

# Gauge NI Report

CIP CEDAR FOUNDATION



The Cedar Foundation  
**Community Inclusion Programmes**

SROI Study April 2007 – April 2012

**Cedar**  
THE CEDAR FOUNDATION  
WORKING FOR DISABLED PEOPLE

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# Gauge NI Report

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### 1. THE CEDAR FOUNDATION

**“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”.**

#### 1 Executive Summary

This report will attempt to show the true social return on investment of the Community Inclusion Programme (CIP) run by The Cedar Foundation. This is a forecast report based on some real data historically held looking back over 2 and a half years. The investment period is from 1<sup>st</sup> April 2007 to 1<sup>st</sup> April 2012.

#### 1.1 Organisation History

The Cedar Foundation, established in 1941, is a leading voluntary organisation delivering services to disabled people throughout Northern Ireland. Its 250 staff provide services to 1400 people per year, in four areas: Training; Brain Injury; Children and Young People; and Living Options.

The organisation offers innovative development programmes for all ages. Much of its work reflects the need for a holistic approach; it has moved away from segregated services towards community-based employment, training and living options.

Northern Ireland has one of the highest incidences of disability in the UK. People with disabilities face a complex range of barriers to social and economic inclusion; a fact which is recognised in many policy initiatives relating to employment, education, health and social services. Within this context, the Cedar Foundation responds to needs and emerging opportunities. Services are tailored to complex physical disabilities and brain injuries, including those who have experienced significant behavioural, cognitive, emotional and physical damage following traumatic incidents.

The organisation is an Investor in People Champion, retains ISO 9001:2008 registration for all areas of operation and, in 2007, won the European Excellence Award and a special award for customer focus following assessment against the EFQM Excellence Model.

#### 1.2 Summary of Social Value

*“Around this time I was diagnosed with Post Traumatic Stress Disorder and realised that if I didn’t start to fight for a new life, I would be left sitting looking out my window as life passed me by. The problem was that I was suffering from very low self esteem at this point, and wondered what exactly I could do with this ‘new body”* Linda

*“With my new found freedom I enrolled in a counselling course and gained an N.V.Q.”* Linda

**Frances has a very full life and is now extremely motivated and willing to get involved. She has grown in confidence and, with the support of the Community Inclusion Officer, has achieved many goals that, at first, seemed almost impossible.**  
Frances

The Community Inclusion Programme’s (CIP) key stated outcomes for its delivery are:

- Enhanced social inclusion of participants
- Person centred planning approaches supporting the development of skills in community settings (including voluntary work)
- Increased participation in mainstream Further Education and training, with opportunities to gain qualifications
- Increased awareness of the needs of people with a physical disability within Further Education and the wider community
- Participation in sustainable alternatives to traditional day services into the long term

The stated aspirations of the two funders (Belfast Health & Social Care Trust and South Eastern Health & Social Care Trust) for the Programmes are:

- Reduction in dependence on traditional Trust provisions, particularly Day Centre places
- Improved community inclusion of individuals with disabilities

The report will analyse the outcome value for each of these stakeholders in detail, however for the purpose of the executive summary here are some snap shots of the results.

Organisations that make use of the voluntary placements from the CIP programme total a social return value over 5 years of £146,620.01

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The return on investment for the Health Trust amounts to 63.7% of the total social outcome of the CIP programme.

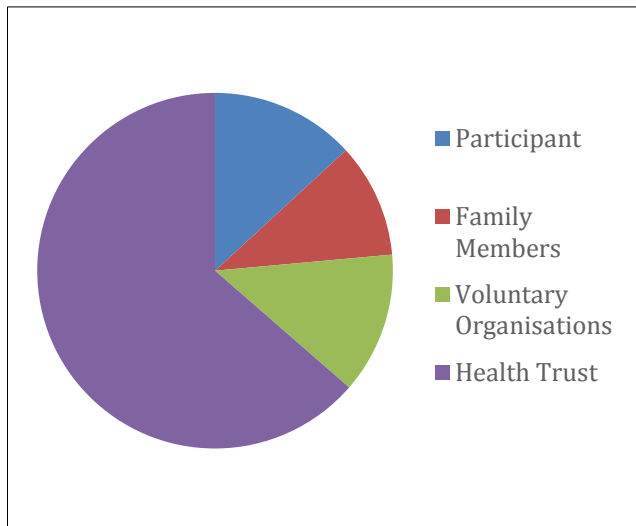
The total SROI, social return on the investment for the Community Inclusion Programme amounts to for every £1 invested there is a £3.19 return.

As the outcomes for the Health Trust relate to resources saved rather than a true cost return, one of the sensitivity analysis carried out was to remove the social worker outcome. This altered the SROI ratio from **1:2.92 to 1:3.60**.

In the stakeholder pie chart below a large percentage (63%) of the outcomes generated is beneficial to the Health Trusts which gives a clear indication that the aspirations of the two funders have been met. It is also worth noting that the Trust outcomes relate to a reduction in the use of resources and not a true cost saving, however how the Trust utilises this reduction in resource has the potential to lead to either a true reduction in cost or an increase in efficiency ratings.

### 1.3 Stakeholder Pie Chart

Outcome Distribution between Stakeholders



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## 2. WHAT THE REPORT MEASURES

### Vision, Mission & Values

The Cedar Foundation's **Vision** is of a society in which disabled adults and children are fully included citizens.

Its **Mission** is to provide quality support, care, accommodation and training services to enable disabled adults and children to participate in all aspects of community life.

### The organisation delivers its mission by living and upholding its Values of:

**Commitment** – committed to providing quality, person-centred services

**Excellence** – to continually improve the organisation

**Diversity** – to embrace the diversity of the communities in which it works

**Accountability** – to be open and transparent in everything it does

**Respect** – to treat all those with whom it works with respect.

### The Report's Scope

- To analyse the Social Return on Investment specifically of the Community Inclusion Program
- Retrospective in approach, covering a study period of 1 April 2007 to 30 September 2009, with results extrapolated and forecasted over a five-year period (to 1 April 2012).
- Includes (all) 110 participants active in the Programmes during the study period, based across the four CIP locations.

### The Report's Purpose

The purpose of the SROI report is to help the Cedar Foundation to gain an understanding of the social value being generated by the Community Inclusion Programmes. There is a great deal of emphasis placed upon the Programmes' potential (and the funders' aspiration) to reduce dependence on Trust services (primarily Day Care) and move participants towards socially inclusive activities. It is therefore of particular interest to reveal the outcomes realised by CIP's successes in moving individuals from Day Care towards community-based activity. Beyond valuing these outcomes, it is also the intention that the Report will

represent the full social value generated by exposing participants to a wide range of activities in various settings.

## 3. COMMUNITY INCLUSION PROGRAMMES

The Community Inclusion Programmes (CIP)'s primary concern is to enable participants to participate in socially inclusive, sustainable alternatives to traditional day services by taking part in community-based educational, vocational and social opportunities.

The Programmes work with up to 65 people at any one time across four locations:

- North & West Belfast
- South & East Belfast
- North Down & Ards
- Down & Lisburn

These areas originally mirrored those of four of Northern Ireland's 18 Health and Social Services Trusts. In 2007 the 18 Trusts were amalgamated to create five Health & Social Care Trusts. CIP falls into the jurisdiction of and is funded by two of these new Trusts (Belfast and South Eastern Health & Social Care Trusts). Over the study period, these two Trusts contributed a combined total of £326,258 to fund the Programmes.

The Community Inclusion Programmes seek to:

- Assist participants to engage in alternatives to traditional day services by facilitating sustainable socially inclusive activities
- Promote person-centred planning methods and approaches, including personal networks and contacts
- Promote and facilitate access to mainstream further education and vocational opportunities, leading to qualifications
- Promote and facilitate access to community-based pre-vocational, Essential Skills, personal development and lifestyle management training
- Facilitate the delivery of disability equality training to training providers and other key stakeholders

CIP participants are aged between 18 and 65 years, have acquired or congenital physical and / or sensory disabilities and live in one of the two Health & Social Care Trust areas. Most participants are referred to the Programmes by health

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professionals, primarily working in social work teams, community brain injury teams and day support services.

Four full-time CIP Officers are employed, one in each region, to work intensively with participants who will agree an Action Plan (containing personal goals / targets, plus the types of activities and courses that may be of interest) with their CIP Officer. They will be encouraged to move (however slowly) towards participation in social activities, courses, or voluntary placements accordingly. CIP's approach is flexible and Action Plans evolve over time as changing circumstances necessitate.

CIP maintains relationships with community organisations, Further Education institutions, training organisations, private companies and other statutory and voluntary organisations, enabling participants to access (mainstream) opportunities that may otherwise prove to be difficult (because of barriers to social inclusion faced by the disabled participants).

CIP caters for individuals with complex disabilities and/or associated learning difficulties; it is not geared for individuals preparing to take up employment (in the short or medium term). Should an individual who may be capable of working in the short-term be referred to CIP, he or she will be transferred to an alternative Cedar Foundation Programme.

Whilst participants remain on the Programmes for two years, there is flexibility and some have their time extended, primarily because they have gone through sustained periods of illness or associated difficulties.

#### 4. SROI

The following steps summarise the approach that was taken to completing this Report.

1. The scope, purpose and duration of the subject was agreed with the Cedar Foundation
2. All stakeholders deemed to be material were identified by the Steering Group that was formed to guide the research process.
3. Stakeholders were consulted to understand the change that each experienced whilst involved in the programme
4. The investment and outputs of CIP were identified and mapped (in consultation with each stakeholder group)
5. Outcomes of the programme were determined along with the consultation with each stakeholder group and in communication with the Steering Group.
6. Indicators and financial proxies (means of evidencing and assigning monetary value to

outcomes) were assigned to each of CIP's outcomes, again in consultation stakeholders

7. The SROI Ratio was calculated
8. The SROI Ratio was discounted to ensure the social value reflected all factors (in addition to CIP) that influenced the outcomes
9. The SROI Report was drafted and finalised, incorporating feedback from all members of the Steering Group. Revisions of the report were agreed with the Cedar Foundation.

The Steering Group formed to guide the SROI process met monthly to offer valuable insight at every stage. Members reviewed the draft report. Membership was made up of:

- Manager of Belfast Health & Social Care Trust Day Centre in West Belfast who had referred participants to the Programmes
- A CIP participant, active in the Programme during the study period and Chair of Cedar Foundation's User Forum
- Community Inclusion Officer, Lisburn & Down (Cedar Foundation staff member)
- Trainee Network Facilitator (Cedar Foundation staff member who had previously been CIP Officer and had considerable ongoing contact with participants)
- Head of Training Services (Cedar Foundation staff member)
- Deputy Services Manager (Cedar Foundation staff member)

Further information on the SROI Methodology can be found in Appendix 4

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### 5. STAKEHOLDERS

The following stakeholders were identified by the steering group as being relevant to CIP:

Stakeholder Group
Participants
Family Members
Voluntary Placement Organisation
Belfast & South Eastern Health & Social Care Trusts
Further Education Colleges & other training organisations
Referral Agents
Community Organisations and Venues
Individuals with Disabilities assisted by CIP Officers, but not formal participants of the Programmes

After consultation re materiality the following stakeholders were excluded from the report:

Further Education Colleges & other training organisations
Referral Agents
Community Organisations and Venues
Individuals with Disabilities assisted by CIP Officers, but not formal participants of the Programmes

Full details of the materiality exercise can be found in Appendix 2  
 Thereby leaving the following to continue with the analysis:

Stakeholder Group for SROI Report
Participants
Family members of participants
Voluntary Placement Organisation
Belfast & South Eastern Health & Social Care Trusts

### 6. DATA SOURCES & CONSULTATION

Following the SROI principles, the methods of data collection and stakeholder engagement divided itself into two broad areas, qualitative and quantitative. The consultation with the stakeholders determined the qualitative of information, what actually changed for them, how did the Programme affect their lives, what were the outcomes of this Programme in their eyes. Below details out the extent of the stakeholder engagement carried out from which the outcome results were extrapolated.

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Stakeholder Group	Consultation Method(s)	Total Number in Stakeholder Group	Number Questioned	Number of Responses
Participants	Focus Groups	110		28 attended 4 Focus Groups
Family Members	Questionnaires	53	32 (identified by CIP Officers as appropriate for receipt of a questionnaire)	15
Voluntary Placement Organisations	On-line questionnaires	24	24	7
	Telephone interviews	24	4 additional telephone interviews (1 from each of the Programmes' regions)	
Belfast and South Eastern Health & Social Care Trusts	Telephone Interviews with senior Health Trust representatives with knowledge of the Programmes	3 senior representatives from the two relevant Health Trusts	3 telephone interviews 1 representative of Belfast Trust and 2 from South Eastern Trust (1 representing N Down & Ards and 1 representing Lisburn)	
	On-line questionnaires to Social Worker referral agents	30	30	20

Further details of this quality journey and stakeholder engagement can be found in Appendix 5

Once these outcomes were determined the quantitative data was collated through original data held by The Cedar Foundation, eg volunteer activities, participant engagement and through stakeholder engagement results.

Cedar is quality organisation as many external awards prove it, as such their internal records were exemplary and statistical information was available. For example the history of participant numbers attending, the types of courses attended, the feedback forms from each course showing increase in confidence. As such a lot of the outcome quantitative data was in place.



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### 7. OUTPUTS

The outputs of the programme are determined by the funders monitoring information which collates the following totals, all of which relate to the main stakeholder only, that of the participant, on a yearly basis:

Total number of placements available	65
Total number of activity hours	32,312
Number of Participants on Employment based activities	15
Number of Participants involved in Training/Educational activities	50
Number of Participants involved in Social/Recreational Activities	40
Number progressed into voluntary employment	6
Number progressed into further/higher education	11
Number of Leavers progressing to social and recreational activity	9

### 8. STAKEHOLDER INPUTS & INVESTMENT

Stakeholder	Inputs	Investment Cost
Participants	<p>* Time , energy and commitment to start and keep going with the Programme</p> <p>Commitment required to engage with Programme and to face and overcome considerable hurdles</p> <p>Willingness to be honest about difficulties they are facing and to engage with action planning process</p> <p>Contribution (from own money) of an average of 20% towards course fees and 30% towards travel costs, for any courses undertaken (accredited or non-accredited)</p> <p>Time and commitment to a voluntary work placement (where applicable)</p>	£13,066**
Family Members	<p>*** Courage to allow family member to “try out” CIP</p> <p>Time, energy and commitment to support family member’s participation in CIP</p>	
Voluntary Placement Organisations	Management time, supporting / training volunteers, helping them to settle in	
Belfast and South Eastern Health & Social Care Trusts	****Funding over the 30-month Study period	£326,258

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\* Participants had to give of themselves completely to “get the most” out of CIP. Most were nervous at the start; unwilling and incapable of engaging, some because of negative experiences of previous interventions, others because of low self-esteem and still others because they were cynical about another “*quango-type initiative with little value for me*”.

\*\*Participants made a contribution from their own money of the following:  
an average of 20% towards course fees and  
30% towards travel costs, for any courses undertaken (accredited or non-accredited)

These percentages and costs were taken from the actual costs and the course records from Cedar’s archives as to the rates of contribution received.

\*\*\* There are many hurdles associated with CIP participation for family members in the early days. Perhaps the most significant was the (over) protective instinct. Many struggled to encourage their loved one to enter into full and active participation. Some feared they may not be able to keep up the pace, and some were cynical. The willingness to let their family member participate must, therefore, be regarded as significant.

\*\*\*\* Over the Study period, the two Health & Social Care Trusts contributed a combined total of £326,258, covering the full running costs: salaries of the four CIP Officers, each of whom work intensively with participants in their region; a transport and activity budget to help participants with the costs of the activities they undertook; and an allowance towards Cedar Foundation’s associated administration and management costs.

## 9. THEORY OF CHANGE

*“The theory of change is an account of how the organisation takes in resources (inputs) to do its work (activities) which leads to direct results (outputs) and longer term or more significant results (outcomes), as well as the part of those outcomes the organisation can take credit for (impacts).”<sup>1</sup>*

The presentation of any programme or organisation’s inputs, outputs and outcomes, illustrating the causal links between them, is referred to as an ‘impact map’. It helps an organisation to develop its theory of change by providing a framework for a better understanding of how its actions create and instigate change. The impact map was used throughout this report exercise but overall it is

important to understand the main areas of change as a result of the programmes work. This lies in the stakeholder of the main participant.

Before coming to the Community Inclusion Programmes participants can be classified within two broad categories. The first is Day Service-users, in this instance the majority of the participants are long-term day service users who have become dependent on the traditional day service setting primarily for social engagement. These people spend their days in the day centres meeting people in similar circumstances where the ratio is usually 1 to 8 of staff to users. There is minimal contact with regular society and minimal interaction and engagement opportunities.

The second category are socially isolated people who are receiving support from statutory service staff, this could be Social Workers, O.T.s, Physiotherapists, Speech and Language Therapists, Care Managers or Rehabilitation Workers. In this circumstance most participants have become socially isolated due to a number of common issues. These can include; the acquirement of a disability, low levels of socio-emotional support from friends and family and a lack of awareness of activities in their local community.

In addition, it must be noted that all participants report low levels of confidence and self-esteem when entering the service.

The participants’ outcomes give insight into the extent and significance of the change experienced. The Focus Groups brought these changes to life, as participants discussed their lives before, during and after their time on CIP. An overwhelming sense of powerlessness and hopelessness characterised lives before, in sharp contrast to the upbeat words and phrases (see below) selected to describe their lives subsequently.

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<sup>1</sup> New Economics Foundation (nef) Measuring value: a guide to Social Return on Investment (SROI). 2<sup>nd</sup> Edition 2008

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Before Participation in CIP:	During Participation in CIP:	After Participation in CIP:
<ul style="list-style-type: none"> <li>▪ Isolated</li> <li>▪ Depressed</li> <li>▪ Bored watching TV</li>   <li>▪ Uncomfortable in groups</li> <li>▪ Angry</li> <li>▪ Miserable</li>   <li>▪ Black hole</li> <li>▪ Frustrated</li> <li>▪ I had no life</li> <li>▪ Lacking in confidence</li> <li>▪ No reason to get out of bed</li> <li>▪ Timid</li> <li>▪ Unaware of opportunities</li> <li>▪ Unhappy</li> </ul>	<ul style="list-style-type: none"> <li>▪ Felt productive</li> <li>▪ Changed for the better</li> <li>▪ Determined try things out</li>   <li>▪ More balanced mentally</li> <li>▪ Confident</li> <li>▪ Stable</li>   <li>▪ Beginning to go forward</li> <li>▪ Busy</li> <li>▪ Feel happy</li> <li>▪ Something to get up for</li> <li>▪ More focused on goals</li> <li>▪ More self aware</li> <li>▪ Able to keep in touch (e mail)</li> <li>▪ Proud</li> <li>▪ Better</li> </ul>	<p>Those who have already left:</p> <ul style="list-style-type: none"> <li>▪ Far better person</li> <li>▪ Assured but still sometimes scared</li> <li>▪ I still try to be positive</li> <li>▪ I can see a future for me</li> <li>▪ Want to pass on what I have learnt to others</li> </ul> <p><b>Those who have not yet left:</b></p> <ul style="list-style-type: none"> <li>▪ Would feel cut off if things ended</li> <li>▪ Don't like to think about the end</li> <li>▪ Would feel more positive</li> <li>▪ Hoping to carry on with my IT</li> <li>▪ Would feel let down at the end</li> <li>▪ Would be empty without it</li> </ul>

CIP Officers already had some insight into the Community Inclusion Programmes' own theory of change (i.e. how participants' lives change as a result of the Programmes' activities and how this change comes about). This insight is summarised below:

- Greater self esteem and self confidence through the person-centred approach, especially Action Planning
- Better awareness of available opportunities and of the skills and qualifications that can be realistically acquired through tailored advice-giving and CIP's access to community services
- Much improved levels of social interaction, promoting social inclusion, enabled by moving participants from home and Day Centre settings into community-based activity
- A belief in oneself and pride in achievements, engendered through activities, courses, qualifications and volunteering

The Focus Groups helped to complete the Cedar Foundation's embryonic understanding of the theory of change. Participants' experience of change was influenced by the following (especially in the early days):

- Their physical and/or mental health; health impacts upon the speed and extent to which participants enter into the Programme (early on and throughout).
- Their expectations which are often framed by experiences of previous interventions and the opinions of those closest to them (often not constructive early on).
- Their willingness and ability to engage with action planning (identifying areas of their life they would like to develop and identifying goals accordingly).
- The approach of the CIP Officer. Participants spoke consistently about the personal, friendly and positive approach of their CIP Officer. However, those most reluctant to engage in the early days admit that it took them some time to recognise and appreciate these qualities.

The following aspects of CIP were identified as being the most significant in affecting change:

- **The Chance to Try New Things without the Fear of Failure**

One might ask why CIP is necessary; why individuals cannot simply attend Further Education

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Colleges or community groups independently. In reality, many participants were fearful of not being able to cope with a new venture, physically, emotionally or mentally, and having to pull out, resulting in perceived “failure” and causing inconvenience to others (in their eyes). CIP’s flexible approach and relationships with partner organisations enables participants to “have a go” without undue pressure, knowing it’s OK to pull out if it doesn’t work out. CIP Officers discuss the pros and cons of particular activities, and help participants to decide on a strategy for successful completion, keeping them focused.

### ▪ Practical help

Participants appreciate the practical help (transport, additional classroom support, adaptive technology etc.), which in itself takes away a barrier that would prohibit many from engaging independently.

### ▪ The Motivation and Additional Confidence

Some of the more independent participants valued the motivation from their Project Officers; some would have thought to try certain activities independently, but have lacked the motivation or confidence to take the necessary steps alone.

### ▪ An Approach that Understands

Perhaps the greatest impetus to change stems from CIP’s understanding of the need for flexibility, allowing for individual circumstances. Whilst it is important to celebrate and recognise all that is achieved, it is also crucial to acknowledge the complexities and realities of participants’ lives. Many suffer from degenerative conditions; no matter how fulfilling CIP may be, the future represents uncertainty and anxieties and participants do, at times, have to take periods out because of illness or medical treatment.

### ▪ The Participant-Led Nature of the Approach

Many participants identified the time devoted to action planning and goal-setting as critical to success. It helped ensure that: thought-through, realistic goals and targets were identified; activities were planned properly (including contingencies); progress was reviewed; and encouragement and practical support available when things got tough. It also helped to ensure that Programmes were led and driven by the individuals. This approach represents the best chance for long-term change (i.e. that new-found patterns of life will last beyond the two-year lifespan of an individual’s participation on the Programmes).

### ▪ The CIP Staff

Much could be written about all that was said, in the Focus Groups and throughout the research, about the quality of the four CIP Officers. The following is, perhaps, sufficient.

- *“The CIP staff all treat you just as you are and with respect so that you naturally give respect back.”*
- *“My Project Officer has helped me more than he will ever know.”*
- *“I owe my Project Officer a great deal.”*

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### 10. OUTCOMES

	Stakeholder	Outcome
1.1	Participants	Increase in individual well being
1.2		Increase in social well being
1.3		Increase in personal functioning
1.4		Increase in skill through volunteering
2.1	Families	Improved family dynamics
3.1	Voluntary Placement Organisations	Increase in motivational and equality experience in work, Increase in operational productivity and increase in staff moral and inter staff relationships
4.1	Health Trust	Freeing up of resources to attend to clients with more significant need in terms of space, transport and staffing, therefore less reliance on outsourcing expenditure

#### Participants

The main delivery from the CIP programme were the obvious changes for the participants in terms of self confidence and mixing with the community as a whole, interaction with people over activities and engagement with society to a level not previously experienced.

Through the analysis of the outcome the “so what” question was asked within the steering group and the following train of analysis was uncovered:

- Increase in self confidence
- Feeling better
- More independence
- More choice in life
- Making new friends
- Increased expectation of opportunities
- Reduced social isolation
- Increase range of spending pattern
- Increase in skill and ability range

It was agreed that the three categories of increased individual well being, increase in social well being and increase in personal functioning would capture each of these areas.

#### Families

The feedback from the families through the stakeholder engagement identified a significant value in the respite to their lives that was given to them as a direct result of the CIP work. The results of the survey showed a wide range of activities carried out as a result, ranging from being able to consider work, to going to the cinema, to having coffee

with friends. It was important to determine the outcome not just as the time they gained for additional activities but what they actually did with the time, however the broad range of examples given gave a new problem of how to describe the outcome to cover all the areas.

The same thought process of “so what” was undertaken, how does the CIP work affect families:

- Increase in attendance as social events
- Increase in freedom of choice
- Feel better about themselves
- Improved family dynamics
- Less arguments
- Eating and sleeping better
- Less doctor visits

So the outcomes chosen to capture these are

Improved family dynamics.

Through CIP, one family came to realise that their family member was capable of so much more and could be motivated to develop new interests and hence change their outlook on life. This realisation transformed family dynamics and, in many cases, enabled the CIP participant to become a positive role model for others in the family, lifting aspirations and challenging the norm. **This was recognised as being an unintended positive outcome of the Programme** (though not sufficiently significant to be material to this study).

One young man’s family member tells of CIP’s impact on home life:

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*“Since Mark began attending Cedar our whole family has benefited greatly. I now have time to relax in the house with a book or have coffee with friends in the knowledge that Mark is in a safe environment. Mark’s inclusion in Cedar has increased his confidence and self-esteem resulting in a much more settled home life. CIP’s support has proved invaluable to our home life as Mark is much more settled and looks forward to his regular outings”.*

Mark sustained Subarachnoid Haemorrhage and has significant memory loss and associated confusion, disorientation and a short concentration span such that he requires 24 hour supervision.

### Voluntary Placement Organisations

The introduction of a volunteer into an organisation has a huge outcome of which much work and research has been carried out elsewhere. The morale dynamics within a workplace setting change once a placement participant is in situ. There is an increase in diversity awareness, an increase in morale and a reported increase in work output. Care must be taken here not to just envisage the outcome of increased productivity as being that work generated by the volunteer, but also to include the increase in morale of the organisation. Areas that organisations quoted as additional outcomes are:

- freeing up staff time to pursue other (additional) duties that added value to the organisation (volunteers were often involved in time-consuming tasks that would otherwise have had to be done by staff members);
- gaining from the volunteer’s specialist knowledge, new to the organisation;
- an extra pair of hands, helping the organisation to deliver its core services; and
- a fresh, in some cases, innovative, approach, reinvigorating staff and other volunteers
- an increase in diversity within the workplace
- an increase in staff and other volunteers’ awareness of physical disability and acquired brain injury, and associated general awareness of social inclusion;
- the impetus to amend (or add new) organisational policies to reflect the needs and circumstances of individuals with disabilities;
- the opportunity for staff members to work alongside an individual with a disability as a peer (and not in the support role that they were accustomed to);

The areas of potential outcomes derived for voluntary organisations are:

Increase in equality and diversity

New dynamics and morals within the organisation  
Increase in work productivity  
Increase in team building and unity  
Increase in the knowledge and skills of individuals

So the outcome chosen to capture this is:  
Increase in motivational and equality experience in work  
Increase in operational productivity and Increase in staff moral and inter staff relationships.

### Health Trust

It is important to note in the outcomes for the trust that they do not represent actual savings, they are resources of the Trust being freed up to attend to other customers needing their services. In the times of ongoing cuts and efficiency drives it was felt important to recognise the large contribution the CIP work was making towards an improved client care service.

Whilst Belfast Health and Social Care Trust representatives attributed a reduction in Day Centre take-up to an increase in the social interaction of CIP participants, it is important to point out that in one particular Programme area a significant proportion of the CIP participants may not be regarded as “core” Trust clients. In this case, it would be misleading to assume that they would necessarily have been taking up Trust-funded places in Day Centres, had they not engaged with the Community Inclusion Programmes.

Keen to establish a better understanding of the ongoing savings that are being realised, through the freeing up of Day Centres places, the Health Trusts have identified the importance of the Cedar Foundation adopting an automatic and ongoing mechanism to collect information in each of the four Programme areas regarding the changes in participants’ up-take of Day Centre places throughout their time on CIP and beyond. Further details of this recommendation are provided in the last section of this report.

Using the same “so what” thought process:

The work of the programme reduces the client’s dependency on the trust’s services, such as reducing the services needed from social workers.

This in turn allows the trust to utilise the skills of the social workers elsewhere, preventing the need to outsource which costs more money, increasing the total number of clients being attended to.

# Gauge NI Report

## CIP CEDAR FOUNDATION

### 11. INDICATORS & PROXIES

	Stakeholder	Outcome	Indicator	Proxy
1.1	Participants	Increase in individual well being	Questionnaire results and focus group comments	Cost of counselling which would generate the same outcome
1.2		Increase in social well being	Questionnaire results and amount of engagement experienced in attendance of arranged social settings	Cost of running the social activities
		New	Survey of increase in social interaction before and after questionnaire	Value of social interaction from "Putting a Price Tag on Friends, Relatives, and Neighbours: Using Surveys of Life Satisfaction to Value Social Relationships Nattavudh Powdthavee" and percentage comparison with level of change
1.3		Increase in personal functioning	Skill development through course participation	Value of course achievements
		New	Survey of skill development before and after questionnaire	Value of journey towards achievement of employment relating to average earnings and % of distance travelled in questionnaire
1.4		Increase in skill through volunteering	Seen as double counting	

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## CIP CEDAR FOUNDATION

2.1	Families	Improved family dynamics	Questionnaire of family members and comments returned of well being improvement	Cost of counselling sessions and social workers
				Cost of doctor visits saved
		New	Questionnaire of degree of change due to social interaction and engagement with other people	Cost of increasing well being through social interaction "Putting a Price Tag on Friends, Relatives, and Neighbours: Using Surveys of Life Satisfaction to Value Social Relationships Nattavudh Powdthavee" and percentage comparison with level of change
3.1	Voluntary Placement Organisations	Increase in motivational and equality experience in work, Increase in operational productivity and increase in staff moral and inter staff relationships	Questionnaire of organisation before and after especially on disability awareness and hours collated on voluntary work	Pay rate for equivalent job *Voluntary work if it had been paid for
4.1	Health Trust	Freeing up of resources to attend to clients with more significant need in terms of space, transport and staffing, therefore less reliance on outsourcing expenditure	Comments from social workers, time of clients spent away from Health Trust dependency Attendance at events away from Trust care, reduced hours of social worker requirement, reduced Trust transport need	Cost to the Belfast Health & Social Care Trust of a Day Centre day plus an allowance for transport Hourly pay rate for a Band 5 / Band 6 (as appropriate) Health Professional

More explicit detail on the determination of the proxy and the sources can be found on the impact map and in Appendix 7  
All data can be evidenced in either statistics from Cedar's archives or from stakeholder information

**The areas identified as NEW are outcomes not able to measured due to lack of data but are felt worthy of inclusion to represent the true value of the outcome. Further details of how these could be measured in the future can be found in Appendix 7**

\* The Volunteer Investment and Value (VIVA) model suggests that national minimum wage or median hourly wage rate for a region is used to calculate the value of volunteering to an organisation. The guidance states: "*minimum wage probably underestimates the value, while the median wage may overestimate it*". (Volunteering England's Short Guide to VIV Calculation, found at [www.volunteering.org.uk](http://www.volunteering.org.uk)). Northern Ireland's average wage over the period was used as the financial proxy. Placement organisations that were interviewed agreed that the VIVA model was an appropriate way of valuing the additional resource the volunteers' time represented to the organisation.



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## CIP CEDAR FOUNDATION

### 12. UNINTENDED POSITIVE AND NEGATIVE OUTCOMES

The opportunity for participants to provide peer support was an **unintended positive outcome of CIP** that was found to be empowering and motivating for many individuals. Opportunities to meet people facing similar life experiences, frustrations and hurdles helped to develop meaningful and supportive relationships. Similar to the experience of those who volunteered, and found that they could “give something back”, those who supported fellow participants had the chance to help someone else; something new to many who were used to being on the receiving end of care. Whilst this unintended outcome is not material enough to be included in the SROI calculation, in the interests of true transparency this information is included here.

Another unintended positive outcome was that of the participant becoming a positive role model to the rest of their family, lifting aspirations and challenging the status quo of their family life.

Dependence on the CIP Officer is a natural consequence that is not necessarily unhealthy but can, for a small minority, become a hindrance. The intensity of the relationship, with regular one-to-one time, contributes to CIP’s success. It helps many to grow in confidence and take steps necessary to engage with their world. However, the security and familiarity of this relationship makes the transition (and for some, even the thought of the transition) a particular difficulty. Whilst there is evidence that CIP Officers help to prepare participants, and do stay in touch with all of their leavers, the fears and anxieties of a small number were **an unintended negative outcome of CIP** and will undoubtedly impact upon the extent to which these individuals hold onto their new-found confidence and sustain their mainstream activities. The drop-off rates for ongoing participation in community settings, once time on CIP has come to an end, account fully for this reality so that it is reflected in the overall five-year period SROI ratio.

### 13. DURATION OF CHANGE

This is a forecast report based on some real data historically held looking back over 2 and a half years. The investment period is from 1<sup>st</sup> April 2007 to 1<sup>st</sup> April 2012. Once the social value generated over the study period (April 2007 to September 2009) has

been established, it will be extrapolated over a five-year period, resulting in an SROI ratio for the period April 2007 to April 2012. So the actual results of the beneficiaries for the 2 and a half year period are determined, then these results are forecasted as to how long the outcome lasts over the remaining 2 and a half years. This has resulted in the study becoming a mixture between an evaluative report and a forecast report, with the evidence to hand of the programme’s records and statistics and a forecast of the future implications for the stakeholders. Whilst most participants remain on the Programme for two years, the Cedar Foundation believes that the value of participation extends beyond the Programmes’ lifetime and that five years (three years beyond completion) is the average timeframe over which the impact is felt.

Participants suffer from many complex disabilities. Many of those suffering from degenerative conditions will become less able to keep on activities initiated during CIP. Others will continue to grow in confidence and physical strength, such that the impact lasts longer than three years. Some participants will hold a shorter duration of outcomes after leaving the programme, while others will have a longer outcome duration. Extrapolating the value generated by CIP over five years will provide a realistic picture of the overall impact of the Programmes for a realistically sustained period.

It was felt that all of the outcomes would last the 2 and a half years to some extent and where least effect would remain the drop off percentage was increased.

### 14. DISCOUNT FACTORS

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

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

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

**Displacement:** An assessment of how much of the outcome displaced other activities or outcomes that would otherwise have occurred. *This was not thought to be relevant to the CIP Study.*

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## CIP CEDAR FOUNDATION

**Drop-off:** In future years, beyond the life of the Community Inclusion Programmes, the amount of outcome that can be directly attributed to CIP will be greatly reduced as it becomes more influenced by other factors. Drop-off becomes relevant to this study between years 2.5 and 5. i.e. once participants have left CIP.

	Outcome	Discount Adjustment	Value Discounted	Rationale
1.1	increase in individual well being	Attribution	15%	Health professionals, family members and staff from community organisations offer support (in addition to the CIP Officer) that is of significance to a number of participants remaining engaged.
		Deadweight	10%	10% of participants at Focus Groups reported that they would have increased their confidence independently.
		Drop off	66%	The drop-off rates beyond the life of CIP reflect the feedback received from participants, averaging at 2 out of every 3 in attendance.
1.2	increase in social well being	Attribution	10%	Whilst CIP organise the social interaction a small discount rate reflects the support offered by Day Centre staff.
		Deadweight	15%	Given their highly complex needs and the considerable barriers to social engagement, only 10-20% of participants at Focus Groups reported that they engage in social interaction independently.
		Drop off	65%	Given the supportive nature in which this interaction occurs, participants are inclined to continue with them beyond CIP. However, the drop-off rate reflects the drop-off in attendance at Day Centres beyond the lifetime of CIP.
1.3	increase in personal functioning	Attribution	15%	Health professionals, family members and staff from training organisations/colleges offer support (in addition to the CIP Officer) that is of significance to a number of participants completing courses.
		Deadweight	0%	No participants consulted felt that they would have been able to undertake this progression without the support of CIP.
		Drop-off	66%	The drop off rates beyond the life of CIP reflect the feedback received from participants, averaging at 2 out of every 3 courses undertaken through CIP.
2.1	Improved family dynamics	Attribution	0%	CIP was the only contributing change to family members experiencing change identified through the research.
		Deadweight	4%	Reflects the average deadweight accounted for in outcomes above
		Drop-off	66%	Reflects the drop-off in participant activity beyond the life of the Programme

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## CIP CEDAR FOUNDATION

	Outcome	Discount Adjustment	Value Discounted	Rationale
3.1	Increase in motivational and equality experience in work, Increase in operational productivity and increase in staff moral and inter staff relationships	Attribution	25%	The discount rate reflects the placement organisations' assessments of the contribution they had to made towards enabling the participant to volunteer successfully
		Deadweight	0%	Volunteering was such a significant step, none felt they would have been able to volunteer without the assistance and motivation of CIP.
		Drop-off	65%	An average of 35% retain their connection with voluntary placements beyond their time on CIP
4.1	Freeing up of resources to attend to clients with more significant need in terms of space, transport and staffing, therefore less reliance on outsourcing expenditure	Attribution	10%	No other programmes or interventions offer an alternative to Day Care. No matter how motivated an individual may be, the Study has no evidence to suggest that a disabled individual would give up a place at a Day Centre unaided. Whilst CIP was the exclusive contributor to this outcome, allowance has been made for the contribution of the social worker in enabling full and active participation.
		Deadweight	0%	None of this outcome would have happened without CIP
		Drop-off	33%	Reflects the (sustained) average reduction in attendance at Day Centres of 2 days per week (or 66% of total days) amongst those participants who attended Day Centres regularly before CIP.

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## CIP CEDAR FOUNDATION

### 15. SROI CALCULATION

(with above attribution, deadweight and drop off factors applied)

Discount rate of 3.5%

Stakeholder	Outcome	Year 1 to 2.5*	Year 2.5 to 3.5	Year 3.5 to 4.5	Year 4.5 to 5**	Total
1.1 Participants	increase in individual well being	£82,916	£11,276	£3,834	£652	£98,874.23
1.2	increase in social well being	£20,250	£2,835	£992	£174	£24,250.89
1.3	Increase In personal functioning	£21,047	£28,835	£973	£165	£25,047.87
2.1 Family Members	Improved family dynamics	£93,423	£11,211	£3,363	£504	£108,501.00
3.1 Voluntary Placement Organisations	Increase in motivational and equality experience in work, Increase in operational productivity and increase in staff moral and inter staff relationships	£122,431	£17,140	£5,999	£1,050	£146,620.01
4.1 Health Trust Funders	Freeing up of resources to attend to clients with more significant need in terms of space, transport and staffing, therefore less reliance on outsourcing expenditure	£481,543	£129,054	£86,466	£28,966	£726,028.75
<b>TOTAL</b>		<b>£827,856</b>	<b>£176,723</b>	<b>£102,873</b>	<b>£31,790</b>	<b>£1,139,242</b>

# Gauge NI Report

## CIP CEDAR FOUNDATION

\* This column represents the full 30-month study period (and hence is not comparable in value to the subsequent columns)

\*\* This column represents the final six-month period of the full five-year period (and hence is not comparable to the full years presented in the two previous columns).

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

**Total Investment: £346,020**

<b>TOTAL PRESENT VALUE (PV)</b>	<b>£1,085,193</b>
<b>NET PRESENT VALUE (PV minus investment)</b>	<b>£745,869</b>
<b>SOCIAL RETURN £ per £</b>	<b>3.19</b>

**SROI Ratio 1: 3.19**

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## CIP CEDAR FOUNDATION

### 16. SENSITIVITY ANALYSIS

In this analysis, we explore the impact on the SROI ratio of changing some of the assumptions used. A systematic approach was taken to this part of the analysis by changing each changeable part in turn and seeing how that altered the ratio. The areas altered for each outcome are Financial Proxy, Attribution, Displacement and Deadweight discount factors.

Stakeholder	Outcome	Factor Chosen	Change d to	Ratio changed to
1. 1 Participant	increase in individual well being	Financial Proxy	£40 per session	1:3.08
		Attribution	30%	1:3.13
		Displacement	10%	1:3.15
		Deadweight	20%	1:3.15

Stakeholder	Outcome	Factor Chosen	Changed to	Ratio changed to
1.2 Participant	increase in social well being	Financial Proxy	New proxy £85,000 x 2% x 110 participants	1:3.60
		Attribution	30%	1:3.18
		Displacement	10%	1:3.18
		Deadweight	10%	1:3.18

Stakeholder	Outcome	Factor Chosen	Changed to	Ratio changed to
1. 3 Participant	increase in personal functioning	Financial Proxy	New proxy of average wage earnings per week £453* x 2% distance travelled in questionnaires x 48 wks x 110 participants	1:3.26
		Attribution	30%	1:3.18
		Displacement	10%	1:3.18
		Deadweight	10%	1:3.18

\* Source of average earnings – [www.statistics.gov.uk/statbase/product.asp?vlnk=14015](http://www.statistics.gov.uk/statbase/product.asp?vlnk=14015)

Stakeholder	Outcome	Factor Chosen	Changed to	Ratio changed to
2.1 Family Members	Improved family dynamics	Financial Proxy	New Proxy of degree of change 5% x cost of social interaction ** x 31 families	1:3.28
		Attribution	10%	1:3.15
		Displacement	10%	1:3.15
		Deadweight	8%	1:3.18

\*\*source of proxy as detailed in page 15

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## CIP CEDAR FOUNDATION

Stakeholder	Outcome	Factor Chosen	Changed to	Ratio changed to
3.1 Voluntary Placement Organisations	Increase in motivational and equality experience in work, Increase in operational productivity and increase in staff moral and inter staff relationships	Financial Proxy	Minimum wage of £5.93	1:2.98
		Attribution	50%	1:3.05
		Displacement	10%	1:3.13
		Dead-weight	10%	1:3.13

Stakeholder	Outcome	Factor Chosen	Changed to	Ratio changed to
4.1 Health Trusts	Freeing up of resources to attend to clients with more significant need in terms of space, transport and staffing, therefore less reliance on outsourcing expenditure	Financial Proxy	6077 day centre days changed to 5077 day centre days	1:2.92
		Attribution	20%	1:2.96
		Displacement	10%	1:2.96
		Dead-weight	10%	1:2.96

This sensitivity analysis produces a range of ratios from 1:2.92 to 1:3.60 by either changing the proxy to the proposed new version albeit with %s of change estimated or by doubling each of the discount factors in turn.

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## CIP CEDAR FOUNDATION

### 17. CONCLUSIONS & RECOMMENDATIONS

Before the SROI Study was commissioned, the Cedar Foundation had identified the following key stated outcomes for CIP:

- Enhanced social inclusion of participants
- Person centred planning approaches supporting the development of skills in community settings (including voluntary work)
- Increased participation in mainstream Further Education and training, with opportunities to gain qualifications
- Increased awareness of the needs of people with a physical disability within Further Education and the wider community
- Sustainable alternatives to traditional day services into the long term

The funders hoped to see:

- Reduction in dependence on traditional Trust provisions, particularly Day Centre places
- Improved community inclusion of individuals with disabilities

Sufficient evidence has been gathered to conclude that CIP have delivered each of the key stated outcomes, and the funders' aspirations have been realised.

A total (equivalent) of 6,077 Day Centre days saved over the 2½ year Study period plus associated travel costs represents savings to the Health & Social Care Trusts of £439,321. This figure alone exceeds the total contributed by the two Trusts over the same period (£326,258). Whilst 47% of participants continued to attend Day Centres by the end of their time on CIP, amongst this number there was an average reduction in frequency of two days per week (an overall drop of 66%) as confidence levels grew and participants began spending more and more time in the community.

The social inclusion of participants is evidenced by the activity generated in community settings, the new experiences participants have been exposed to and the fundamental change in how they view themselves.

Freedom from being defined by their disability is of particular significance:

- *It was marvellous to be treated as a person again; not patronised or described by my disability*
- *The emphasis in the past was on what I couldn't do; it was negative about my disability. Now the emphasis is on what you can do.*

The person centred planning approach has been effective in building confidence and enabling engagement. However, the Cedar Foundation must be ever mindful of the nature of the relationship between participants and CIP Officers and to take precautions to guard against dependency becoming a long-term hindrance to independence. How the transition period is managed, as time on the Programme comes to an end, ought to be under continual review. One participant reflected: *"I do feel that more could be done to help people make the transition to 'Life without Cedar.'"* Whilst CIP Officers work intensively with participants, helping them face the realities of life beyond CIP, and a formal process of follow-up is in place (there were many instances recorded of CIP Officers retaining contact with leavers), a considerable minority of participants fear completion. Once participants leave the Programmes, there is an average drop-off of 66% in community-based (formally-recognised) activity. The long-term sustainability of community-based activity that outlives time on the Programme is, therefore, another area that will require ongoing monitoring and evaluation from the Cedar Foundation.

The thoughts of one Social Worker who had referred eight clients over the Study period highlights how effective CIP has been in offering disabled people an alternative:

*"I would hope that the Programmes could be utilised more by health / social services staff rather than referring them to day care as a matter of course."*



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## CIP CEDAR FOUNDATION

This aspiration highlights CIP's main limitation: the numbers that can be accommodated. From the evidence collected and the SROI Ratio generated, it is apparent that increasing the provision for disabled people to participate in community-based programmes would bring rich benefits to stakeholders and beyond into the community at large:

- For the **Health & Social Care Trusts**, there would be a reduction in the use of resources and potential ongoing financial savings, primarily through reduced uptake of expensive Day Centre places and health professionals' time.
- For **disabled individuals**, the opportunities to lead fuller and richer lives represents many possibilities, from higher levels of confidence and satisfaction through to gaining qualifications and the prospect of greater independence.
- For **family members**, the prospect of a better quality of life as the pressures associated with caring are eased and family dynamics are influenced for the better by improved levels of motivation and independence.
- For **voluntary placement organisations**, the opportunity to tap into a wealth of experience that disabled individuals can offer. This is especially important as voluntary organisations are finding it more and more difficult to attract people willing to offer their time to volunteer.

### Recommendations Regarding Future SROI Studies

Whilst this Study measured considerable social value being generated by CIP the outcomes were forecasted. There are areas of potential additional value that could not, for various reasons, be captured in this SROI Study. The Cedar Foundation is encouraged to put measures in place now so that all areas of potential value can better be understood, evidenced and, if proved to be material, incorporated into future CIP SROI Studies.

Each of the recommendations have been highlighted in the relevant section of the report and summarised in the table below.

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## CIP CEDAR FOUNDATION

	Context of Recommendation	Recommendation
1.	The primary cost saving potential of CIP for the two Health Trusts (as funders) is the reduction in take-up of Day Centre places. The Trusts are keen that the Cedar Foundation adopt mechanisms to capture, on an ongoing basis, the direct impact CIP is having on this.	That the Cedar Foundation put in place an automatic and ongoing means of tracking the uptake of Day Centre places (or other Trust services) amongst CIP participants as they start out on CIP, throughout their time on the Programmes and into the future – so that Trusts can assess on ongoing basis how many individuals are actually reducing their use of Day Centres and so that this data can be used for future SROI Studies.
2.	Many individuals with disabilities are referred to CIP Officers and benefit from advice, guidance and signposting but, for various reasons, never join the CIP Programmes. The impact for good that this has on their lives is an unintended positive outcome of CIP but, because of resource constraints, it has not been within the remit of this Study.	To explore the feasibility of following up the individuals who fall into this category, and seek to establish a means of valuing the contact they have had with the CIP Officers so that this may be valued for future SROI Studies, if it is deemed to be material.
3.	The long-term impact of the Programme will vary from one individual to the next, given the nature of the disability and a range of other factors. However, it is important that the Cedar Foundation know activity drop-off rates amongst participants on an ongoing basis so that a realistic drop-off rate can be assigned to the participant-related outcomes for future SROI Studies.	That the Cedar Foundation adopts a means of tracking previous participants to gather sufficient information about their social activity beyond the lifetime of the Programme.
4.	The “ripple effect” that CIP participants’ improved outlook on life and improved social and interactive skills had on other Day Centre clients, and hence, on the Day Centre environment generally, was an area of potential value identified through the Study, but beyond the time and resources available for this Study.	<p>It is recommended that the Cedar Foundation explore how this outcome could be measured and valued for future SROI studies.</p> <p>Of particular interest is the value of CIP-led activities and courses, held in Day Centres and attended by many clients who are not necessarily CIP participants. Without attendance logs in place in the past, there was no way of knowing how many people benefited from these activities (and hence how much value was generated). Future recording of the number of non-CIP clients attending will enable the Cedar Foundation, in conjunction with the Day Centres, to establish a social value for this activity.</p>

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## CIP CEDAR FOUNDATION

	Context of Recommendation	Recommendation
5.	<p>In the study period, almost all CIP participants undertook hobby courses and/or accredited courses at FE Colleges or training organisations. It is possible that CIP participants' attendance enables institutions to access additional income streams and that welcoming physically disabled students helps their social inclusion record.</p> <p>Preliminary questioning of College representatives for this Study indicated that these areas were too difficult for institutions to ascertain retrospectively.</p>	<p>To establish whether, and how, FE Colleges and other training organisations might capture the financial impact of CIP participants attending their classes on an ongoing basis, for future SROI studies.</p>
6.	<p>New Proxies are identified in this report however at the time of writing actual research data was unavailable to support them. The sensitivity analysis goes some way towards.</p>	<p>Future studies should use the new identified proxies and measurements of change to enhance the report's findings. Further reference should be made to nef's document "National Accounts of Well-being: bringing real wealth onto the balance sheet" to compare the UK national accounts of well being in terms of Trust &amp; belonging, Satisfying Life, Positive functioning etc</p>

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## CIP CEDAR FOUNDATION

### 18. APPENDICES

#### 18.1 Cedar Foundation Generic Information

##### Organisational Structure

The Executive Committee is responsible for corporate governance and takes strategic decisions relating to the direction and operation of the organisation. Operational control is vested in the Chief Executive whilst services are managed by Heads of Services. The Community Inclusion Programmes are managed by the Head of Training Services.

The Cedar Foundation has a proactive User Forum, which has become increasingly autonomous and plays an important role in governance, influencing service delivery and organisational

##### Service Provision

The five areas of service provision are:

- **Training Services:** training, employment and support programmes promoting social and economic inclusion of people with disabilities. The Community Inclusion Programmes (the subject of this Study) are one of the programmes within Training Services.
- **Children and Young People's Services:** providing information and support promoting choice, opportunity and inclusion.
- **Living Options:** options include 24 hour residential care and supported living in state-of-the-art dwellings.
- **Brain Injury Services:** services that enable people with brain injuries to live and work productively in the community.
- **Floating Support Services:** supporting adults living in their own homes to remain independent

#### 18.2 Materiality

##### Reason for Inclusion

##### Participants

The participants of the Community Inclusion Programmes are the main beneficiaries, most likely to experience significant change

##### Family members of participants

Those participants who live with family are, in the main, heavily dependent upon family members for care. It is thought likely that family members will experience respite from caring responsibilities once participants become active in CIP, and are out of the home more. Improvement in outlook and social skills as a result of CIP are also thought likely to impact upon family life.

##### Voluntary Placement Organisation

Charities / voluntary organisations where CIP participants are placed as volunteers are likely to experience change as a result of that having a volunteer placed with them. There is considerable potential for CIP volunteers to make significant contributions to the life of their placement organisation.

##### Belfast & South Eastern Health & Social Care Trusts

These two Trusts fund the Programmes, and are also likely to experience savings associated with individuals moving from Day Care (provided at the Trusts' expense) to community-based activities

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## CIP CEDAR FOUNDATION

### Reason for Exclusion

#### Further Education Colleges & other training organisations

Most participants undertook hobby courses and/or accredited courses at local FE Colleges or other training organisations during the study period. Whilst CIP participants' attendance could have represented additional income generation opportunities in some instances and created value from the social inclusion opportunities the CIP participants represent, preliminary questioning of College representatives in the early stages of this Study suggested that the overall impact is difficult for Colleges to ascertain retrospectively. A recommendation for the Cedar Foundation (in Section 6) is, therefore, to establish whether the Colleges could capture the financial impact of CIP participants on an ongoing basis to determine whether this would be material for future SROI studies.

Any additional outcomes that may have been collected for this Study were too small to be material.

#### Referral Agents

Referring Agents were first seen as social workers, Occupational Therapy Teams etc, those referring clients onto the programme. When considering the outcomes of the programme on social workers it was deemed the outcome related more to the Trust bodies rather than to social workers as a referral agent. Taking social workers out of the stakeholder grouping of referral agent left too small a grouping of agents that related to very individual cases and were therefore deemed immaterial to the report.

#### Community Organisations and Venues

A number of CIP activities take place within community organisations and venues (community centres, council leisure facilities etc.) Preliminary research in the early stages of this Study suggested that the large number of venues and range of activity undertaken means any benefit to the host is likely to be too diffuse to measure. In addition, it would be difficult to establish who the beneficiaries of such activity would be; the venues and organisations themselves, or other individuals attending, drawn from many and diverse communities. For these reasons, this stakeholder was excluded as being not material to the SROI Study.

#### Individuals with Disabilities assisted by CIP Officers, but not formal participants of the Programmes

Many individuals with disabilities are referred to CIP but, for a variety of reasons, never participate on the Programmes. Many of these individuals still benefit from advice, signposting and encouragement from CIP Officers. The impact for good that this has on their lives (and potentially others with whom they have contact) is **an unintended positive outcome of CIP** but it has not been within the remit of this Study.

Whilst these individuals almost certainly benefit, there has been no recording of these individuals' details (or the contact that they have had with CIP) in the past. It would not have been possible, therefore, to quantify the impact for this retrospective SROI Study. A recommendation (in Section 6) is to consider establishing the value of these contacts for future SROI studies, and hence putting in place provisions for recording contacts with these individuals.

Those stakeholders excluded were believed to be not material either because the value of the Programmes to them was minimal (in terms of the social value generated) or the stakeholder groups were too diverse to measure with any accuracy.

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## CIP CEDAR FOUNDATION

It is the belief of the Steering Group that the groups selected (participants; family members of participants; referral agents; voluntary placement organisations; and the Belfast and South Eastern Health & Social Care Trusts) are the key, material stakeholders of relevance to the Study. That is, through the material outcomes of CIP, they experience:

- Direct (and short-term) financial or social gain as a result of the Programmes;
- social gain (or social value) that resonates with societal norms and public policy (could generally be regarded as being in society's interest);
- the impact of the "core" purposes of the Community Inclusion Programmes (as set out in Section 2 and aligned to the Cedar Foundation's vision and purpose);
- changes regarded as significant to the Cedar Foundation's peers (other organisations working in the field of disability); and
- changes sufficiently relevant and significant to the stakeholders that they are likely to impact upon their decisions and/or behaviour.

The preceding five points summarising what outcomes of the Programmes are to be regarded as material were summarised from *Redefining Materiality; Practice and Public Policy for Effective Corporate Reporting* published by AccountAbility ([www.accountability.org.uk](http://www.accountability.org.uk)) in July 2003.

Whilst the five stakeholder groups have been deemed to be material to the Study, some of the outcomes originally identified as relevant to these groups were found to be not material as the Study progressed as detailed on the Impact Map.

### 18.3 Stakeholder Aspirations

Family members were not asked directly what changes they hoped for. The Steering Group felt that many would not have given any consideration to their own aspirations and asking the question could have placed them under undue pressure. Their aspirations for change were inferred from responses to other questions on the questionnaire. All other stakeholders were asked about their aspirations

Stake-holder	Aspirations for Change (expected change)
Participants	<p>To build confidence and experience improved wellbeing</p> <p>To receive help with problems and obstacles</p> <p>To feel less isolated, meet new people and improve social skills</p> <p>To pursue new interests and take on new challenges</p> <p>To take on the challenge of entering a learning environment and to gain a qualification</p> <p>To gain experience through volunteering that will help to build and consolidate new skills and possibly (for a small proportion) help towards moving into paid employment</p>
Family Members	<p>To secure some respite from caring responsibilities at home; to gain some time to be freed up to pursue own interests (or none)</p> <p>To become less dependent on others for help with the care of their family member</p>
Voluntary Placement Organisations	<p>To find a reliable volunteer, willing and able to make a significant contribution to the life of the organisation in whatever ways the organisation and the individual deem to be appropriate</p>
Belfast and South Eastern Health & Social Care Trusts	<p>Improvements in the social inclusion of individuals with disabilities</p> <p>To experience a reduction in the amount of support required for the client from social workers and therefore result in a reduction in their waiting list</p>

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### 18.4 Introduction to SROI Methodology

The Social Return on Investment (SROI) model has grown out of recognition that demonstrating added social, economic and environmental value is of increasing importance to third sector organisations and funders. It is a model, or framework, for measuring and accounting for a broad concept of value; value that is generated as a result of actions but that cannot necessarily be accounted for or captured in traditional monetary terms (i.e. it cannot be bought or sold).

The SROI model is used to account for or to identify all of the social, environmental and economic costs and benefits of a particular activity. The approach is to measure these costs and benefits (change) in *“ways that are relevant to the people and organisations that experience or contribute to it. It [SROI] tells the story of how change is being created by measuring social, environmental and economic outcomes and uses monetary values to represent them.”*<sup>2</sup>

SROI uses monetary values to represent the social, environmental and economic costs and benefits of a Programme or activity, enabling an SROI ratio of benefits to costs to be calculated.

The Cedar Foundation’s Community Inclusion Programmes’ SROI ratio can be found in the Report. Whilst the ratio reveals much about CIP’s worth, is important to remember that *“SROI is about value, rather than money. Money is simply a common unit and as such is a useful and widely accepted way of conveying value.”*<sup>3</sup>

The SROI ratio is not the whole story; hence this report paints a fuller picture of the ways in which people and organisations experience change as a result of the CIP. The ratio does not “stand alone”; it must be understood in the context of all that is uncovered.

<sup>2</sup> Cabinet Office, Office of the Third Sector: A Guide to Social Return on Investment, 2008

<sup>3</sup> Cabinet Office, Office of the Third Sector: A Guide to Social Return on Investment, 2008

### 18.5 Stakeholder Engagement

#### Participants

CIP participants are aged between 18 and 65 years, have acquired or congenital physical and / or sensory disabilities and live in one of the two Health & Social Care Trust areas (Belfast or South Eastern). The majority are referred by health professionals from social work teams, community brain injury teams and day support services.

All 110 Programmes participants spanning the study period have been included. 28 participants attended four Focus Groups held in each of the Programme areas: North & West Belfast; South & East Belfast; North Down; and Lisburn.

A CIP participant, active on the Programmes during the Study period, was a member of the Steering Group. As well as being a CIP participant, she is Chair of the Cedar Foundation’s User Forum, which brings her into contact with many other CIP participants. She effectively represented their experiences and insights, as well as her own. Her input was useful as it was drawn from her personal experience as well as the experiences and insights of others whom she had consulted.

#### Family Members of Participants

Approximately half the participants (53 of the 110) lived with family members or had close family associations. The remainder had no immediate family or experienced breakdowns in family relationships. It is comparatively common for participants’ physical disabilities to be accompanied by learning disabilities and problems associated with alcoholism. In many of these situations, family relationships have broken down. Given this, advice was sought from CIP Officers to plan family members’ consultation. CIP Officers know the family circumstances, and in many cases, know family members well. Because CIP participants are adults, family members were approached only after permission was granted from the participant.

Questionnaires were circulated to family members by CIP Officers, some by post and others by person. The use of on-line questionnaires was thought to be inappropriate and it was decided that it would have been unrealistic to have expected family members to take time to attend Focus Groups or interviews or to join the Steering Group.

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The questions centred around whether (and how) their family member's participation on CIP made a difference to family and home life and what they did with that difference.

the Day Centre. His insights were an invaluable contribution to the report.

### Voluntary Placement Organisations

30 CIP participants undertook a placement with a total of 24 voluntary organisations, from charity shops and administrative bases for charities through to National Trust properties, community initiatives and single-issue causes.

On-line questionnaires were issued to all placement providers and in addition, telephone interviews were conducted with four of these (one from each of the Programmes' regions). Of particular interest was to establish how the CIP participants contributed to the life of the placement organisations (and hence how change was experienced by the placement).

### Belfast and South Eastern Health & Social Care Trusts

CIP is funded by two of Northern Ireland's five Health & Social Care Trusts; Belfast and South Eastern. Based on Service Level Agreements with the Cedar Foundation, over the study period, the two Trusts contributed a combined total of £326,258 to fund the Programmes' running costs.

Telephone interviews were conducted with three senior representatives from the Trusts (one from Belfast, one from North Down & Ards and one from Lisburn) to establish their aspirations for the Programmes, from a funder's perspective, and to understand what change they had experienced, and how that change could best be represented and attributed.

Included in this stakeholder grouping were the activities of the social workers.

30 social workers (individuals or teams) referred between one and twelve individuals. Questionnaires (posted on-line) were issued to all of them. Questions centred around the impact a referral made, most especially to their workload and any additional time this represented for devoting to other clients/additional work.

The Manager of a Belfast Health & Social Care Trust Day Centre was on the Steering Group. He had referred 10 participants over the Study period and was familiar with the Programmes, witnessing for himself the impact they were having on clients and



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### 18.6 Parent/Carer Questionnaire

Dear

As we hope you know, the Cedar Foundation is committed to making sure that we provide the very best service, opportunities and experiences to every person who takes part in our programmes.

To help us to understand how we can offer the best possible service, we are taking a look at the Community Inclusion Programme that \_\_\_\_\_ (*name*) is a part of.

We want to understand what difference taking part in the Programme makes to the participant's lives. But we realise that, as someone who is close to \_\_\_\_\_ the Community Inclusion Programme might have made a difference to your life too and we would like to hear about that also.

Please be assured that the information you give us will not be given to anyone else. It will be used to help us to put a value on what the Community Inclusion Programme has achieved for everyone involved.

If you have any questions or worries about the questions, please let me know. We look forward to telling you about the results of this process when it is completed (in the spring time).

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### CEDAR FOUNDATION COMMUNITY INCLUSION PROGRAMME – QUESTIONS FOR CARERS/ FAMILY MEMBERS

You do NOT need to put your name on this form.

1. How long has your family member /friend been participating in the Cedar Foundation’s Community Inclusion Programme (CIP)?

2. Has their participation in CIP made any difference to your day-to-day life? Yes/ No

Is this for the better or for the worse? Better/  
Worse

3. Would you say that you have extra time to yourself because of CIP? Yes/ No

4. If you have extra time because of CIP, is there anything specific you do with this time? Yes/ No

*The items listed are example. If there are other things that you DO, please add them in the lines below.*

Activity	Hours spent per week
Socialising	
Housework	
Shopping/ other messages	
Further education or any courses/ study	
Paid employment	
Other	

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5. Please use the space below to tell us some more about how your life has changed as a result of the CIP. For example if you have some new time to relax, more energy to do new things or less worries about your family member /friend because of their involvement in CIP, please tell us about this. Or you may have new worries or additional pressures on your time because of CIP. Tell us about these also if that is the case.

.....

.....

.....

6. Do you spend time in paid employment that you would not be able to do without CIP? Yes/ No

If "Yes", how many hours per week? \_\_\_\_\_

Were you asking other people to help you with providing care for your relative/friend before the CIP that you do not have to ask any more? Yes/ No

If "Yes" how many hours per week were others helping? \_\_\_\_\_

7. Were you paying for this help? Yes/ No

If "Yes" how much did you pay per hour? £ \_\_\_\_\_  
per hour

8. Consider the extra time you may now have available as a result of the CIP. If you could buy this extra time, what would you be willing to pay for it (per hour) ? £ \_\_\_\_\_  
per hour

*You will **not** be asked to pay for any Cedar Foundation services now or in the future. We ask this question only to help us to understand what value those closest to participants place on the service*

9. If you would like to make any further comments about how CIP has made a difference to your (or your family's ) life or your circumstances please use the space provided.

.....

.....

.....

Thank you for taking the time to answer these questions.

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### 18.7 Outcomes: Indicators, Financial Proxies and Social Value

STAKEHOLDER 1: PARTICIPANT							
	Outcome	Indicator	Financial Proxy	Source for Proxy	Value of Proxy	Quantity of Change	Value of Change
1.1	Increase in individual well being	Questionnaire results and focus group comments	Equivalent improvements obtained by attending a set of counselling sessions	cost of counselling <a href="http://www.pssru.ac.uk/pdf/uc/uc2010/uc2010.pdf">http://www.pssru.ac.uk/pdf/uc/uc2010/uc2010.pdf</a>	6 sessions at £67 per session	110 participants	£110,550
1.2	Increase in social well being	Questionnaire results and amount of engagement experienced in attendance of arranged social settings	Value of seeing friends and relatives, cost of social activities used if purchased elsewhere	Cost of courses attended if purchased Belfast Metropolitan College Prospectus, 2006/07, 2007/08 & 2008/09	£36, £40 & £42 for Years 1, 2 & 3 + £3 per week for travel	360 "hobby" courses	£27,000
1.3	Increase in personal functioning	Skill development recognised through course participation	Value of course achievements	Belfast Metropolitan College Prospectus, 2006/07, 2007/08 & 2008/09	£1.95 per hour	12,698 hours	£24,761
1.4	Increase in skill through volunteering	Double Counting with Volunteer Organisations					

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STAKEHOLDER 2: FAMILY MEMBERS							
	Outcomes	Indicator	Financial Proxy	Source for Proxy	Value of Proxy	Quantity of Change	Value of Change
2.1	Improved family dynamics	questionnaires issued, comments returned	cost of a family support worker and cost of counselling sessions	Cedar Foundation's pay role (based on National Joint Council's pay scale for equivalent positions) and cost of counselling at Contact in Belfast	£6.54 per hour of social worker and £180 per family for counselling	4 hours per week for an average of 31 families over 120 weeks	£103,825

STAKEHOLDER 3: VOLUNTARY PLACEMENT ORGANISATION							
	Outcomes	Indicator	Financial Proxy	Source for Proxy	Value of Proxy	Quantity of Change	Value of Change
3.1	Increase in motivational and equality experience in work, Increase in operational productivity and increase in staff moral and inter staff relationships	Questionnaire of organisation before and after especially on disability awareness and hours collated on voluntary work	Number of hours of volunteering accrued and the average hourly wage rate	Office for National Statistics, Annual Survey of Hours & Earnings <a href="http://www.statistics.gov.uk">www.statistics.gov.uk</a>	£11.80	13,834 hours accrued	£163,241

\* The Volunteer Investment and Value (VIVA) model suggests that national minimum wage or median hourly wage rate for a region is used to calculate the value of volunteering to an organisation. The guidance states: “*minimum wage probably underestimates the value, while the median wage may overestimate it*”. (Volunteering England’s Short Guide to VIV Calculation, found at [www.volunteering.org.uk](http://www.volunteering.org.uk)). Placement organisations that were interviewed agreed that the VIVA model was an appropriate way of valuing the additional resource the volunteers’ time represented to the organisation.

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STAKEHOLDER 4: BELFAST & SOUTH EASTERN HEALTH & SOCIAL CARE TRUSTS							
	Outcomes	Indicator	Financial Proxy	Source for Proxy	Value of Proxy	Quantity of Change	Value of Change
4.1	Freeing up of resources to attend to clients with more significant need in terms of space, transport and staffing, therefore less reliance on outsourcing expenditure	Number of Day Centre days saved through CIP activities in community settings	Cost to the Belfast Health & Social Care Trust of a Day Centre day plus an allowance for transport	Costs calculated by Belfast Health & Social Care Trust's Finance Department based on hourly rates of pay & other associated expenses	£57.29 per day Day Centre cost plus £15 transportation cost	* 6077 Day Centre days saved (plus associated transportation costs)	£439,321
		Number of hours recorded by social workers as freed up as a result of CIP	Hourly pay rate for a Band 5 / Band 6 (as appropriate) Health Professional	Belfast Health & Social Care Trust's hourly rates of pay, sourced from Trust's Finance Department	Band 6: £18.11 Band 5: £17.20	161 hrs/mnth saved for Band 6 16 hrs/mnth saved for Band 5 over 30 months	£95,727

\* The total number of days saved accounts for feedback from the South Eastern Trust that a significant proportion of one Programme's participants may not necessarily be regarded as "core" clients, and hence would have been unlikely to have been taking up Day Centre places before their involvement in CIP.

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## CIP CEDAR FOUNDATION

### 18.8 Case Studies

#### Case Study 1: Keith, Down & Lisburn CIP Programme

For reasons of confidentiality, the person featured has been given another name.

Age at referral: 30

Nature of disability:

Spinal injury resulting in paraplegia – uses powered wheelchair

Referral Agent:

Social Worker, Spinal Injuries Department of local Hospital, Belfast

Keith was an electrician, builder and farm contractor before acquiring his disability in a road traffic accident in 2004. He became involved in CIP shortly after leaving hospital in 2005. Keith knew that he wanted to build computer skills. During the induction period with his CIP Officer, and the help of vocational profiling exercises, he set the following goals:

- To develop I.T. skills, with a view to gaining accreditation.
- To identify and pursue a part time job or voluntary role.

The CIP Officer introduced Keith to an introductory IT class at Cedar Foundation's Training Services, where he was assessed according to the level of training he would require and the adaptive technology needed.

Unfortunately, health issues linked to Keith's disability meant he was unable to carry on with this promising start and could no longer travel to the Training Services centre. Yet Keith's CIP Officer opened another door that enabled him to carry on. With the Officer's support, Keith submitted a successful application to The Leonard Cheshire Foundation's Workability Programme, which enables individuals with a disability to receive a home computer and mentoring support to work towards employment or volunteering goals. So Keith continued with his computing at home with his mentor's support until he was well enough to resume classes. He progressed from an introductory class to a CLAIT course, which he successfully completed by Spring 2008.

Throughout this period, Keith's health continued to require periods in hospital and rest at home which inevitably delayed the completion of his IT courses and made it frustratingly difficult to commit to work experience. After two years on CIP, his time was extended by a year to enable completion of his IT accreditation.

Towards the end of Keith's time on CIP, his Officer encouraged him to explore volunteering opportunities by registering with a local Volunteer Centre. He made contact with *IT Can Help*, a network of volunteers providing IT support to people with disabilities. He was also encouraged to enrol on a Digital Web Authoring (website design) course at Belfast Metropolitan College, with the CIP Officer liaising to secure initial one-to-one student support and adaptations to his computer. After a settling in period, the College's support worker took over the supportive role from the CIP Officer. Keith almost completed the course but, because of ill health, he was unable to attend the final few classes and gain accreditation.

Whilst Keith has left CIP, his Officer is still in touch and encouraging him to progress with his newly acquired skills. Ill health continued to frustrate his progress throughout 2009. In January 2010 Keith recommenced practising web design skills at home and is in touch with *IT Can Help*, though does not feel well enough to be actively involved. He hopes to recommence an accredited course later in the year and is interested in future voluntary work. His health is improving, but he knows he must move forward at a suitable pace, whilst still focussing on the longer-term goal of employment. His CIP Officer will continue to monitor Keith's progress and provide information and advice as and when

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### 18.8 Case Studies

#### Case Study 2: Linda, South & East Belfast CIP Programme

For reasons of confidentiality, the person featured has been given another name.

Age at referral: 47  
Nature of disability:  
Guillain-Barré Syndrome  
Referral Agent:  
Social Worker

Six years ago Linda became ill with Guillain Barre Syndrome, leaving her paralysed from the chest down. A rare disorder in which the immune system attacks peripheral nervous system, Guillain-Barré's symptoms include varying degrees of weakness in the legs, arms and upper body. Whilst most recover, many will continue to have a certain degree of weakness. After several months in the neurosurgical ward of a Belfast hospital, Linda was transferred to a spinal unit for three months of intensive physio and occupational therapy to learn how to walk again and how to deal with everyday situations with a newly-acquired disability.

Once home, Linda continued to attend physiotherapy daily and was left with balance, sensory and breathing problems and various unseen disabilities. She was medically discharged from the civil service after 32 years, her long-standing relationship broke down and people who had once been friends either drifted away or were unable to meet her in the eye. *"Around this time I was diagnosed with Post Traumatic Stress Disorder and realised that if I didn't start to fight for a new life, I would be left sitting looking out my window as life passed me by. The problem was that I was suffering from very low self esteem at this point, and wondered what exactly I could do with this 'new body'".*

Linda talked with her social worker who took her to a day centre. She remembers thinking "get me out of this place"; it wasn't for her. "I have somewhere else we might try," said the social worker and Linda was taken to The Cedar Foundation to meet "the most enthusiastic person I have ever met. She took time to listen to my interests and what I thought I could do, and assured me that she would support me." So, Linda's journey with Cedar began.

She began with basic computing. Once her confidence increased, she sat IT exams, and after a few years, volunteered in the computer suite, helping others in the way she was helped.

Interested in local history, Linda's CIP Officer helped her to enrol in a relevant course and went with her to help her settle in. *"People I met on the course became firm friends. We meet up every month to visit places of interest or sometimes just for a coffee and chat."* Once stronger, Linda enrolled in swimming classes with the help of her CIP Officer as well as a 12 week course in a gym.

At a review with her CIP Officer, Linda expressed a desire to do something to repay the hospital where she had received her rehabilitation and so became a volunteer gardener, again with her CIP Officer going along for support. *"Again I met new friends, and, finding myself back in the hospital environment helped me face my demons."* *"There was only one occasion where I had to back away from something that had been organised by my CIP Officer. It reminded me of the work I had left behind. I was sliding towards a panic attack, when my Officer whisked me away. No fuss was made - it was just accepted that I had a genuine reason for not wanting to continue."*

Linda regained her driving licence and bought a car *"so I was able to stop draining Cedar resources with taxi fares and instead be in charge of getting myself to and fro. With my new found freedom I enrolled in a counselling course and gained an N.V.Q."*

Her illness meant Linda missed some time from the programme so her time with CIP was extended by a year to make up for this and to enable her to finish exams that she had been taking. *"As my time at Cedar ended I applied for a position on Cedar's User Forum, and was successful. I had two very happy years which involved 'Team building' events where I abseiled, rock climbed, rode horses, did archery, zip wired etc. You don't get much of that in the Civil Service! I also represented Cedar at various workshops; walking into a room of strangers was something I couldn't have countenanced a few years before. Now that I have been out of Cedar for over a year I am involved in various community and local history projects and have recently been asked to talk to people suffering from Guillain Barre Syndrome."*



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### 18.8 Case Studies

#### Case Study 3: Frances, North & West Belfast CIP Programme

For reasons of confidentiality, the person featured has been given another name.

Age at referral: 47  
Nature of disability:  
Spinal Injury  
Referral Agent:  
Social Worker

Frances was referred to the Community Inclusion Programme in November 2007, but it was not until May 2008 that she felt she was ready to participate; this timing was crucial for her commitment and the benefit she consequently received.

Before acquiring her disability Frances lived an adventurous and busy life. For 24 years she worked as a Cook Supervisor in a local grammar School and enjoyed the many responsibilities that came with the role. She had a passion for travel and had even taken a year out of work to travel round the world. In fact one month before she acquired her disability she had been on a cycling trip around Amsterdam. This adventurous lifestyle came to a sudden stop when she woke up one morning to discover she was paralyzed. Frances had an operation in May 2006 to remove a prolapsed disc leaving her with low mobility. Naturally, she found this drastic change and loss of independence very tough to come to terms with. When she joined CIP Frances had very low self-esteem and many concerns. It was through a counselling course that her CIP Officer encouraged her to undertake, that she finally managed to confront many of the aspects of her life that were holding her back and to begin to engage with the Programme. During the vocational profiling stage she was concerned that her health issues would interfere with her ability to commit. Her lack of confidence also meant she was concerned about meeting new people, afraid that others would treat her differently due to her condition. Despite her concerns Frances was keen to get out of the house and work towards re-entering community life. So with the close support and guidance of the CIP Officer, Frances began the programme and set a number of goals:

- Learn to swim
- Learn basic IT skills
- Gain counselling skills

- Increase knowledge of activities in local area
- Build new friendships

By SeBBY By September 2009 Frances had achieved all these goals and much more:

- Swimming lessons, now attending every week and continuing to improve in skill and confidence. This was a very significant achievement for Frances.
- Completed IT course at local FE College and another at a community venue. Now more competent with computers, she attends 'Computers for Fun' classes, which she really enjoys.
- Started to attend a walking group, which she continues with several times a week. She finds it great for exercise and it is at a pace she finds comfortable.
- In her new-found busyness, it was important for Frances to take some time to relax so she attends several complementary therapy programmes at community venues, helping her with pain management and stress relief.
- Frances attended counselling early on in the Programme which enabled her to come to terms with the changes she had experienced in her life and so to embrace the new opportunities available to her. She has subsequently enrolled on an Introduction to Counselling course at an FE College.
- Frances has made many new friendships and has recently started attending a social group in Cedar, where she meets others with disabilities and enjoys nights out, such as pub quizzes and trips to the cinema.

Frances has a very full life and is now extremely motivated and willing to get involved. She has grown in confidence and, with the support of the Community Inclusion Officer, has achieved many goals that, at first, seemed almost impossible.

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### 18.8 Case Studies

#### Case Study 4: Pamela, North Down & Ards CIP Programme

For reasons of confidentiality, the person featured has been given another name.

Age at referral: 61  
Nature of disability:  
Visual Impairment  
Referral Agent:  
Rehab worker from sensory impairment team

Pamela worked as an administrator, was a keen member of an aerobics club and studied martial arts specialising in Karate. In 1997 she was diagnosed with a degenerative condition of the back of the eye, but continued to work until 2006 when her vision became too impaired. Pamela was referred to CIP in 2009 by the Sensory Impairment Team. Through induction meetings and vocational profiling, she identified the following goals:

- To achieve further qualifications both accredited and non-accredited.
- To learn new IT skills.
- To become more socially active in the community.
- To be able to play an active part in helping others through the NDA Social Friendship Group.

Pamela had not been in a formal learning environment for a long time. The CIP Officer helped her to enrol in a Summer School at the local FE College to help her to decide whether she would like to return to learning in a college environment. The CIP Officer was able to mediate between Pamela and the College's learning support team to access support for Pamela to take part in a cookery course which she enjoyed and found she was able to participate in fully.

The course encouraged Pamela to pursue her interest in Cookery and the CIP Officer helped her with enrolling on the NOCN level 2 Cookery Practical course, ensuring the same level of learning support would be in place. She has completed her first NOCN level 2 and feels her support was well implemented and her confidence has now grown. She now feels able to study a different NOCN syllabus and sit the exam to gain the qualification in June.

Since the deterioration in Pamela's sight she had found it increasingly difficult to access the internet and use computer applications but was very keen to regain and learn new IT skills. The CIP Officer

helped Pamela to identify which assistive technologies would be beneficial and to find classes to learn their use. One class was held by RNIB and the other by The Cedar Foundation's Training Centre. Pamela is progressing well and is gaining good knowledge of IT and adaptive technologies. She is hoping to buy a laptop to enable her to continue to develop her skills at home.

As Pamela was keen on sport, her CIP Officer sourced an opportunity to play Boccia (seated form of indoor bowls) locally. She had never taken part in this before but found that she really enjoyed it. Since the summer time, Pamela has attended four Boccia tournaments and now regularly participates in weekly practice sessions and has found her skills have grown.

Since commencing CIP Pamela has also taken an active part in the North Down Social Friendship Group. She has enjoyed this immensely as she feels she is able to participate in a group that allows her to give peer support to other people with various disabilities. She feels she gets a lot of satisfaction from 'giving back' to others in the community who are in similar situation to her. She has now taken her role within the group further and now holds the role of Vice Chairperson. Her duties now include assisting the general running of the group, organising speakers, events and attending various committee meetings. This is planned to be an ongoing long-term role for Pamela.

Pamela hopes to further develop her goals and perhaps even look towards carrying out voluntary work and gaining further accredited qualifications.

Authors: Ruth Walker & Pam Hunter