts and be as representative as possible when choosing what to edit in to the shorter versions.

Section 3

Context

Background to the role and context of the International Clubhouse movement.

> *"Scotia makes people less scared and more willing to try"* Referrer

The first "Clubhouse," Fountain House, opened in New York City in 1948. Fountain House was established as an intentional community for men and women who had histories of psychiatric illness. It was unique in the world of mental health in many important ways. Unlike other programs for men and women with mental illness, Fountain House was founded on the premise that Clubhouse "members" could work productively and have socially satisfying lives in spite of their mental illness

In 1977, Fountain House was awarded a multi-year grant from the National Institute of Mental Health to establish a national training program for the Clubhouse Model. The training has become a three-week immersion into the Clubhouse culture, with daily discussions to clarify Clubhouse practice. By 1987, there were 220 Clubhouses in the United States. In addition, Clubhouses had been developed in Canada, Denmark, Germany, Holland, Pakistan, Sweden and South Africa. During this time, it became clear that the Clubhouse Model could be replicated anywhere, and that the culture of Clubhouse communities transcended national, ethnic, and cultural boundaries because it was based on universal human values

In Scotland, Scotia Clubhouse and Flourish House were established at the end of the 1990's, quickly followed by others who formed and are working together as a Scottish Coalition of Clubhouses since 2001.

The International Centre for Clubhouse Development (ICCD) is a global resource established in 1994 for communities creating solutions for people with mental illness. They help communities around the world create ICCD Clubhouses, which are community centers that give people with mental illness hope and opportunities to reach their full potential.

ICCD certified Clubhouses, now over 300 worldwide, are founded on the realization that recovery from serious mental illness must involve the whole person in a vital and culturally sensitive community. An ICCD Clubhouse community offers respect, hope, mutuality and unlimited opportunity to access the same worlds of friendship, housing, education, healthcare and employment as the rest of society.

The ICCD promotes the development and strengthening of ICCD Clubhouses; oversees the creation and evolution of standards; facilitates and assures the quality of training, consultation, certification, research and advocacy; and provides effective communication and dissemination of vital research and information.

> *"Scotia allows people to see that coming off benefits & going to work isn't that scary & is something that is possible"* Referrer

The Policy and Geographical Context of Scotia.

Scotia Clubhouse is both a mental health project as well as an employability project. To fully understand its social impact it is important to place the project within the context it operates in.

Scottish Context

Since the advent of Scotland's devolved parliament in 1999, the policy framework for mental health has developed extensively. Governmental responsibility in this area is a devolved power in Scotland. Most recently, *Towards a Mentally Flourishing Scotland Policy and Action Plan 2009-2011* creates a watershed in being clear that the task of improving the quality of life of those experiencing mental illness is vital to reducing the occurrence of mental ill-health and that this is vital to creating a more successful Scotland. Priority 4 of the action plan is about Mentally Healthy Employment and Working Lives. This links in to the strategic policies of Healthy Working Lives, Equally Well and Workforce Plus.

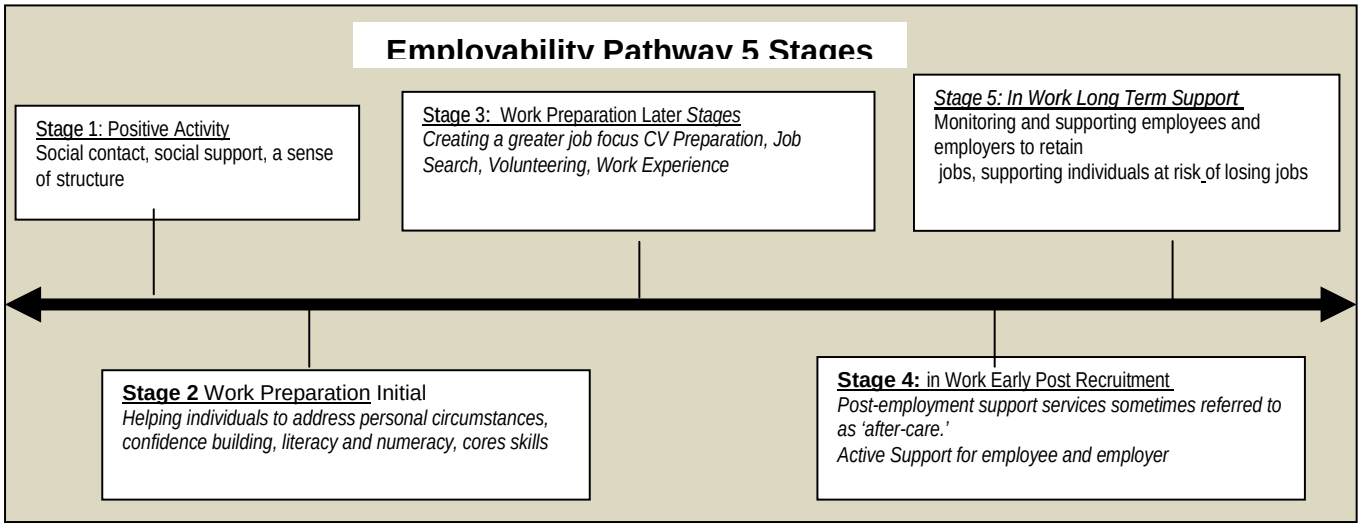
In Towards a Mentally Flourishing Scotland - Priority 6 is about Improving the Quality of Life of those Experiencing Mental Health Problems and Mental Illness. There are significant links in this priority to the work of Scotia in reducing the sense of 'stigma and discrimination', in that Scotia creates a sense of belonging and peer confidence in members. Also in relation to 'promoting recovery' as members are reporting increased ability to live meaningful and satisfying lives.

Greater Glasgow Context

In Glasgow in the employability and mental health agenda has been developing since 1999. There was initial work on a 'Building Pathways to Employment Strategy', which led to an Employment Coordinator whose aim was to bridge the gap between health and social care providers and mainstream mental health specialist providers and employability providers. Together with the development of the Equal Access strategy in the city in 2004, the Mental Health Partnership did an audit of mental health employability provision as well as set up the Mental Health Partnership (MHP) Strategic Employability Action Group. Scotia Clubhouse are active partners in this strategy.

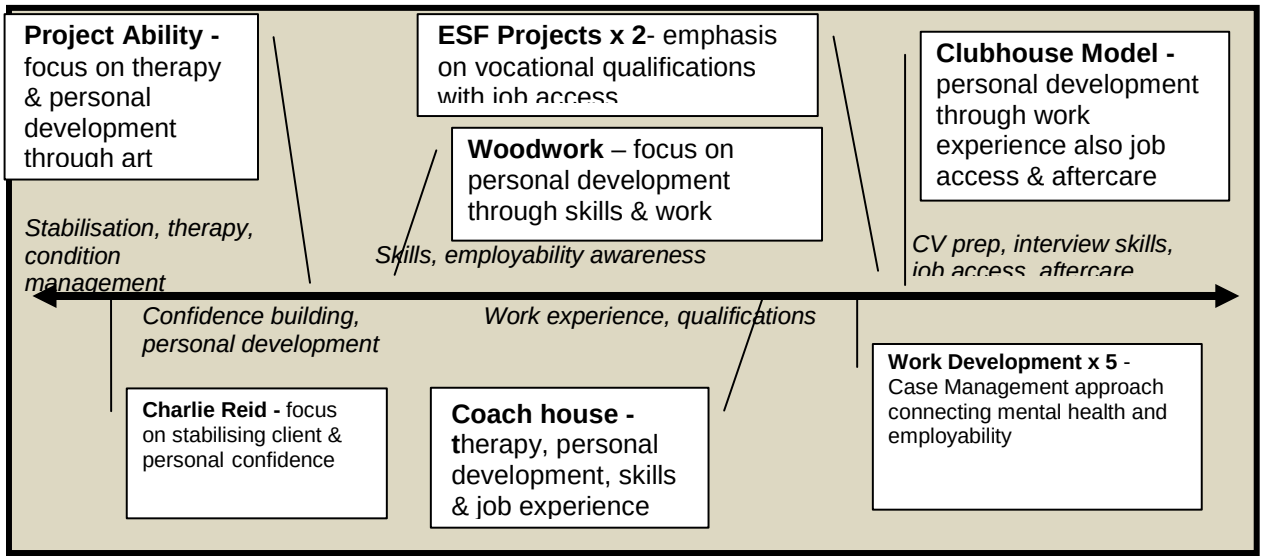
> *"I think [the members] are more open to the idea of employability as they have most probably gained in their own confidence and beliefs"* Referrer

Through the work of everyone involved, the 5 Stage Employability Pathway was developed to help all agencies involved to see how their work fits alongside a continuum of development of employability.



At the same time many of the Strategic Employability Action Group clarified a model of where the main mental health projects involved in employability are most active along this pathway.

> "One of the most significant parts of the employability continuum that *Scotia does is negotiating with employers on members behalf*" Referrer



East End Context

Scotia is at the heart of the East End of Glasgow, near Bridgeton Cross. The level of unemployment in the East End is one of the highest in Britain, and it has been so for a number of years. The area also has very high levels of mental health occurrence, drug and alcohol abuse and other social issues.

> "*They seem more confident & more open to employment & education opportunities*" Referrer

This particular context is relevant to this SROI. One manager of a partner agency explained to us that there are layers of assumptions that create barriers in the East End. Much of the population, because of third generation unemployment, hold the assumption that to get steady paid employment is pretty rare anyway. Then for those who also have mental health issues, let alone severe and enduring mental health problems then the assumption is more like '*work – you have got to be joking!!*'. This manager also told us that these assumptions play themselves out even amongst the staff in the area, who with the best will in the world often try to downplay individuals goals to '*be realistic*'.

Theory vs Story – Learning not to know

All of this context highlights the certainty that there are a number of factors well beyond the doors of Scotia Clubhouse that ensure a strong general theory exists as to what Scotia should be doing.

However, SROI shows us that whatever we think the changes are in the lives of the people who use Scotia, we are only hypothesising. Members' relationships with Scotia are intertwined with their often painful personal experience and so, like most personal relationships, are complex. We therefore make a clear distinction in this SROI between the *theory* of change and the real *story* of change. The first is just that; a theory about what changes. The second is what emerges from the testing of the theory – the reality – and it is this we will call the *story* of change.

A theory of change certainly is useful in that it provides us with a framework we can use to explain what the activity we are evaluating is trying to achieve. Theories of change are usually the product of the strategists, funders and organisational managers. They broadly fit with policy themes and initiatives.

Scotia Clubhouse operates in the world of mental health recovery. The policy drivers in this area include the health improvement HEAT targets, specifically Target Number Five: *"Reduce suicide rate between 2002 and 2013 by 20%, supported by 50% of key staff in mental health and substance misuse services, primary care and A&E being educated and trained in using assessment tools and suicide prevention programmes by 2010"* and the Employment Pathway framework. It is easy to see how a theory of change for the Scotia is to help people to avoid suicide and improve their employment prospects. Such a theory fits neatly with the policy drivers.

A story of change is bedded in the real life experience of people with mental health issues who have a relationship with the Scotia (these are the people we call "members"). It is also built upon the real life experience of referrers, employers and other stakeholders. The story is multi-faceted and draws generalities from individual stories, but is closer to what really happens than the theory of change.

Public speaking at a national conference

Section 4

Scope & Stakeholders

Scope

The Clubhouse Model involves a number of hard to measure outcomes that benefit people with mental health problems and society in general. It is a worldwide movement and these benefits have been, and continue to be, documented internationally.

This SROI focuses on one important aspect of the clubhouse's story;

> ***'the impact of the relationship between members and the Clubhouse as a multi-faceted working environment on member's mental health, social integration and work readiness.'***

This scope emerged from discussions at the reference group and sets out to address the debate among Clubhouse proponents about whether the model requires a physical, permanent space members can attend in order to be effective. Recently, claims have been made that the model can be effective without this base, using information and communication technology as well as temporary meeting spaces to achieve its ends. The SROI evaluation will articulate the ways in which the environment itself impacts on members in the areas described. Taken individually, these are:

- Mental health – impact includes improvements (or deterioration) in general mental health resulting from the Clubhouse *environment*, rather than the general model itself. So the relationship between outcomes and this scope needed to clearly take account of this. For instance, a reduction in the number of suicide attempts is only relevant if the Clubhouse environment was relevant to that reduction.

- Social integration – social isolation was the most often quoted negative experience people with mental health issues gave when interviewed for this SROI. The downward spiral of loneliness and isolation corroding self esteem and leading to depression, greater loneliness and isolation, is a huge factor in this study. At its root, we have been concerned to explore the environmental impacts on this spiral.

- Work readiness – At an economic level, this area is important and the study looks at the reality of the Clubhouse environment as a way of re-introducing members to the world of work.

The scope was revisited at various points throughout the process by the reference group and this final version did undergo adjustments as the group's understanding of the story of change grew.

Stakeholders

An SROI evaluation demands the perspectives of all those (people or organisations) whose professional or personal lives are impacted upon by the specific scope of the SROI. So our concern is with those who have a stake in the impact of Scotia as a *multi-faceted working environment,* on people with mental health issues.

The means by which these stakeholders were involved in this SROI varied. In order to understand the story of change, the key stakeholders were interviewed by the external team carrying out the SROI and their responses recorded verbatim for later analysis. In the case of club members, other members of the reference group conducted interviews based on a previously agreed questionnaire. Some stakeholders were also on the reference group and therefore had the opportunity to contribute via this route. The stakeholders who were deemed relevant to this SROI are listed in the grid, along with additional stakeholders who the reference group decided were not material to the scope of this SROI.

Material Stakeholders

Stakeholder	Reason for Inclusion	Method of involvement	Numbers Involved
Clubhouse Members	Their story of change is what needs to be measured. Their outcomes are integral to the study.	A random sample of members were interviewed in depth, using a standard questionnaire (appendix 1) that included questions on change, deadweight, attribution and drop off as well as an attempt to understand members relationship with the physical building, in line with the scope of this SROI. Some members were also on the SROI reference group.	2 in depth exploratory interviews. 26 in depth data gathering interviews 3 regular attended reference group
Strategic funder (Local authority and health board partnership)	Without this stakeholder, the Clubhouse would not exist. Their view of the benefits and drawbacks of the Clubhouse environment is significant and they are able to answer the very relevant question, "Why do you fund this model?"	We carried out an in depth interview with a commissioning senior officer within the local authority, responsible for funding another ICCD certified Clubhouse in Glasgow. This person was also a member of the SROI reference group.	One in depth exploratory interview. One attended reference group.
Referring agencies	This includes social work services and other agencies concerned with people with mental health issues. Their reasons for referring people to this model and their desired outcomes will inform the story of change.	Two of the Scotia's main referring agencies were interviewed in depth and the majority of the remaining referrers were sent a standard questionnaire aimed at identifying their main outcomes.	10 of the main referral agencies returned the questionnaire

International representation work

Excluded Stakeholders

Stakeholder	Reason for Exclusion	Methods employed to confirm decision to exclude
Clubhouse national and international bodies	The scope addresses the impact of the Scotia environment and, whilst this might have relevance beyond Scotia, the perspective of these wider bodies does not have any material impact on	Reference group included members and staff from other Clubhouses in Scotland as well as a member of the ICCD.

	the outcomes being examined.	
Carers and family members	While the impact of the Clubhouse on people who are members does have a knock on effect on their carers and family members, their perspective on the story of change is not strictly relevant to the scope being explored in this SROI. We held a focus group for this group of stakeholders and have included information gathered at this meeting in the report. However, no other multiple data was gathered due to resource restrictions. It is possible that further study of this group to measure the impact of the Scotia more generally would be a worthwhile exercise.	Focus group held consisting of carers. This confirmed no fresh perspective or information with respect to scope of this SROI. On weighing available resources, this group were not considered material to the study.
Staff members	The perspective of staff was considered to be very similar to that of the members and no formal data gathering was undertaken for this reason. However, staff members were on the reference group and so they were involved in the process and had an opportunity for input.	Staff were involved in reference group to ensure inclusion of this integral group.
Employers	Their stake in the service is to provide opportunities to members for workplace experience and to receive in turn the benefits of the skills offered by members. Their inclusion was not central to impact measurement and time constraints meant they needed to be excluded.	We interviewed an employer in depth

Section 5

The Investment in the activity

There are 3 sources of financial investment that pays for all the activity

- The main funder
- Cafe sales
- Project fundraising

Public Funding

The main investor in Scotia is the Mental Health Partnership (MHP) within Greater Glasgow and Clyde Health Board (GGC HB). They fund Scotia in by grant of £277477 per annum.

The Mental Health Partnership were actively involved from the beginning including providing early funding for key people to go and research the idea of clubhouses and the development work of the initial stages of developing Scotia. The Mental Health Partnership continue to be interested in funding the project as part of the complex provision of mental health services that work in the area. The Mental Health Partnership has a dual role of commissioning/ monitoring services, as well as influencing and shaping services to help the complex web of provision work well. Therefore as well as money, they also invest time and expertise from their various officers to Scotia by helping the project think through the linkages to strategy, policy and services in Greater Glasgow. So they have an active two way relationship. For example they contribute actively to the projects advisory board and also ask Scotia members and staff to various policy development initiatives that the MHP conduct.

Income from the Cafe

The Cafe's main purpose in the Clubhouse is providing a variety of work, food and a shared meeting point for members and staff. At the same time members, staff and any visitors also pay low prices for the food and drinks.

This income from the cafe per year is £1200

Project Fundraising

Scotia does some small scale cash fundraising, particularly to raise money for the large amount of international representation work it does with the European Partnership for Clubhouse Development.

In 2010 Scotia members and staff raised approximately an additional £5000.

The Scotia Cafe

The market value of members input

The clubhouse model stipulates that paid staffing levels must remain **insufficient** to cover all duties required to keep the clubhouse operating. This is one way of ensuring membership involvement in the model is a regulated default position.

It follows then that the value of the members input in specific, practical areas such as staffing of the cafe and administrative functions of the clubhouse should be valued as an investment in the model. This is "in kind" investment in the model.

We have used the national minimum wage to value this work, multiplied by the average number of hours per week the duty is required, over a 50 week year.

Members' Input	Investment amount
Coverage of reception duties 6 hours per day for 50 wks per year at national minimum wage (£5.93)	£8,895
Staffing of cafe – 2 hrs per day; 50 wks per yr at NMW	£2,695
Administrative duties – 4 hrs per day; 50 wks per yr at NMW	£5,930

Section 6

The Theory of Change which this SROI Investigated

In the early stages of this Social Return On Investment study a range of in depth interviews were conducted by the external evaluators in order to build up a rich picture of what changes are happening and what the impact of Scotia is. These interviews were then analysed, cross matching what stakeholders said to name inputs, outputs and outcomes for each type of stakeholder. This creates a core story of how change happens. This was then checked out with the reference group before proceeding to the next stage of gathering evidence about how often and how much this story of change is happening for other people.

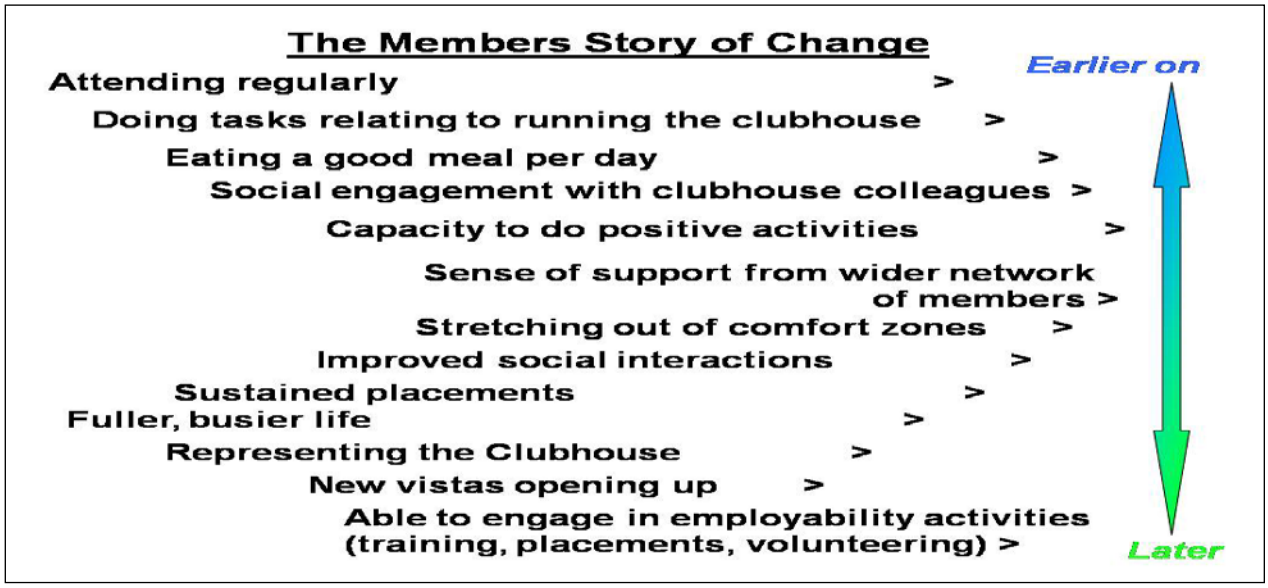
In the first outcome/outcome indicator table of section 7 you can see how we chose each outcome from examples of what people actually said.

Members (people with severe and enduring mental health problems)

The core story of change for how people with severe and enduring mental health problems benefit is illustrated in this diagram.

The journey begins with people attending Scotia and becoming members. From the first new members are welcomed by other members. Quite early on new members are given opportunities to get involved in the large number of daily and weekly tasks involved in running the clubhouse. This is done according to their interest and skills.

Members volunteer for what they wish and attend as they wish, at the same time other members or staff will look out for them. Staff or other members they know may



phone them to remind them of tasks they volunteered for and encourage them to come in.

This sense of active membership begins to build as relationships are formed, new tasks are learned and invitations to social activities are received.

From here a sense of having some colleagues, associates as well as some friends builds up for the new member. At their own pace this leads to new habits and opportunities of team working, managing oneself and a sense of growing involvement.

A member explaining how the pro-active sense practice of asking members to contribute works. "*I give my service in the kitchen. When and if i have the time. If I'm not feeling well i maybe just do an hour. Or Scotia will give me a call and see if i want to.*" *Scotia Member*

This in turn leads on to further new tasks, trying out employment placements, taking up other opportunities and getting involved in the clubhouse management and representation work. Through all this new habits and horizons are opened up.

Members story of change – Input to Outcome

To understand better the story of change for members, we need to explore the logic of members' initial contribution to the change process (Input), right through to the point where we see the change occurring (Outcome Indicator). The impact map is the key tool for this and the story of change for members is reproduced from the impact map. This shows in detail the change process and groups the stories of change based on the initial activities of members.

Volunteering

The Story of Change for Members:

Volunteering to run the Clubhouse

Input	Output	Outcome Description	Outcome Indicator
Ave 6 hrs per day @ min wage (£5.93) over 50 wks per year	Fulfill reception duties for at least 2 hrs per day	Improved sense of identity and belonging	Getting involved in discussions with new members
Ave 6 hrs per day across all duties @ min wage (£5.93) over 50 wks per year	Staffing of cafe; admin duties and financial record keeping (2 hrs per day)	Banding together with others of like mind	Ability to contribute to life of club through practical activity/work
Time at club invested in volunteering	Tutoring other members in range of skills for at least 1 hr per day	Improving self worth by being valuable to others	Number of members sharing their skills with others

The Clubhouse would not be able to operate without members volunteering to fill the roles in the first two rows above. The commercial value of the members' inputs in these areas are therefore quantified and used as part of the investment in the overall model. These outcomes for members contribute to a sense of being valued which is an important aspect of mental health recovery.

Taking Part

The Story of Change for Members:

Taking part in Clubhouse activities

Input	Output	Outcome Description	Outcome Indicator
Time invested at club	Participation in club	Learning new skills for work	New skills in Volunteering
Time invested at club		Becoming more motivated to engage and put personal resources into exploring	Involvement in new positive activities

	activities, groups and membership responsibilities	work options	
Time invested at club		Re-activating old skills and being able to use them Enhanced employability leading to being able to engage with a work placement	Number of previous skills re-accessed Number of work placements taken up

This group of outcomes relates to positive and productive activity resulting from engagement in the Scotia's activities. Relearning new skills and becoming productive contributes to greater social cohesion and ensures opportunities for inclusion are enhanced.

Health Improvements

The Story of Change for Members:

Physical health improvements

Input	Output	Outcome Description	Outcome Indicator
Time at club invested	Exposure to good physical health standards and learning	Improved diet and fitness	Number of people reporting they have an improved diet and fitness
		Better management of own health issues leading to better physical health	Fewer hospital visits

The Story of Change for Members:

General mental health improvements

Input	Output	Outcome Description	Outcome Indicator
Time at club invested	Participation in club activities, groups, volunteering opportunities and membership responsibilities	Reduced destructive behaviour as a result of Improved mental health	Number of suicide attempts prevented
		Improved mental health resulting in reduced reliance on mental health staff	Less Use of CPN

The two tables above highlight changes in physical and mental health. These are some of the specific outcomes to be achieved under the general theme of improved health. Often, these kinds are changes are linked to improved self-confidence and self-esteem, which are outcomes in their own right, described below.

Self Confidence

Input	Output	Outcome Description	Outcome Indicator
Time at club invested	Attendance at clubhouse national and international	Improved confidence leads to an ability to present oneself in public	Participating in public events

	events		
Regular contact with other club members and staff	Self confidence improvements sustained over longer term	Those for whom access to Scotia is a specific mechanism to improve confidence.
	Improved self image	Those reporting improved self esteem

The Story of Change for Members:

Improvement In Self Confidence levels

These outcomes tend to underpin all the others. If a member feels generally more confident and has greater self belief, he or she is likely to achieve many of the other outcomes listed in this section much more easily. However, for many people, the outcome of increasing self-confidence can be an end in itself. This outcome may serve simply to allow individual s to cope with other demands in their lives. This is just as valid as in situations where people have gone on to achieve new things or make major life changes. Improvements in self-confidence is a key part of the story of change. What these improvements lead on to is relative to individual circumstances.

Relationships

Input	Output	Outcome Description	Outcome Indicator
Time at club invested	Participation in club activities	Better quality relationships	Number of members describing improvements in the quality of their relationships
	Regular attendance at club	Greater social competence in wider life issues	Number of members who view Scotia with a strong sense of place where they can practice social competence
Travel and time: Ave £5 per wk travel x 52 wks = £260	More time spent out of house socialising	Wider social networks	Increased friendships and social activity

The Story of Change for Members:

Improvement in quality and types of relationships

This last group of outcomes is important to the overall story of change because it relates directly to overcoming the social isolation and exclusion that is endemic within this population of people with mental health issues. It was possible to track the ways in which Scotia helped people to regain social networks and improve their relationships.

Referrers

The impact that Scotia has on other support agencies that refer their clients to Scotia is significant in its own right.

There are a range of agencies that refer clients to Scotia making approximately 60 referrals per year. One of the main sources of referrals is from Carr-Gomm who have a pro-active outreach team contracted by the Mental Health Partnership to ensure that clients with severe and enduring mental health issues are linked in to appropriate services quickly and appropriately alongside

"It has become an invaluable option for our team" Referrer

the health service interventions of the crisis team, psychiatrists and community psychiatric nurses. Referrals come in from all areas of the city from housing support providers and mental health advocacy organisations, typically 8-12 such projects refer people regularly. The last category of referral agencies are the local employability and employment support providers. These referral sources are particularly interesting as they both refer clients to Scotia so that they grow and develop in confidence and skills, and at the same time receive many referrals back from Scotia in the form of clients who are now changed people ready to engage with opportunities like volunteering, college or mainstream employability programmes.

During this study we sought to find out two types of impact data from referrers:

1. Their observations of the changes in the clients whom they refer – so we could triangulate the data we were getting from members and other observers

2. How the changes made help their service and role?

The impact they observe in the clients whom they refer to Scotia is consistent with the evidence gathered from members.

Mainly the referrers are observing, repeatedly, that the core outcome delivered by Scotia is that 'Referrals are more ready for employability activities. Scotia helps motivate people who are long term unemployed to be more able to go into voluntary work/positive activity'.

> "*the transformation has been phenomenal from where they were to where they are now*" Referrer

From the early in depth stakeholder interviews we understood that referral agencies recognised that this outcome is made up of a range of different types of behaviour change that would indicate the person is 'more ready'. For example that the person's confidence to tackle new tasks has increased, and/or that they have a new sense of hope that work is a real possibility, and/or that they have more links to other services.
In the main research phase each referral agency completed a written questionnaire that asked them to quantify the number of clients in whom they had observed the following behaviour changes.

Outcome indicator	No of
Increase in new activities undertaken by referrals	16
Structure the day	42
More able to think about what you want to do	35
Members have better and more links to other services	9
Linking to other services, getting out to a wider area of Glasgow,	39

These changes in the client group had a significant impact on the referral agencies' ability to do their job/role effectively. The referral agencies that provide ongoing support are more able to concentrate on the housing or health services intervention. The employability referral agencies who receive clients back are significantly more

> "*It really worked for them. We (the referral staff) did a lap of honour in the office because this person was so difficult to work with. Great result*" Referrer

able to link the clients to other opportunities, activities and programmes that bring the person closer to the employment.

Carers

A minority of members of Scotia have Carers, either parents, partners, children or other family members. Their perspectives are important to this study in that they both observe the change in members, and may benefit from the changes. In the early part of the study we conducted an in depth interview with parents of one of the members.

This gave us an interesting picture of how their own story of change was being experienced after just a few months of their daughter being a member. Their own change is illustrated here in this diagram.

The impact we heard about, from increased time to spend on developing ones own life, to increased disposable household income was of considerable interest to us, as this shows a whole other aspect of the impact to society that Scotia is having. There are also mental health impacts for the carers, ranging from alleviation of anxiety to increase in their own confidence.

However later on in the study we attempted to research whether these impacts were also the same for other carers and unfortunately we only managed to interview two more carers within the time constraints of this study. This was not enough of a sample population to be able to build in to the calculations so this group were excluded from further study. I recommend that the impact on carers is something that GAMH investigate across the various projects as a separate SROI study in the future.

We did hear evidence from this stakeholder group about the changes they observed in members that was also consistent to the changes we heard from members and referrers. So in terms of this study, engaging with evidence from Carers has enabled us to be clearer that we are triangulating the evidence given by other perspectives.

Employers

Scotia Clubhouse enables members to take part in external employment opportunities called Transitional Employment Placements. There are a range of employment placements that the Clubhouse sets up and supports at any time. Scotia works with employers to identify suitable job roles and gets to know the job fully so that Scotia members can then take up the work placement in a consistent full way for a number of months. Members on placement earn income directly, however due to most members benefits packages this needs to fit below the maximum allowance otherwise the knock on effect would disrupt many of their other supports.

During this study we interviewed two employers to find out what the impact and benefit has been to them and their businesses. In interviewing this stakeholder group we were able to further triangulate the evidence of change in members, as the same changes were observed by employers.

However, in terms of studying the impact on employers, the work with external employers was not central to the core scope of this particular SROI study in looking at the impact of the 'multi-faceted work environment' of Scotia. It is also true, that, though the TEP's are very important symbolically to all members, because they are external, at the same time they actually involve small numbers proportionally to all the work that goes on through Scotia. Therefore I decided to discount this area of impact as immaterial to this particular SROI study.

It could make a fascinating study in itself, as this is a snapshot of the impact and benefit that I heard about.

> "*I have noticed that my own business team has more understanding of other people as a result of having a Scotia placement*" Employer

Negative Outcomes – All Stakeholder Groups
Opportunity was provided for stakeholders to indicate whether they experienced any negative outcomes from their involvement with Scotia but none were identified.

Prospective members have the option of joining the Scotia or not. They receive a guided tour and have the chance to get to know how the model operates – as well as form initial impressions about the people and "feel" of the place – before committing to membership. By no means all prospective members go on to take up membership. Figures are not kept on the proportions who do not proceed.

This self-selection process will tend to filter people for whom the model is not suited and is likely to minimise those experiencing negative outcomes during their membership.

Section 7

Key Findings From This Study

1 The quality of relationship is having a significant impact.

We found strong evidence that a main factor in creating impact is the sense of a 'belonging' relationship where people are relied upon and can put something back. This approach of providing an equal relationship where members & staff work together in the functioning of the Clubhouse is fundamental to the way the clubhouse works. For example one of the international standards (No 9) is '*Clubhouse staff are sufficient to engage the membership, yet few enough to make carrying out their responsibilities impossible without member involvement*'. Improvements in members' relationships were identified through targetted questions (see Appendix 1). To illustrate this, the table below shows how the SROI calculation is worked out using just one of the several outcome indicators for this area.

Outcome Description	Outcome Indicator	Financial Proxy Description	Source	Proxy Value £	Quantity
Better quality relationships	No of people expressing improvements in quality of their relationships	Relationship Scotland family mediation counselling quoted as £35 per hour. Minimal programme of sessions would be over 6 weeks at two hours per session	Costs researched by Scotia direct from Relationship Scotland	£420 per person	148 (92% of total population)

This means that the total value of this proxy is £118,016 after other impact measures are applied. This study goes on to factor in a range of judgements, which attempt to make the values claimed proportionate and reasoned, these include; how much of this outcome is attributed to Scotia, how long it lasts, how much may have happened anyway. This is just an illustrative example of how we arrive at a potential value for this Outcome.

Scotia Clubhouse does not adhere to a linear model of mental health recovery. It reflects the common recovery path of people with mental health problems in that it makes provision for fluctuations in mental health among those who are its currently active members as well as those who are now less active and have less contact with the Clubhouse, but who have previously been active members. Most of the people who come to Scotia enter into a relationship with it. They become part of a "club" that provides support but also has expectations of them. People take up responsibilities for particular roles; they become part of the team that runs the Clubhouse and through this they develop a sense of value and belonging that breaks through the social isolation that is in itself so damaging to mental health.

This sense of relationship, of being part of a team, of relating in meaningful ways to others is a key part of Scotia's success in engaging and re-engaging its members with mainstream services and positive activity. An increased sense of identity and belonging and improved confidence and self esteem were two outcomes this study found to be universal among all the members who took part in the study. In this sense, the Scotia differs significantly from other service provision in that it aims for an approach to mental health recovery that relies on equality and peer support, rather that professional intervention. This evaluation highlighted the importance of this approach to the Scotia's members.

2 A Sense of regular place (workplace) is key to the impact of re-accessing skills and mental health recovery.

This study is focused on understanding the impact of the "multi-faceted working environment" on members. We sought members' perspectives on this by asking them to tell us what they visualised when they thought of Scotia. Of the sample, 61% gave a response that included references to place, which is the equivalent of 98 people in the total population. It was clear that this sense of physical place is an important part of what people value about Scotia Clubhouse.

Outcome Description	Outcome Indicator	Financial Proxy Description	Source	Proxy Value	Quantity
Greater social competence in wider life issues	Number of members who view Scotia with a strong sense of place where they can practice social competence	Social skills training on the open market	Current cost of social and communication skills course at the Skills Studio	£530 per place	98 (61% of total population)

So this financial proxy gives us a value of £112,385.

Having experienced sometimes extreme isolation, often avoiding the company of others and rarely engaging in social situations, many Scotia members have no opportunity to practice the new found social skills that are such an important part of their recovery. Even if their recovery from mental health problems is speedy, their previous experiences mean they cannot simply fit into workplaces or take up volunteer placements without a great deal of stress and anxiety, which often causes difficulties for themselves and others around them and can lead to the breakdown of the situation. Scotia allows people to practice building relationships, being part of a task oriented team, the art of compromise and ultimately to rehearse re-accessing the world of work. This ability to use Scotia's multi-faceted working environment as a training ground in all these subtle but elementary skills is a key finding of the study. The increase in "social competence" of people who have been involved in Scotia was a common strand of the story of change.

3 The longer term nature of Scotia membership is important to ongoing mental health.

Because there is such a strong sense of relationship involved in Scotia Clubhouse's model, standard service provision rules of engagement do not apply. This is not a service people tap into for a few weeks or months before moving on. Mental health recovery does not work in that way: nor does Scotia Clubhouse. Members are free to return to Scotia whenever they wish, there are no time limits to this contact. However, this "once a member always a member" approach does not appear to lead to dependence. Instead, it provides the secure foundation for genuine and lasting mental health recovery. Appropriately enough given that this is an SROI study, one member likened this open-endedness to a credit union, where the currency is confidence, self esteem and acceptance, rather than pounds and pence. Members know that they are able to return to Scotia for, in effect, a "top up" whenever they need it. We used this as a legitimate contingent valuation financial proxy, after discussion at the reference group. The use of average amount of debt as the calculation figure represents the deficit that motivates joining the credit union and reflects a similar deficit that would motivate a member who was feeling low in terms of mental health. The table below shows how this plays out in the calculations.

Outcome Description	Outcome Indicator	Financial Proxy Description	Source	Proxy Value £	Quantity

Outcome Description	Outcome Indicator	Financial Proxy Description	Source	Proxy Value £	Quantity
Self confidence improve-ments sustained over longer term	Access to a credit union	Average consumer borrowing via credit cards, motor and retail finance deals, overdrafts and unsecured personal loans is **£4,433** per average UK adult at the end of September 2010. Figure adjusted to 25% of ave due to low income, high unemployment profile of membership.	Credit Action Debt Statistics November 2010	***£1108*** *per adult*	86 (54% of total population)

This provides a value of £201,044 but see the calculations section for a notes about how these values are worked through in detail.

4 Scotia is by far the main contributor to change in members' lives.

Detailed research on members' view of attribution for the changes they've experienced since attending the Scotia shows that they consider the Clubhouse to be responsible for over 50% of the overall change that has occurred. They regard themselves as the next most responsible, at 27%, then their family, friends and peers at 15%. Statutory services get 4% attribution (see Section 9 for detailed pie charts showing members' attribution across the full range of indicators).

These results were triangulated with other stakeholders in order to increase their objectivity through a verification process at the reference group.

These attribution figures contribute to the overall SROI Index and confirm the importance of the Scotia's role in members' lives.

"If I didn't have the support of the Clubhouse I'd be back where I was in 2001. Doctors and nurses only moved me around and gave me pills – no help at all." Scotia Member

5 The model of facilitated peer support consistently came out as a valued experience in members mental health recovery.

There is a link between growth in confidence and sense of belonging and the model of peer support, or peer reliance, that is such an important part of the Clubhouse approach. It is possible that this is the glue that holds these outcomes together.

The international Clubhouse standards ensure that members are integral to the operation and management of each clubhouse as well as for the running of the international federation.

The standards state, for example:

8 – All Clubhouse meetings are open to both members and staff. There are no formal members only meetings or formal staff only meetings where programme decisions and member issues are discussed.

9 – Clubhouse staff are sufficient to engage the membership, yet few enough to make carrying out their responsibilities impossible without member involvement.

14 – All Clubhouse space is member and staff accessible. There are no staff only or member only spaces.

36 – The Clubhouse holds open forums and has procedures which enable members and staff to actively participate in decision making, generally by consensus, regarding governance, policy making and future direction and development of the Clubhouse.

(International Center for Clubhouse Development October 2010)

The model deliberately and actively involves members and this real involvement reduces any sense of receiving a "service", with all the dependence and other implications of that dynamic. "Wider Social Networks" was a core outcome that spoke very clearly and loudly through the in depth qualitative interviews. It is the experience of working closely together with others in the Clubhouse environment that produces, time and again, increased number of friendships and social activity.

Outcome Description	Outcome Indicator	Financial Proxy Description	Source	Proxy Value £	Quantity
Wider Social Networks	Increased number of friendships and social activity	Annual cost of belonging to a social club that has a common bond – Eg West of Scotland Indoor Bowling Club	Annual subscription for W of S Indoor Bowling Club: £50. Fee per game £2.30. Socialising £15 per week. Proxy total = 48wks @ £2.30+£50+48wks @ £15	£880	65 - 41% of total population

So for this indicator the value, subject to the provisos above, is £157,418

Section 8

Finding the Social Added Value – the detailed workings

In this section we will move through the detailed outcomes for each stakeholder that we researched. This breaks down in to the detail of the outcome indicators used and the data from the study that shows evidence of these being produced. Lastly this section explains what financial proxies we used & why they are relevant.

Outcomes for Members

These tables shows the logic of the types of qualitative statements that were used as evidence of the outcomes claimed. The table includes a sample of outcomes with their relevant quotes and is intended to give the reader a clearer idea of the logic of the links between what members actually said to us, and the outcome indicators we took from those statements and the outcomes we linked the outcome indicators to.

Outcome	Outcome Indicator Derived	Quotes from interviews
Improved sense of identity and belonging	Getting involved in discussions with new members	"I think it provides a sense of identity, contact and sharing with others and that your part of something, which is important" "I feel confident in explaining what the Clubhouse is all about and can share my experience."
Banding together with others of like mind	Banding together with others of like mind	"Its a workplace with a difference, they understand us, its not like a home, we are able to talk, be understanding. Colleagues." "We are like a family here"
Improving self worth by being valuable to others	Ability to contribute to life of the Clubhouse,	"I can open up Scotia if required" "We are supposed to think People often don't care greatly about what they do, but this model does allow people to make activities their own and to value them in a way that doesn't often exist outside." "Do a wee bit of everything, the tea bar, kitchen, reception, answering telephone, make sure folk sign in and out."
Learning new skills for work	Sharing skills with others	"My language skills in speaking another language to a member who only spoke French helped, and helping staff with their language skills." "I do some translation, there is a guy who came here two days ago, this guy was having difficulty with his benefits, so I've helped translate the form in to French for him, and to explain what goes on with system."

Becoming more motivated to engage and put personal resources into exploring work options	Involvement in positive new activities	"Sometimes feels like not much but sometimes you can put some help to get tasks done, offer support, give of your time." "Sometimes I am fielded as someone to deal with some things, e.g. speaking to Glasgow Herald." "I do presentations to Job Centre Plus, Careers Scotland and other agencies about the TEPs"
Improved confidence leads to an ability to present oneself in public	Participating in public events	"Started in March 2001, 8 months later went to a conference in the US, doing a workshop. Visited other Clubhouses in Europe and US to evaluate their practice. Addressed the United Nations."
Wider social networks	Increased friendships and social activities	"My Dad sees a change in me since I have come to Scotia. I have things to talk about and he says he sees me out and about. He is glad I have friends here and that people care." "I now go to a restaurant, together with others and enjoy each others company."
Better quality relationships	Number of people describing improvements in their relationships	"My relationship with my brother and my son are back on track. My son is now living with me. My girl friend and I are getting on well." "I have managed to leave my partner, which has been good for me and Scotia was there to support me. My relationship with my mum is much better as we now live together and I could not have done this before."
Greater social competence in wider life issues	Number of members who view Scotia with a strong sense of place where they can practice social competence	"It is a happy place to come to. There is always something happening. I have many friends and colleagues here. I owe the Scotia a lot for getting me to where I am now."

Putting monetary value on the Outcome Indicators

The heart of an SROI is the translation of the outcomes achieved into a value understood as widely as possible, but still relevant to the stakeholder groups under consideration.

Finding a relevant financial alternative value is not an exact science. Where possible proxies have been used that relate directly to the experience of the relevant stakeholder. Where proxies have been used that do not relate to stakeholders, this is because this proxy was selected by the reference group as a reasonable alternative to direct valuation in the absence of stakeholder input for the specific proxy. There are many proxies in this study and it was not possible to get member input on every one in the time available. Time constraints also influenced how some proxies were sourced.

The quantities used to calculate the actual value of the proxy were arrived at by calculating the numbers within the sample who had experienced the outcome via the outcome indicators, scaling these figures up to be representative of the total population being studied and multiplying the individual proxy amount by this figure.

The Financial Proxies
A financial proxy is a means of finding a universally understood value for the outcomes uncovered in this report.

For each outcome, a range of outcome indicators is used to reveal the extent to which the outcome is achieved in terms of both quantity and quality. A financial proxy is then found to represent the value of that specific outcome indicator. For example, "A sense of belonging" is an outcome in the report. An indicator of that outcome is "contribution to running of Clubhouse" and the financial proxy is active participation in a leisure club. We have been concerned to ensure that the logic of the proxy used should be clear and relevant. However, one of the strengths of SROI lies in its emphasis on trying to measure the 'hard to measure' outcomes that have often defied other evaluation methods used in the voluntary sector. Where necessary, therefore, more complex proxies are used. Explanatory notes for these are included in the tables below, which are grouped by stakeholder.

We have used a mixture of subjective and objective proxies in order to achieve a cross section of types of proxy as a means of improving accuracy and relevance of the proxies used. The majority of financial proxies used in this report are focused on the value of re-engagement with mainstream society of people who are socially and emotionally isolated. This process of re-engagement is the first step along the employability pathway. It is also an important contributor to - and indicator of - improved mental health.

Another important group of proxies is concerned with measuring the value of positive activities, such as volunteering, which follow on from more social engagement and a third category has emerged around the theme of "social competence". These groupings of financial proxies broadly reflect the stages in the story of change explored in this report. The following tables summarise all the financial proxies used in this report, grouped by stakeholder.

Stakeholder: Members

Outcome Indicator	Financial Proxy Description	Financial Proxy	Source	Description
Getting involved in discussions with new members	Average cost per year of going out in an evening with a friend once a week	£760 pa	Current cost for cinema, bus fares, a drink and a pizza	*Market Value Proxy – This proxy is an estimate of how much it would cost a member to achieve the same results of meeting and maintaining relationships with new people who are peers*
Ability to contribute to life of the Clubhouse,	Cost of belonging to a local leisure club - Membership GCC 'Glasgow Club' - a local authority run sports facilities membership scheme giving access to wide range of physical exercise oriented activities across the city	£300 pa	Based on the GCC 'Glasgow Club' rates. £25 per month	*Market Value Proxy – active participation in club activities is key to this proxy as it is possible to be a passive member of a club and this would not reflect the active nature of activity in this outcome indicator.*
Sharing skills with others	Cost of sessional staff or tutor in: "How to use excel"	£169 per place	iTrain Scotland web site - MS Excel Course Level 1 £169	*Market Value Proxy – Scotia members run courses for their peers in the specific courses named here, so the market values for these have been used.*
New skills in volunteering	Change in level of skills and the impact this has on employability	£28 pw for	Dept Children and Families: Increased income by £28 per week for an ave 16% increase over min wage for 30hr wk	*Change to income*
Involvement in positive activities	Cost of employment coach or careers advisor	£65.88	Total Jobs.com advertised post - Employment Coach £20k pa. This equates to £10.98 per hr. Assume 2 hrs per week for 3 weeks = 6 hrs	*Market Value Proxy*
Re-accessing skills,	Cost of careers advisor	£75.72	S1Jobs.com advertised post- Careers Adviser £22,978 pa. Equates to £12.62 per hr. Assume 2hrs per week for 3 weeks	*Market Value Proxy*
Attending work placement	ILM scheme - Pays wages for a 13 week trial period	£2925	£6 per hr x 7.5 hrs per day x 5 days per week x 13 weeks	*Market Value Proxy*
Participate in public events	Cost of a consultant/facilitator	£600	Consultant facilitator at £400 per day. Assume one day seminar plus half day for preparation of materials	*Market Value Proxy*

Outcome Indicator	Financial Proxy Description	Financial Proxy	Source	Description
Those for whom access to Scotia is a specific mechanism to improve confidence.	Access to a credit union	£1,108 per adult	Average consumer borrowing via credit cards, motor and retail finance deals, overdrafts and unsecured personal loans is **£4,433** per average UK adult at the end of September 2010. Figure adjusted to 25% of ave due to low income, high unemployment profile of membership.	*Contingent valuation proxy – The stakeholder places an equivalent value on the benefit under consideration. In this case, access to credit was imagined as a directly comparable service to that provided by the Scotia, with the currency of money being substituted for confidence.*
Improved self- esteem	Cost of accessing counselling services	£280 pa	Average cost of a counselling session - £35 for one session over 8 weeks (Relationships Scotland)	*Market Value Proxy*
Improved Diet and fitness	Cost of Health and fitness improvement programmes available on open market	£169.40 per person	Cost of membership (£10), dietary pack (£25) and weekly classes for six months (£5.60 per week in Glasgow) for popular diet and fitness programme – Rosemary Conley	*Stakeholder valuation*
Suicide prevention	Cost to state of attempted suicide	£10578 per attempt	S Walby, 2004, 'The cost of domestic violence', Women and Equalities Unit, updated to 2009	*Cost saving – This a potential cost, not an actual unit cost. While the study was for domestic violence, attempted suicide costs will be similar across groups.*
Less use of CPN	Cost of a Community Psychiatric Nurse - 1 hrs per week over a year	£728 pa	NHS Recruitment web site - Grade 6 CPN salary of £25,472. Equates to £14.00 per hr	*Cost saving*
Fewer Hospital Visits	Cost of hospitalisation for one week	£2336	Cost of hospitalisation is £2,336 per week (Source: NHS Cost Book)	*Cost saving*
Number of people describing improvements in their relationships	Relationship Scotland family mediation counselling quoted as £35 per hour. Minimal programme of sessions would be over 6 weeks at two hours per session	£420 per person	Costs researched by Scotia direct from Relationship Scotland	*Market Value Proxy – An estimate of the cost of providing a similar service on the open market, using relationship counselling as the model.*

Outcome Indicator	Financial Proxy Description	Financial Proxy	Source	Description
Number of members trying out new activities through involvement with Scotia	Cost of commercial training to acquire a range of new skills	£74.15 per person	Researched a range of available courses - average of £74.15 per person	*Market Value Proxy*
Number viewing Scotia with strong sense of place where they can practice social competence	Social skills training	£530 per place	Current cost of social and communication skills course at the Skills Studio	*A revealed preference proxy*

Stakeholder: Referrers

Outcome Description	Outcome Indicator	Financial Proxy Description	Financial Proxy (£)	Source	Description
Referring organisation facilitated to consider wider needs of individuals	Wider range of services visited by client	Cost of support worker duties in supporting people to get up and out in the morning (2 hours)	£312	Salary of 'Get Ready For Work' Officer at GSWRA £20,796. This equates to £12.00 per hr in emplyr NI costs. Assume 2 hrs per week	Market Value Proxy
Hope of positive future being a real possibility	Number of clients with increased sense of hope	Cost of inclusive person centred planning process that involves local people	£525	£25 per hour for support brokerage service. Assume 3 hours per day for 7 days = 21 hrs x £25. Based on You Direct support brokerage organisation	Market Value Proxy – Scotia provides hope to its members as well as the community around it. A proxy is therefore used that covers aspirational and motivational bases as widely as possible.
Breaking down the stigma to accessing services	Increased geographical range of activity – getting out to a wider area of Glasgow	Cost of zone card around Glasgow	£212	SPT Zone card for 4 zones for 10 weeks £212	*Contingent valuation –The stakeholder places an equivalent value on the benefit under consideration*

Section 9

Impact & Calculations

This section explains how the raw data of quantities of outcomes and outcome indicators was then put through various stages to calculate the actual amount of impact that can be derived from Scotia.

Introduction

Before the social return on investment can be calculated, a number of adjustments have to be made to the "raw" impact described above.
an initial means of measuring the impact of Scotia, but only does this in a rudimentary way. A further step is needed that looks at the following questions:

- What would have happened anyway?
  - This question takes an oblique look at the work of Scotia from different stakeholder perspectives in order to demonstrate value in the real world, in contrast to the paper worth often portrayed through evaluations that assume the project or service they are evaluating is unique in its field. Considering what, in the story of change, would have happened without the intervention of the Scotia and putting an estimate on this in percentage terms is known as ***Deadweight***,

- Who or what else is responsible for the change?
  - This question is another gift SROI brings to evaluation in the voluntary sector. By shifting perspective to the world of the service beneficiary, we are able to glimpse the contribution of others to their journey. These others include family, friends, other statutory and voluntary sector agencies, specialists and anyone else who has had a relevant part to play. This is the concept of ***Attribution***.

- How long does the change effect last?
  - An attempt is made to measure the ongoing impact of the intervention. In Scotia's case this is helped by members' tendency to stay in touch with the Clubhouse. The ***duration*** of the impact is measured outcome by outcome, with wide variations in duration depending on the nature of the outcome.
  - The concept of ***drop off*** is used to estimate the degree to which each outcome is eroded by the effects of time over the overall duration of impact.

- Is the activity of the project displacing other similar activities?
  - Sometimes, if the outcomes of one service have an impact on the outcomes of another, **Displacement** can be said to have occurred.

Deadweight

The design of the methodology for this evaluation incorporates a reference group consisting of stakeholders, including service beneficiaries, referrers, staff and external peers. This reference group met throughout the process and advised on a range of issues related to the SROI - including deadweight.
The results of the consultation with the reference group regarding deadweight are summarised in the table below. Throughout this evaluation, the principle of involvement of stakeholders in the process has been strictly adhered to. This has made decisions about what are ultimately subjective judgements easier to manage. The general consensus of such a group of people, affected as they are in different ways by the activities of the Clubhouse, can be regarded as having a high degree of credibility in this case. For example, their views on the degree to which "improved relationships" for beneficiaries of the Scotia service would have happened anyway would tend to carry more weight than a similar group of experts in this area due to their lived experience and intimate knowledge of local context and culture.
For these reasons, we are using the judgements of the reference group wherever possible to come to decisions about the degree to which deadweight affects the outcomes we have described.
Primarily, this has helped for the service beneficiaries (members) in calculating deadweight, but time constraints prevented this path from being followed for referrers, carers and employers. For these stakeholders, we have relied on external data and direct contact with the stakeholders to make judgements about deadweight.

Attribution

The main tool for measuring attribution for this evaluation was to seek the direct opinions of those whose stories of change are relevant. During the data gathering phase of the work, a questionnaire was designed that included an "attribution grid" (Appendix *x).* This tool required respondents to divide the credit for the changes they had experienced among the following potential benefactors:

- Scotia
- Self
- Peers
- CPN, Social work and statutory services
- Family etc
- Other

The areas of experience they were asked to rate were:

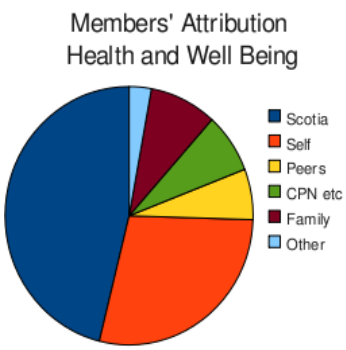
- Personal confidence
- Vocational skills
- Personal relationships
- Health and well being
- Social Activities
- Contribution to wider society
- Mental health management.

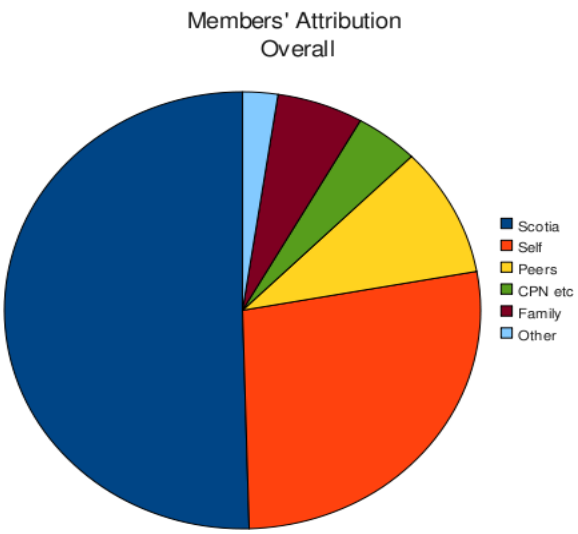
These areas of experience translate into the outcomes this study uses in the following ways.

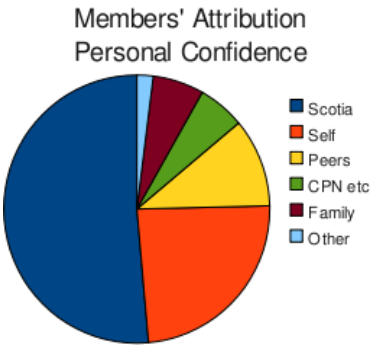
- Personal confidence *Improved self worth by being valuable to others, self confidence improvements sustained over time.*
- Vocational skills *Enhanced Employability, re-activating skills, motivation to explore work, learning new skills for work*
- Personal relationships *better quality relationships, banding together with others of like mind.*
- Health and well being *Better management of own health, reduced destructive behaviour, improved diet and fitness.*
- Social Activities *Wider social networks, better quality relationships,*
- Contribution to wider society *Active citizenship, greater social competence in wider life issues, increased ability to present in public*
- Mental health management *Greater coping skills in wider life issues*

The respondent sample was 18% of the overall current active membership of Scotia, currently around 160 people. The calculations of attribution consisted of averaging respondents' scores and using this sample average as the final figure. An 18% sample size was deemed sufficient to calculate an overall figure with confidence.

Using the data gathered through the attribution section of the questionnaire, we have been able to use detailed and accurate figures in the impact map when making calculations for attribution. We have also been able to demonstrate how members allocated attribution for improvements in the areas of experience and categories described above. The proportional attributions are shown in the following charts. These charts demonstrate clearly the very high proportion of attribution to the Scotia for all areas of experience. The highest proportion was for *Personal Confidence* (54%) and the lowest, *Health and Well being* (40%), so all categories of members' attribution was in a relatively narrow range. The pie charts below demonstrate this.





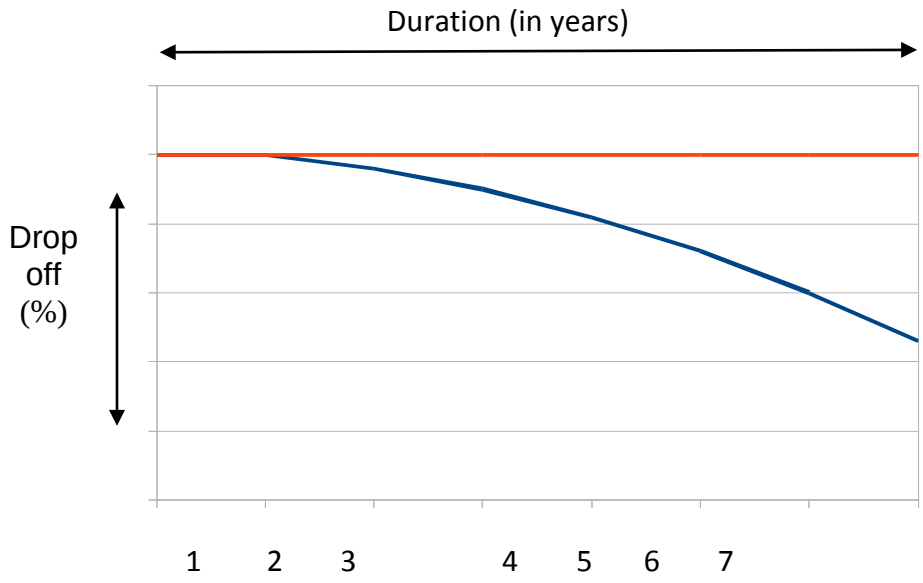


Displacement

The activities of Scotia Clubhouse were considered in the context of displacing other activity in the area. Most of the activities are unique to the Scotia. There is another Clubhouse over in west/central Glasgow (Flourish House), but the Scotia is strongly geographically identified with the east of the city and the two services are commissioned separately by Glasgow City Council. There is also a level of cross-referral between the two services, albeit a low one, and a general sense of cooperation between the two, so displacement cannot be said to occur.

Another possible area of displacement is the cafe. During the survey, we asked members what they would do if Scotia was no longer present. It was clear from responses that the cafe is a social hub of the clubhouse, with very different outcomes to more general commercial cafe facilities in the area. Most responses indicated that people had not had access to a good lunch before coming the Scotia, indicating that local cafes are not generally used by this client group at lunch times in any event.

Duration and Drop–off



Duration is an estimate of the length of time a particular outcome can be said to last, while **Drop-off** estimates the reduction in impact of that outcome, over time.

A detailed consideration of the deteriorating effect of time on the impacts experienced by members was undertaken in two ways.

Firstly, through discussion at the reference group, with its cross-section of experience and perspective.

Secondly, through analysis of the member questionnaires and particularly the question “What would you do if the Clubhouse was not there?” This analysis provided evidence for the following estimates, which are summarised outcome by outcome on page 51.

Duration

The story of change for members attending the clubhouse tends to be dramatic. Members consistently transform their lifestyles, their routine interaction with others, their relationships and how they value themselves and their time. These changes do not happen overnight and they do not disappear quickly either. Whilst improvements in self confidence and self esteem, which tend to be at the root of many of the changes, can certainly be eroded over time, a return to the usually very low levels that existed before contact with Scotia is unlikely within the initial 5 years after first becoming a member because the magnitude of the changes are so great. This transformative nature of many of the outcomes results in

duration frequently being calculated at 5 years in this study. An analysis of duration outcome by outcome is shown in the table on page 51.

Drop-off
Two key factors suggest that the drop-off in the impact of the outcomes people experience over a five year period after first contact with Scotia is likely to be low.

Firstly, “recovery” from mental health is rarely a straight forward linear process. People often experience dips, set backs and periods of ill health against a backdrop of general overall increased mental health. Therefore, calculating drop off accurately is difficult. On first coming to Scotia, our evidence tells us that people are very often very isolated and emotionally withdrawn. Scotia's work of connecting and engaging these people; of helping them build new social networks; of rekindling their ability to form and manage relationships; of involving them in a range of social and productive activities is transformative. It changes the ways in which people interact and behave. The impact is usually more extreme for people for whom these issues of isolation and withdrawal are greatest. Even when people's mental health dips, their increased ability to cope through better social networks and improved quality of relationships with others ensures they preserve aspects of their lifestyle and behaviours that would previously have been lost. Therefore the nature of the Scotia's intervention means that drop-off is estimated to be low across the range of outcomes for members.

In addition, the Scotia does not have a “conveyor belt” model of operation. Members who move on from their initial phase, during which they might attend Scotia daily, are free to maintain contact in whatever ways they wish. An open lunch club operates within the Clubhouse, allowing formerly active members to drop in for food and, importantly, to receive informal support, particularly around issues of isolation and disengagement from other services and relationships. If members who have moved on require more than this they can also make contact and re-ignite their live membership, allowing them to access all the other elements of support on offer through the Clubhouse Model.

All of this means that the impact of Scotia membership can be maintained over long periods. The ability to access the building and the support available in it are not lost when live membership ceases, so drop-off is not a major factor in this SROI.

The view of the reference group was that the lasting impact of the Scotia's intervention will in fact **increase** with time. As people continue to grow in confidence, build more and better relationships and create more positive lifestyles, a multiplier effect is created that would increase the value of the outcomes as people become more skilled at applying their learning and improved personal outlooks. Some evidence from the questionnaires supports this hypothesis.

However, SROI methodology precludes provision for estimating this potential increased value. To some extent it will be reflected in the low drop off calculations. It is also likely that attribution to Scotia of credit for further positive change will diminish with increasing time, potentially negating this increase and allowing the argument for increased value over time to be safely set aside.

Attribution and Deadweight Calculations and Assumptions

Outcome	Deadweight benchmarks and assumptions (What would have happened anyway)	Estimate	Attribution estimate (Who else contributes to these outcomes)	Estimate
Improved sense of identity and belonging	*Estimate of deadweight made by stakeholder reference group:* People with mental health issues tend to be a socially isolated group; many who join Scotia have experience of long term institutions. Incidence of improved sense of identity and belonging without intervention therefore thought to be low.	10%	According to our direct sampling of 25 people (approx 45% of current membership base), the Scotia is attributed an average of 51% of the credit for individual improvements in the area of personal confidence, with the remaining credit going to a combination of self, family and other agencies.	52%
Banding Together with others of like mind	*Estimate of deadweight made by stakeholder reference group:* Many Scotia members say clearly how before Scotia they were very isolated from others of like mind. There is some effect of people 'banding together' through meeting others at mental health resource units, but this was not estimated to be a more than a 10% effect.	10%	According to our direct sampling of 25 people (approx 45% of current membership base), the Scotia is attributed an average of 51% of the credit for individual improvements in the area of personal confidence, with the remaining credit going to a combination of self, family and other agencies.	52%
Improving Self worth by being valuable to others	*Estimate of deadweight made by stakeholder reference group:* There are not many opportunities for facilitating being valuable to others that are accessible to this client group, without projects like the Scotia enabling the confidence and connections.	10%	According to our direct sampling of 25 people (approx 45% of current membership base), the Scotia is attributed an average of 51% of the credit for individual improvements in the area of personal confidence, with the remaining credit going to a combination of self, family and other agencies.	52%
Learning New Skills for work	*Estimate of deadweight made by stakeholder reference group:* In an area where high unemployment is the norm and competition high, rejection is high. Therefore, chances of enhancing employability spontaneously are thought to be low.	15%	For vocational skills, the above survey suggests Scotia can claim 48% of the credit for enhancements.	47%
Becoming more motivated to engage and put personal resources in to exploring work	*Estimate of deadweight made by stakeholder reference group:* During the last 10 years there have been more resources available that work on the motivational issues in exploring work. So it is estimated that some of this effect will be happening in the membership anyway.	15%	For vocational skills, the above survey suggests Scotia can claim 48% of the credit for enhancements.	47%

Re-activating old skills and being able to use them	*Estimate of deadweight made by stakeholder reference group:* In severe and enduring mental health there is often a disconnect between people's past skills and their current situation. At the same time, as a society we have become much better at valuing more of a portfolio approach to how your skills are applied. So some of this would have happened anyway.	15%	For vocational skills, the above survey suggests Scotia can claim 48% of the credit for enhancements.	47%
Improved Confidence leads to an ability to present oneself in public	*Estimate of deadweight made by stakeholder reference group:* Our society has got better at providing opportunities for service user involvement and voices heard. So some of this would have happened anyway.	15%	For vocational skills, the above survey suggests Scotia can claim 48% of the credit for enhancements.	47%
Wider Social Networks	*Estimate of deadweight made by stakeholder reference group:* The patterns of using communities of interest and wider networks have increased considerably in society. Some of this may have reached this client group anyway.	15%	For vocational skills, the above survey suggests Scotia can claim 48% of the credit for enhancements.	47%
Self confidence improvements sustained over longer term	*Estimate of deadweight made by stakeholder reference group:* Given the other effect of wider social networks it may be likely that this also has a longer term sustaining effect on self-confidence	15%	For vocational skills, the above survey suggests Scotia can claim 48% of the credit for enhancements.	47%
Improved Self Image	*Estimate of deadweight made by stakeholder reference group:* Nature of mental health conditions causes difficulties for people in this sphere that mean significantly reduced spontaneous improvement compared to population as a whole	5%	The figure for personal confidence used in the first entry above can reasonably be used here - 51%	51%
Improved Diet & Fitness	*Estimate of deadweight made by stakeholder reference group:* there has been minimal improvement in wider Glasgow society, and this applies even less when thinking of this client group	5%	The figure for personal confidence used in the first entry above can reasonably be used here - 51%	51%
Better management of own health leading to better physical health	*As above*.	5%	The figure for personal confidence used in the first entry above can reasonably be used here - 51%	51%

Reduced destructive behaviour as a result of improved mental health	*Estimate of deadweight made by stakeholder reference group:* For severe and enduring mental health client group the general improvement in destructive behaviour seen in society (7% shift) does not map very well to this client group. Yet there is some effect.	5%	The figure for personal confidence used in the first entry above can reasonably be used here - 51%	51%
Better Quality Relationships	Arguments presented under previous entry apply in the world of relationships. The effect is even more marked for this group – it is often a lack of relationship to others that brings people to Scotia	10%	The sample of members were asked to attribute percentages for all those involved in helping them improve their personal relationships. The averages showed Scotia scored 43% of that attribution.	43%
Active Citizenship	This depends on people who are characteristically isolated making their own links to clubs and places of activity. Thought to be uncommon.	5%	The sample of members were asked to attribute percentages for all those involved in helping them improve their range and quality of social activities. The averages showed Scotia scored 48% of that attribution.	48%
Greater social competence in wider life issues	People who join Scotia are often coping in a very basic way with the world around them. It is reasonable to assume that over time these coping mechanisms might increase anyway in many cases	15%	The sample of members were asked to attribute percentages for all those involved in helping them improve their mental health management. This includes ability to cope with a range of life skills. The averages showed Scotia scored 44% of that attribution.	45%
Referrer Organisations facilitated to consider wider needs of individuals	Wider society has shifted in its awareness of the needs of individuals, by a marginal amount in the same time period.	5%	As above, but the Scotia's role here is key due to the range of activities and relationship roles members are encouraged to take up.	70%
Hope of positive future being a real possibility	The Scotia's positive approach to work and achievement in the East End of Glasgow is a major factor in successfully moving people out of hopelessness. Deadweight in this area therefore very low.	5%	No other agencies in the area are working in such a direct way with people in enhancing hope. The approach of Scotia is quite unique – a small attribution to other sources is made to account for members' personal resources	90%
Breaking Down the Stigma of accessing services	This was a recurring theme in interviews with referrers. Degree of enhanced engagement in the absence of Scotia thought to be low for this client group	5%	Other agencies in the area are involved in enhancing employability among this group, though referrers did feel Scotia was most effective in working with the more vulnerable and withdrawn in the client group.	90%

Outcome	Duration	Rationale	Drop off (%)	Rationale
MEMBERS				
Improved sense of identity and belonging	5	Regarded as a "transformative" outcome – Ie, the impact is life changing and not easily reversible	5	Minimal due to transformative nature of outcome
Banding together with others of like mind	1	Only extends for the period of contact with the Clubhouse	0	Short term nature of outcome obviates drop off.
Improving self worth by being valuable to others	3	Self worth improvement is sustained for reasonable period after the intervention ceases although being valuable to others might be limited in duration	10	Impact of outcome could be eroded over course of duration if no other contributory factors
Learning new skills for work	5	After the intervention, these new skills would only gradually be forgotten in the unlikely event they were totally not used	10	Skills could be "forgotten" again, over time, if not used
Becoming more motivated to engage and put personal resources into exploring work options	4	Fresh motivation would be sustained as a transformative impact for reasonable period	15	Motivation resulting from Scotia input would not be at same level throughout duration
Re-activating old skills and being able to use them	5	Potential long term impact, depending on how well sustained beyond intervention	3	Minimal drop off. Once reactivated, skills can assume to be used if mental health has improved
Enhanced employability leading to being able to engage with a work placement	1	Engaging in the world of work placements would be a temporary situation confined to period of involvement with the clubhouse	0	Short term nature of outcome obviates drop off.
Improved confidence leads to an ability to present oneself in public	5	Regarded as a "transformative" outcome – Ie, the impact is life changing and not easily reversible	5	Minimal due to transformative nature of outcome
Wider social networks	5	Regarded as a "transformative" outcome – Ie, the impact is life changing and not easily reversible	5	Minimal due to transformative nature of outcome
Self confidence improvements sustained over longer term	5	Regarded as a "transformative" outcome – Ie, the impact is life changing and not easily reversible	5	Minimal due to transformative nature of outcome
Improved self image	5	Regarded as a "transformative" outcome – Ie, the impact is life changing and not easily reversible	5	Minimal due to transformative nature of outcome
Improved diet and fitness	3	The effects would be dependent on sustained motivation – estimated at medium duration	10	Drop off likely due to influencing factors in external environment
Better management of own health issues leading to better physical health	3	The effects would be dependent on sustained motivation – estimated at medium duration	5	Only slight drop off due to likelihood of learned improvements being sustained due to improved mental health
Reduced destructive behaviour as a result of Improved mental health	5	Regarded as a "transformative" outcome – Ie, the impact is life changing and not easily reversible	5	Only slight drop off due to likelihood of learned improvements being sustained due to improved mental health
Improved mental health resulting in reduced reliance on mental health staff	5	Regarded as a "transformative" outcome – Ie, the impact is life changing and not easily reversible	20	Higher drop off likely as increased use of other mental health services as a result of less support from Scotia
Better quality relationships	5	Regarded as a "transformative" outcome – Ie, the impact is life changing and not easily reversible	15	An area where external influences are likely to erode the impact.
Active citizenship	5	Regarded as a "transformative" outcome – Ie, the impact is life changing and not easily reversible	20	A high degree of personal choice influences this outcome.
Greater social competence in wider life issues	5	Regarded as a "transformative" outcome – Ie, the impact is life changing and not easily reversible	5	Improvements in this area are likely to be sustained due to high level change occurring
REFERRERS				
Referring organisation facilitated to consider wider needs of individuals	5	Impact of this outcome would grow as individual progresses	2	Minimal drop off due to ongoing benefits to organisations
Hope of positive future being a real possibility	5	Long term strategic impact	10	Standard drop off estimate applies – hard to measure outcome
Breaking down the stigma to accessing services	5	Long term strategic impact	10	Standard drop off estimate applies – hard to measure outcome

NOTE: Duration is in years

Calculation of the SROI index

The total impact calculated from the impact map for Scotia Clubho

use for the period of one year till September 2010 under the assumptions made was £484,958.

The value of this impact in future years is discounted to net present values, using a discount rate of 3.5% the total present value of Scotia Clubhouse is calculated as £1,621,891 over five years. The total invested to generate the total present value, was £301,197 per year invested in the main by the Mental Health Partnership. Therefore the net present value is £1,320,694.

The SROI index is a result of dividing the total present value by the investment. This gives a social return of £5.38 for every £1 invested in Scotia Clubhouse.

The full calculation tables are given in the appendix.

Sensitivity Analysis

The main assumptions used in this SROI relate to two areas:

1. That the percentages of members interviewed in the sample scale up to accurately reflect the total population of members experiencing each of the outcome indicators.
2. That the drop off rates used tend to be low due to the transformative nature of many of the outcomes.

These assumptions will be tested in this sensitivity analysis.

In addition, the deadweight calculations will be tested because they are, by their nature, estimates based on subjective analysis.

Scaling of sample size

This study assumes the quantities of occurrence of each Outcome Indicator found within the sample of members can be scaled up to apply to the whole population. The proportion of total members interviewed was 18%. Although SROI practice was followed with regard to exhausting new themes discovered in the story of change, a sensitivity analysis on this assumption gives a clear indication of the impact of possible margins of error.

If we assume there is a margin of error in the scaling up exercise of 25% - so we scale up the results only to 75% of the total population – the following changes occur.

	100% of membership	75% of membership
SROI Index	5.38	4.82
Change		-1.58

A more realistic margin of error, using statistical sampling conventions, is likely to be in the region of 10%. In this case, the change is as follows:

	100% of membership	90% of membership
SROI Index	5.38	4.85
Change		-0.58

If the statistical negative margin of error between scaling up from an 18% sample to the total population is 25% (a very high negative margin of error), a significant impact on the index is evident, but the SROI ratio is still 1:4.06. A more realistic 10% margin of error changes the index figure by -0.58. It should be noted that this analysis has only measured negative error. Statistically, the probability of error is as likely to be positive as it is negative.

Drop off assumptions

The case has been made for low drop off in this study. This is believed to be an accurate reflection of how the changes measured affect people's lives in the longer term. However, it is worth testing this assumption and therefore an analysis is made here that makes different assumptions about drop off, in order to test the sensitivity of the drop off estimates. SROI guidance suggests a standard approach to drop off of 10% a year, in the absence of other data. This has been applied below.

Drop off rate (%)	SROI Index	Change
Existing estimates	5.38	0
10% higher across all outcomes	4.51	- 0.87

The conclusion of the analysis is that a standard major increase in drop off across all outcomes of 10% from year 2 onwards still leaves an overall SROI index of 1:4.51, a change of less than £1 of social return. Therefore the decision to rate drop off at low rates does not have high sensitivity.

Deadweight assumptions

The assumptions about deadweight in this report are based on reference group discussions, incorporating the experience of staff and members. Each outcome was considered individually.

However, this is still a range of assumptions. The sensitivity analysis offers an opportunity to test the impact of these assumptions on the overall calculations.

An overall increase of 10% deadweight for every outcome indicator in this study results in an index of 1:4.79, which is a change of -0.59. So the overall impact of the outcomes is not significantly affected by this variation in deadweight estimations.

Section 10

Recommendations

Use the process of peer semi-structured interviews as a regular way of evaluating impact with individuals.

The process seemed to be so useful and welcomed by members, opening up good reflective conversations between members that we suggest this is done quarterly.

> *"If it ain't broke don't fix it, its a special place"* Referrer

Continue to find ways of finding out what the outcomes are for members of practicing being in a work environment.

The experience and repeated practice of being in a work environment is at the core of members reflection on the experience. We think that there are more benefits to be had by members and staff reflecting on what this experience gives them.

GAMH –as a wider organisation should study the impact all their services are having on carers, not just the 'carers service'.

There is a hidden benefit to society that carers of people with mental health problems are getting from GAMH. This is currently un-studied and from the small amount of work we did in this area, it could be quite a transformatory knock on effect.

Regularly research the impact the Scotia is having on referrers and employers.

Finding out in what ways the Scotia is helping their businesses and departments has been told for the first time in this report. In seeking to find this out there has also been a development of awareness of the cost efficiencies of the impact.

Appendix b)

The 7 principles of SROI

1 Involve Stakeholders

Stakeholders should inform what gets measured and how this is measured and valued.

The purpose of SROI analysis is to understand and manage the value created by an activity through the eyes of its stakeholders. Stakeholders are those people or organisations that experience change as a result of the activity and they will be best placed to describe the change. This principle means that stakeholders need to be identified and then involved in consultation throughout the analysis, in order that the value, and the way that it is measured, is informed by those affected by or who affect the activity.

2 Understand what changes

Articulate how change is created and evaluate this through evidence gathered, recognising positive and negative changes as well as those that are intended and unintended.

Value is created for or by different stakeholders as a result of different types of change; changes that the stakeholders intend and do not intend, as well as changes that are positive and negative. This principle requires the theory of how these changes are created to be stated and supported by evidence. These changes are the outcomes of the activity, made possible by the contributions of stakeholders, and often thought of as social economic or environmental outcomes. It is these outcomes that should be measured in order to provide evidence that the change has taken place.

3 Value the things that matter

Use financial proxies in order that the value of the outcomes can be recognised

Many outcomes are not traded in markets and as a result their value is not recognised. Financial proxies should be used in order to recognise the value of these outcomes and to give a voice to those excluded from markets but who are affected by activities. This will influence the existing balance of power between different stakeholders.

4 Only include what is material

Determine what information and evidence must be included in the accounts to give a true and fair picture, such that stakeholders can draw reasonable conclusions about impact

This principle requires an assessment of whether a person would make a different decision about the activity if a particular piece of information were excluded. This covers decisions about which stakeholders experience significant change, as well as the information about the outcomes. Deciding what is material requires reference to the organisation's own policies; its peers; societal norms; and short term financial impacts. External verification becomes important in order to give those using the account comfort that material issues have been included. SROI UK – Definitions of principles: Version 2 November 2008 Page 2

5 Do not over claim

Organisations should only claim the value which they are responsible for creating.

This principle requires reference to trends and benchmarks to help assess the change caused by the activity as opposed to other wider factors and to take account of what would have happened anyway. It also requires consideration of the contribution of other people or organisations to the reported outcomes in order to match the contributions to the outcomes.

6 Be transparent

Demonstrate the basis on which the analysis may be considered accurate and honest and show that they will be reported to and discussed with stakeholders

This principle requires that each decision, relating to stakeholders, outcomes, indicators and benchmarks; the sources and methods of information collection; the difference scenarios considered and the communication of the results to stakeholders, should be explained and documented. This would include an account of how those responsible for the activity will change the activity as a result of the analysis. The analysis will be more credible when the reasons for the decisions are transparent.

7 Verify the result

Ensure appropriate independent verification of the account.

Although an SROI analysis provides the opportunity for a more complete understanding of the value being created by an activity, it inevitably involves subjectivity. Appropriate independent verification is required to help stakeholders assess whether or not the decisions, made by those responsible for the analysis, were reasonable.

Appendix c)

International Standards for Clubhouse Programs

The International Standards for Clubhouse Programs, consensually agreed upon by the worldwide Clubhouse community, define the Clubhouse Model of rehabilitation. The principles expressed in these Standards are at the heart of the Clubhouse community's success in helping people with mental illness to stay out of hospitals while achieving social, financial, educational and vocational goals. The Standards also serve as a "bill of rights" for members and a code of ethics for staff, board and administrators. The Standards insist that a Clubhouse is a place that offers respect and opportunity to its members. The Standards provide the basis for assessing Clubhouse quality, through the International Center for Clubhouse Development (ICCD) certification process.

Every two years the worldwide Clubhouse community reviews these Standards, and amends them as deemed necessary. The process is coordinated by the ICCD Standards Review Committee, made up of members and staff of ICCD-certified Clubhouses from around the world.

MEMBERSHIP

1. Membership is voluntary and without time limits.
2. The Clubhouse has control over its acceptance of new members. Membership is open to anyone with a history of mental illness, unless that person poses a significant and current threat to the general safety of the Clubhouse community.
3. Members choose the way they utilize the Clubhouse, and the staff with whom they work. There are no agreements, contracts, schedules, or rules intended to enforce participation of members.
4. All members have equal access to every Clubhouse opportunity with no differentiation based on diagnosis or level of functioning.
5. Members at their choice are involved in the writing of all records reflecting their participation in the Clubhouse. All such records are to be signed by both member and staff.
6. Members have a right to immediate re-entry into the Clubhouse community after any length of absence, unless their return poses a threat to the Clubhouse community.
7. The Clubhouse provides an effective reach out system to members who are not attending, becoming isolated in the community or hospitalized.

RELATIONSHIPS

8. All Clubhouse meetings are open to both members and staff. There are no formal member only meetings or formal staff only meetings where program decisions and member issues are discussed.
9. Clubhouse staff are sufficient to engage the membership, yet few enough to make carrying out their responsibilities impossible without member involvement.
10. Clubhouse staff have generalist roles. All staff share employment, housing, evening and weekend, holiday and unit responsibilities. Clubhouse staff do not divide their time between Clubhouse and other major work responsibilities.
11. Responsibility for the operation of the Clubhouse lies with the members and staff and ultimately with the Clubhouse director. Central to this responsibility is the engagement of members and staff in all aspects of Clubhouse operation.

SPACE

12. The Clubhouse has its own identity, including its own name, mailing address and telephone number.
13. The Clubhouse is located in its own physical space. It is separate from any mental health center or institutional settings, and is impermeable to other programs. The Clubhouse is designed to facilitate the work-ordered day and at the same time be attractive, adequate in size, and convey a sense of respect and dignity.

14. All Clubhouse space is member and staff accessible. There are no staff only or member only spaces.

WORK-ORDERED DAY

15. The work-ordered day engages members and staff together, side-by-side, in the running of the Clubhouse. The Clubhouse focuses on strengths, talents and abilities; therefore, the work-ordered day must not include medication clinics, day treatment or therapy programs within the Clubhouse.
16. The work done in the Clubhouse is exclusively the work generated by the Clubhouse in the operation and enhancement of the Clubhouse community. No work for outside individuals or agencies, whether for pay or not, is acceptable work in the Clubhouse. Members are not paid for any Clubhouse work, nor are there any artificial reward systems.
17. The Clubhouse is open at least five days a week. The work-ordered day parallels typical working hours.
18. The Clubhouse is organized into one or more work units, each of which has sufficient staff, members and meaningful work to sustain a full and engaging work-ordered day. Unit meetings are held to foster relationships as well as to organize and plan the work of the day.
19. All work in the Clubhouse is designed to help members regain self worth, purpose and confidence; it is not intended to be job specific training.
20. Members have the opportunity to participate in all the work of the Clubhouse, including administration, research, enrollment and orientation, reach out, hiring, training and evaluation of staff, public relations, advocacy and evaluation of Clubhouse effectiveness.

EMPLOYMENT

21. The Clubhouse enables its members to return to paid work through Transitional Employment, Supported Employment and Independent Employment; therefore, the Clubhouse does not provide employment to members through in-house businesses, segregated Clubhouse enterprises or sheltered workshops.

Transitional Employment

22. The Clubhouse offers its own Transitional Employment program, which provides as a right of membership opportunities for members to work on job placements in business and industry. As a defining characteristic of a Clubhouse Transitional Employment program, the Clubhouse guarantees coverage on all placements during member absences. In addition the Transitional Employment program meets the following basic criteria.
    a. The desire to work is the single most important factor determining placement opportunity.
    b. Placement opportunities will continue to be available regardless of the level of success in previous placements.
    c. Members work at the employer's place of business.
    d. Members are paid the prevailing wage rate, but at least minimum wage, directly by the employer.
    e. Transitional Employment placements are drawn from a wide variety of job opportunities.
    f. Transitional Employment placements are part-time and time-limited, generally 15 to 20 hours per week and from six to nine months in duration.
    g. Selection and training of members on Transitional Employment is the responsibility of the Clubhouse, not the employer.
    h. Clubhouse members and staff prepare reports on TE placements for all appropriate agencies dealing with members' benefits.
    i. Transitional Employment placements are managed by Clubhouse staff and members and not by TE specialists.
    j. There are no TE placements within the Clubhouse. Transitional Employment placements at an auspice agency must be off site from the Clubhouse and meet all of the above criteria.

SUPPORTED AND INDEPENDENT EMPLOYMENT

23. The Clubhouse offers its own Supported and Independent Employment programs to assist members to secure, sustain and subsequently, to better their employment. As a defining characteristic of

Clubhouse Supported Employment, the Clubhouse maintains a relationship with the working member and the employer. Members and staff in partnership determine the type, frequency and location of desired supports.

24. Members who are working independently continue to have available all Clubhouse supports and opportunities including advocacy for entitlements, and assistance with housing, clinical, legal, financial and personal issues, as well as participation in evening and weekend programs.

EDUCATION

25. The Clubhouse assists members to further their vocational and educational goals by helping them take advantage of adult education opportunities in the community. When the Clubhouse also provides an in-house educational program, it significantly utilizes the teaching and tutoring skills of members.

FUNCTIONS OF THE HOUSE

26. The Clubhouse is located in an area where access to local transportation can be assured, both in terms of getting to and from the program and accessing TE opportunities. The Clubhouse provides or arranges for effective alternatives whenever access to public transportation is limited.
27. Community support services are provided by members and staff of the Clubhouse. Community support activities are centered in the work unit structure of the Clubhouse. They include helping with entitlements, housing and advocacy, promoting healthy lifestyles, as well as assistance in finding quality medical, psychological, pharmacological and substance abuse services in the community.
28. The Clubhouse is committed to securing a range of choices of safe, decent and affordable housing including independent living opportunities for all members. The Clubhouse has access to opportunities that meet these criteria, or if unavailable, the Clubhouse develops its own housing program. Clubhouse housing programs meet the following basic criteria.
    a. Members and staff manage the program together.
    b. Members who live there do so by choice.
    c. Members choose the location of their housing and their roommates.
    d. Policies and procedures are developed in a manner consistent with the rest of the Clubhouse culture.
    e. The level of support increases or decreases in response to the changing needs of the member.
    f. Members and staff actively reach out to help members keep their housing, especially during periods of hospitalization.
    29. The Clubhouse conducts an objective evaluation of its effectiveness on a regular basis.
    30. The Clubhouse director, members, staff and other appropriate persons participate in a three-week training program in the Clubhouse Model at a certified training base.
    31. The Clubhouse has recreational and social programs during evenings and on weekends. Holidays are celebrated on the actual day they are observed.

FUNDING, GOVERNANCE AND ADMINISTRATION

32. The Clubhouse has an independent board of directors, or if it is affiliated with a sponsoring agency, has a separate advisory board comprised of individuals uniquely positioned to provide financial, legal, legislative, employment development, consumer and community support and advocacy for the Clubhouse.
33. The Clubhouse develops and maintains its own budget, approved by the board or advisory board prior to the beginning of the fiscal year and monitored routinely during the fiscal year.
34. Staff salaries are competitive with comparable positions in the mental health field.
35. The Clubhouse has the support of appropriate mental health authorities and all necessary licenses and accreditations. The Clubhouse collaborates with people and organizations that can increase its effectiveness in the broader community.
36. The Clubhouse holds open forums and has procedures which enable members and staff to actively participate in decision making, generally by consensus, regarding governance, policy making, and the future direction and development of the Clubhouse.

Appendix c)

Member Questionnaire

1. What new skills have you learnt at Scotia?

2. What skills do you share with others?

(We are looking for the examples of talents, knowledge or understanding that members share with others, such as cooking, teaching languages, helping with Excel spreadsheets. They may well be the kind of things that members do quite naturally helping each other learn the ropes.
Another way of getting to this may not be to use the skills label, but simply ask in Scotia language – what 'buddying' of people do you do for exactly what tasks?)

3. When you think of Scotia, what image comes to mind?

4. In Scotia:

a) How often do you come in now?
b) How long do you stay?
c) What work do you do?
d) What other areas of Scotia activity do you get involved in?
e) What activities do you do outside Scotia?

5. Are you happy with your relationships with people outside Scotia and have they changed as a result (directly or indirectly) of you being at Scotia?

(One of the things we have heard is that Scotia sometimes has an effect on members' relationships with others outside Scotia. So it's not about prying, but we are trying to find out if that is a common experience? Don't do this question if it doesn't feel right)

6. How is your life changed (if it has) since coming to Scotia?

(This will give you a sense of the difference in the months or years as a bit of a description of the person's past. We are not looking for lots about their past, just some sense of what they say their life was like).

7. If you have got other dependents that you care for, parents, children, grandchildren, partners etc, then have your relationships with them changed as a result of Scotia?

(We have found some evidence that because members are also carers, and if their confidence/stability/ skills improve, then it can have a direct effect on their ability/availability to being a carer of others – which has a value to society too).

8 Does the Work Ordered Day in Scotia help you manage your mental health?
In what ways?

9. Since you have been coming to Scotia have you noticed changes in (Tick which applies)

Personal Confidence; Vocational Skills; Personal Relationships: Health and well being; Social Activities; Contribution to wider society; Mental Health mgmt

10. What would you do now if Scotia was no longer here?

11. Please try and put a percentage value on the impact of those listed below on the areas of improvement;

Scotia; Yourself Other members in Scotia (peer support)

Support services (CPN, Social work, GAMH etc) Family and friends Other

	Scotia	Self	Peers	CPN etc	Fam etc	Other	
Personal confidence							(100%)
Vocational skills							(100%)
Personal relationships							(100%)
Health & Wellbeing							(100%)
Social activities							(100%)
Contribution to wider community/society							(100%)
Mental health management							(100%)

Thank you

Appendix d)

Referrers Questionnaire

As a partner of Scotia, we are interested in hearing your opinions, experience and data of what you are observing of the benefit of Scotia. Mostly we are looking to find out the story of how people are changed or, are changing, through their membership with Scotia Clubhouse. But we are also interested in finding out the benefit of Scotia to your service (or agency). This questionnaire mainly asks you about this aspect of the benefit to your work.

In order to design this questionnaire we already did some lengthy interviews with a couple of referring agencies and so we have tailored the questions quite specific to this study. If some of these questions don't work or make sense to you please feel free to call or email Liz at Scotia or Simon and Duncan.

The SROI project

- *That Scotia Clubhouse commissioned the idea*
- *We started in April and will finish in October*
- *There is a 'reference group' that are helping guide the work*
- *It is about finding out about the impact of Scotia and attempting to put a financial value on that impact.*
- *It is happening now; to try to influence the continuation of the Clubhouse Model and of the physical building based clubhouse approach.*

Which bit of the employability continuum do you think Scotia works on the best?

How would you describe the impact of Scotia's ability to link people in to other services?

When you think of Scotia, what image comes to mind?

What changes do you notice in people who are members of Scotia?

In what ways do you think the Work Ordered Day in Scotia help people manage their mental health? (your observations please)

What kind of activities are people you refer able to undertake that they weren't before going to Scotia?

What would you do now if Scotia was no longer here?

How many people have you referred to Scotia in the last year (estimate)?

If you are an agency who also receives referrals from Scotia, how many people do you receive per year?

When you get referrals back from people who use Scotia, what differences, if any, do you notice in their engagement ideas or services?

What contribution do you think Scotia has made to peoples employability Skills?

Anything else you want to say about the impact you observe – or the value to society of Scotia

Thank you

Appendix e)

Carer Focus Group

This questionnaire is designed to structure a focus group conversation of people who are carers, parents of members at Scotia.

Introduce the SROI project

- *That Scotia Clubhouse commissioned the idea*
- *We started in April and will finish in October*
- *There is a 'reference group' that are helping guide the work*
- *It is about finding out about the impact of Scotia and attempting to put a financial value on that impact.*
- *It is happening now; to try to influence the continuation of the Clubhouse Model and of the physical building based clubhouse approach.*

We have been finding out some rich detail about the impact and change that Scotia has been making on people. Lots of members have been interviewed and now we are looking to get some more details from people who observe the change and also may be benefitting in other ways, like staff of projects who refer to Scotia, funders, partner agencies, employers who take TEP placements and carers, parents and family members.

As carers, parents and family members you observe the change (or no change) of members at Scotia. We are interested in this, and we are also interested in finding out how that change helps you.

1. What sort of changes have you observed in your life since the person has been going to Scotia?

2 When you think of Scotia, what image comes to mind?

3. Has the persons relationships with people outside Scotia changed, how much is for the better, and how much do you think is down to being at Scotia?

4. If you have got other dependants that you care for, parents, children, grandchildren, partners etc, then have your relationships with them changed as a result of Scotia?

5 About your life as a carer/parent?
What are you able to do now, that you weren't able to do before?

6. What is different about your life now, because of your relative's, family member's involvement in Scotia?

7. What would have happened if Scotia was no longer there?