



# Positive changes



A social return on investment study of Wellbeing Works' Wellbeing Programme

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## Forward

Wellbeing Works CIC was set up by people living with challenges looking for alternative solutions for resilience and recovery. By creating a unique Wellbeing Programme, Wellbeing Works has been able to support many people to regain control of their lives, move forward and prevent crises.

The majority of our programme participants live with multiple challenges (caring, emotional and physical health conditions, low income and long term unemployment). Due to these challenges many have difficulty accessing services and experience deteriorating health. For these people, Wellbeing Works provides a vital, accessible, person centred, practical approach which can make a difference in their day to day lives.

We welcome the findings of this report, the demonstration of the outcomes of the Wellbeing Programme and the outline of the financial savings the programme creates. The final ratio calculated of **£3.5: £1 to £4.4: £1** evidences the outcomes we experience daily and this report begins to touch on the long term potential of this programme.

***Rashpal Rai***  
Chief Executive  
Wellbeing Works



# Social Return on Investment - Wellbeing Programme

Zaneta Tokarova, February 2014



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## Executive Summary

This report provides an evaluation of the social impact of the Wellbeing Programme delivered by Wellbeing Works CIC.

Wellbeing Works, a small company based in Derby, is a specialist provider of the Wellbeing Programme. Its aim is to improve people's health and wellbeing, in particular those who live with difficulties such as long term emotional and physical conditions.

“It has enriched my life, as I was very unwell when I started - exhausted. It encouraged me to look at my needs for a change.”

"I feel more hopeful and ready to set a goal which will enable me to have a joyful life."

The evaluation of the Wellbeing Programme's impact was done through the SROI analysis, a framework for understanding, measuring and quantifying the social value created by an organisation. Using SROI, the programmes running from August 2012 to July 2013 were evaluated. All analysis has been undertaken along the standard SROI approach, following the official SROI Network's guidance (Nicholls et al. 2012), published by the Cabinet Office.

The analysis, using questionnaires, interviews and evaluation forms, identified the outcomes below (negative outcomes are in red) resulting from the Wellbeing Programme:

- Participants felt less anxious/more confident/less angry/communicated more and so the quality of family relationships has been improved.
- Participants felt less stressed and anxious/fitter/more mobilised and so less depressed and/or less reliant on medicines.
- Participants felt happier/more confident/calmer/communicate more and so increased their social relationships.
- Participant's independence and work readiness increased.
- Participants felt happier/more confident/more motivated.
- Participants' awareness and understanding of wellbeing increased and so improved mental health.
- Participants felt more confident/communicated more and so gained a job.
- Participants' awareness and understanding of wellbeing increased and led to improvements in physical health.
- Participants felt fitter as they did more exercise.
- Participants were more aware of their healthy lifestyle.
- Participants felt less stressed and anxious and so slept better.
- Participants' ability to make future plans/manage their time better increased.
- Participants felt more confident/communicate more.
- Participants gained valuable information that helped to solve their problems.
- Participants are more independent - which family members do not want to accept.
- Increase in uncomfortable moments/feelings because participants need care/participants' situation is not going to get better/participants reduced caring duties.

Many positive changes demonstrated the importance of Wellbeing Works in helping people who live with numerous challenges. Moreover many programme participants felt the **changes were long-term and ongoing** since the programme gave them the knowledge to keep skills learnt for the future. Therefore, the majority of changes are ‘life changes’, which means they are not just deep but also long-lasting. However, at this moment, it is difficult to prove the sustainability of outcomes, in order to justify this, the outcomes would have to be reviewed in the future to get better long term data.

The value of the Wellbeing Programme was established as the results showed a social value of £42,270 generated from the £11,300 investment. Transferring this to the SROI ratio, for every £1 invested in the Wellbeing Programme, a social return of £3.74 was generated. Based on sensitivity analysis and considering the fact that several analysis stages are based on personal judgements, the most appropriate conclusion is that:

**A final value of the SROI ratio is likely to be in the range of £3.5: £1 to £4.4: £1.**

**This translates to an equivalent saving for health and social care services (local and nationally).**

The evidence provided in this report indicates that the calculated ratio is realistic and sensible. It was shown that a **relatively small investment can bring very important benefits and returns in terms of improvement for participants’ health and wellbeing**, increase in their confidence or reduction in stress and anxiety levels. Wellbeing Works has made a significant contribution to the local community and/or an individual’s life.

*“Without the Wellbeing Programme I would have continued experiencing periods of low level depression.”*

*“These changes can last for the foreseeable future as what I have learnt becomes routine.”*

*“The Wellbeing Programme changed the way my brain works. It is a shift in the way of my thinking.”*

*“These changes are ongoing. They are like reminders, like skills which I have learnt.”*

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## Introduction

A number of organisations, especially in the third sector are seeking ways of evaluating their outcomes (benefits or changes for stakeholders), for instance, increase in an individual's confidence or decrease in stress level. Some need such evaluations because of increasing pressure from government or others who want to see the achievements created by their financial inputs. Other organisations might just seek their positive contribution to society in order to improve their services. Indeed various reasons exist for measuring social impact (changes resulting from organisation's activities). The important thing is to identify the best ways of how to address an organisations' and its stakeholders' interests.

This report will apply one of the social value measurement methods used by third sector organisations - the Social Return on Investment (SROI) framework. The SROI will be applied for the Wellbeing Programme delivered by Wellbeing Works, based in Derby. Through this analysis, social outcomes created by the organisation will be identified and recommendations related to the organisation's further work will be made. Finally, all results and findings gathered from the research will be discussed.





## Social Return on Investment

SROI is a framework for understanding, measuring and quantifying the results of a project or other activities of an organisation. In particular, it deals with the inputs, outputs, outcomes and impacts, both financial and non-financial, of the project on all stakeholders (Nicholls et al. 2012). The result of the analysis is expressed as a ratio - the ratio of the total value of social benefits and social costs. For example, the ratio of 4:1 means that for every £1 invested in a project the organisation creates a social value of £4 (Nicholls et al. 2012). However, it is really important to note that SROI analysis is not just about money. It is about the changes that are documented and expressed by qualitative, quantitative and, where possible, financial indicators (Kratky 2012).

## The Wellbeing Works organisation

Wellbeing Works is a small Community Interest Company based in Derby. The aim of Wellbeing Works is to improve people's health and wellbeing through delivering a Wellbeing Programme. This programme increases awareness of health and wellbeing and develops skills to improve health and wellbeing. The programme is aimed at people living with difficulties such as long term emotional and physical conditions. The SROI analysis in the next chapters is focused on the Wellbeing Programme.

Values on which the Wellbeing Programme is based are primarily inclusion, respect, self-determination, and interaction. All participants who attend the programme go through five main stages: a plan for daily maintenance, identification of situations that cause symptoms and strategies to address these, identification of early warning signs and what to do when they appear, a plan for how to deal with pre-crisis and crisis situations and following steps to set and achieve goals.

Currently, the company is seeking additional funding as well as aiming to prove its work. Hence the SROI analysis was undertaken in order to provide the value of the Wellbeing Programme. During the analysis period (1<sup>st</sup> of August 2012 to the 31<sup>st</sup> of July 2013), Wellbeing Works delivered the programme three times, in total to 22 people. Each course lasted six weeks, three hours a week. Participants who attended courses had diverse backgrounds and a majority of them were Carers (due to funding from the NHS and Derby City Council for the Short Breaks for Carers Scheme).

## SROI analysis

The whole analysis process followed the official SROI Network's guidance (Nicholls et al. 2012), published by the Cabinet Office. The SROI framework is based on six stages (see Table 1 below) which were followed in the next chapters.

*Table 1 The stages of SROI analysis*

<b>SROI Stage</b>	<b>Activity</b>
Establishing scope and identifying key stakeholders	Defining boundaries in terms of what and who will be involved in the analysis and how.
Mapping outcomes	Engaging stakeholders and developing an impact map which determines linkage between inputs, outputs and outcomes.
Evidencing outcomes and giving them value	Data collection to prove validity and reliability of outcomes as well as valuing them.
Establishing impact	Putting a value on outcomes and elimination of aspects that would also happen without the activity or are results of other factors.
Calculating the SROI	Adding up benefits and subtracting negatives and subsequently comparing results and investment.
Reporting results	Reporting and sharing results with stakeholders as well as report assurance.

(Nicholls et al. 2012, pp.9-10)

In order to monitor important steps of the analysis, the guide (Nicholls et al. 2012) requires building of an Impact Map, which is central to the whole analysis. The complex Impact Map for Wellbeing Works which was completed step by step throughout the whole process is illustrated in Appendix 2. Key extracts taken from this map are included in the following chapters.

## 1. Analysis scope

The analysis scope defines the project boundary and determines all aspects covered by the project. Some of this information (i.e. organisation's background) was already mentioned in previous chapters, the rest is presented in Table 2 below.

*Table 2 Establishing scope - Wellbeing Works*

<b>Purpose of the analysis</b>	The main purpose of this SROI analysis was to prove the organisation's work as well as to provide the value of the Wellbeing Programme in order to gain more funding and investments.
<b>Audience</b>	This analysis was addressed mainly for prospective funders but also for public authorities and government.
<b>Funding</b>	Wellbeing Works is funded by Derby City Council and NHS, Lankelly Chase Foundation, and its surpluses from previous years.
<b>Activities which the project will be focused on</b>	The main subject of this analysis is the Wellbeing Programme.
<b>Time period that will be considered</b>	The choice of one year period, August 2012 to July 2013, was driven by several facts. Firstly, this data is recent and participants' memories are fresh. Secondly there was consistent data from evaluation forms available, the questions on which had been developed over three years of the programme's existence. There was also enough programme delivery to analyse over this period. Finally, several other case studies used a one year period as it was the most reasonable choice.
<b>Type of analysis, either forecast or evaluation</b>	Evaluative SROI analysis was carried out as the programme was already being delivered and evaluated and thus it was possible to get outcomes data from participants during that year.

## 2. Involving Stakeholders

Stakeholders are individuals, groups or organisations that are affected by the activity analysed, either positively or negatively (Nicholls et al. 2012). Many stakeholders could be considered in terms of Wellbeing Works' SROI analysis and as the guide advises, the most relevant (material) were chosen. The stakeholders' selection is summarised in the following Table 3 including justification for the choice.

*Table 3 Selecting material stakeholders for Wellbeing Works*

<b>Key stakeholders</b>	<b>Reason for inclusion</b>
<i>Project participants - people attending the Wellbeing Programme</i>	Participants are directly affected by the programme and gain the most benefits, meaning significant change in their lives.
<i>Funders</i>	As the organisation is not making profit, funders are its main financial source and funders have expectations on outputs and outcomes.
<b>Excluded stakeholders</b>	<b>Reason for exclusion</b>
<i>Employees</i>	Where relevant (participated in the Wellbeing Programme) these have been included in the participant group.
<i>Projects participants' family members or close friends</i>	Some of these have been included in the outcomes experienced by participants.
<i>National government (NHS and government)</i>	Measuring outcomes would be too difficult. In addition, majority of information is protected.
<i>Board members</i>	No significant outcomes were found for Board members.
<i>Members of local community</i>	It would be difficult to either measure outcomes or choose representatives for the community.

A stakeholder engagement plan presented in the following Table 4 was set up in order to provide more details about the key stakeholders who have been included in the analysis.

*Table 4 Stakeholders' engagement plan*

<b>Included Stakeholders</b>	<b>What we think changed for them</b>	<b>Method of involvement</b>	<b>How many?</b>	<b>When?</b>
<b>Project participants</b>	<ul style="list-style-type: none"> <li>- felt happier, communicated more</li> <li>- felt less stress and anxious</li> <li>- had better ability to control their life</li> <li>- increased their self-confidence and self-care</li> <li>- improved their mental and physical health</li> <li>- progressed towards employment</li> </ul>	Evaluation Forms Interviews Questionnaires	22	October 2013
<b>Funders</b>	N / A	Questionnaires	3	December 2013

### 3. Data collection

The research aimed to engage as many stakeholders as possible to gather important information for the analysis and understand the programme's strengths and weaknesses.

For the purpose of this analysis, personal interviews with programme participants were set up; an email questionnaire was also created. In addition to this, evaluation forms collected by the organisation during the programme were used as a guide for interviews and questionnaires or as a source for some outcomes.

All interviews were undertaken just between interviewee and researcher in a meeting room at the company office. The email questionnaires were sent to participants one month before required collection which gave them enough time to complete the questionnaire. The main questions used either for interviews or questionnaires are included in Appendix 1.

#### Personal interview

Semi-structured interview was used for the research as it allowed more detailed questions which could be tailored to the particular interviewee's answers. Moreover, the answers were not influenced by others and could be recorded (with the consent of interviewee) for greater accuracy.

#### Email questionnaire

Some of the participants preferred to fill in a questionnaire with open-ended questions received via email. These types of questions, including a blank space for the response, were the most suitable for the analysis as the responses depended on the personal judgements and opinions of each participant. The email questionnaire also allowed the respondents to answer without any time pressure in a time and place convenient to them, and could also involve participants who do not live in the organisation's locality.

#### Ethical consideration

Ethical issues were considered, as in every quality report. All participants were given a briefing and content sheet before their participation. This sheet included both voluntary participation and informed consent. Within the informed consent all participants were advised about the main aim and objectives of the research. The voluntary participation consent secured free participation of all respondents as well as informed them about the possibility of withdrawing from the research at any time until the research is finished. In addition to this, all participants were assured (within the briefing and content sheet) about both confidentiality and security of gathered information.

## 4. Identifying and valuing inputs

Inputs indicate resources brought by stakeholders into the activity which can consist of money, time, people or any kind of donation. All of these resources must be converted into monetary value (Nicholls et al. 2012). Inputs and their value related to Wellbeing Works SROI analysis are presented in Table 5 below.

*Table 5 Valuing the inputs*

Stakeholder	Inputs description	Input value (£)
Project participants	Time - 18hrs per the programme (3hrs x 6wks)	£0
Funders	Money £6,300 NHS and City Council £5,000 Lankelly Chase	£11,300

The time of project participants was considered as an input; however, no financial value was given as the programme was delivered without any fee. This is in line with the standard SROI approach and other assured case studies (i.e. Goodspeed and Lee 2010; Goodspeed 2009). Wellbeing Works is funded by NHS and Derby City Council, and by the Lankelly Chase Foundation. The investment made by these funders over the period considered for SROI analysis was £11,300 (information based on figures from company's Accounts documentation for year 2012 and 2013).

## 5. Describing outcomes

In the process of undertaking the SROI analysis, it is really important to distinguish outputs from outcomes. While output is an activity description, outcome is characterised as the change that happened as a result of the activity (Nicholls et al. 2012).

The particular outcomes for this SROI analysis were set out from interviews, questionnaires and evaluation forms. The outcomes, together with their evidence, are presented in Table 6 shown in the following chapter.

## 6. Evidence

Each outcome described by a stakeholder needs some evidence. In other words indicators demonstrating that particular outcome has happened need to be developed. In addition to this, the sustainability of each outcome needs to be established, as the effect of some outcomes will last longer than others (Nicholls et al. 2012).

In order to identify the indicators and duration in this SROI analysis, the interview or questionnaire involved questions asking about either the indicators which would prove that the changes have happened or the number of years participants expected the change to endure after the programme.

Duration of the changes was difficult to establish as many participants argued that outcomes were ‘life changing’ because the programme changed the direction of their lives. However the researcher could not be certain about the sustainability of all these changes as their duration is likely to be affected by other factors (i.e. the abilities of participants themselves, their employers or social networks) considering the fact that most participants are no longer engaged with Wellbeing Works. Bearing this in mind the analysis capped any changes at maximum of 3 years.

Some of the outcomes only appeared while participants were involved or lasted just for a few months. Where this was the case, duration was set as one year. The remaining outcomes’ sustainability was established based on estimations or reviews of previous studies (see for instance Goodspeed 2009; Goodspeed and Lee 2010; Bates and Yentumi-Orofori 2013).

The interpretation of individual outcomes, their indicators and duration are presented in the following Table 6. In addition to this, the table shows the number of people experiencing the outcome as the ‘quantity’.

*Table 6 Project participants - outcomes, indicators and duration*

<b>Outcome</b>	<b>Indicator</b>	<b>Quantity</b>	<b>Duration</b>
Participants felt less anxious/more confident less angry/communicated more and so the quality of family relationships have been improved	Participants who reported more positive, calmer and relaxed home atmosphere and thereby higher quality of family relationships	6	2 years
Participants felt less stressed and anxious/fitter/more mobilised and so less depressed and/or less reliant on medicines	Participants who have been able to reduce or stop their medication	5	2 years
Participants felt happier/more confident/ calmer/communicate more and so increased their social relationships	Participants who became more socialised/made new friends/joined new clubs and/or social networks	10	2 years
Participant’s independence and work readiness increased	Participant gained motivation and so progressed towards employment	1	1 year



Participants felt happier/more confident/ more motivated	Participants who reported increase in self-esteem and so were more optimistic and positive about themselves	6	1 year
Participants awareness and understanding of wellbeing increased and so improved mental health	Participants felt less stressed /less anxious/were able to manage day-to-day life better	8	3 years
Participants felt more confident/communicated more and so gained job	Participants who reported gaining a full-time job	1	3 years
Participants' awareness and understanding of wellbeing increased and leading to improvements in physical health	Participants who reported extent of improvements in physical health	7	3 years
Participants felt fitter as they did more exercise	Participants who reported doing more exercise and so losing weight	3	1 year
Participants were more aware of healthy lifestyle	Participants who reported improved eating habits and eating healthier	2	1 year
Participants felt less stressed and anxious and so slept better	Participants who sleep better	6	2 years
Participants' ability of making future plans/managing their time better increased	Participants who were able to choose/set/achieve goals and so able to manage their time better	12	1 year
Participants felt more confident/communicate more	Participants who reported better communication with doctor	2	1 year
Participants gained valuable information that helped to solve their problems	Participants who knew where to go to get further help	8	1 year
*Participants are more independent - which family members do not want to accept	Increase in family conflicts	1	1 year
*Increase in uncomfortable moments/feelings because participants need care/participants' situation is not going to get better/participants reduced caring duties	Participants who reported increase in uncomfortable feelings and/or memories	4	1 year

\* Negative outcomes are in red

## 7. Economic model

After evidencing all outcomes, their valuation is needed and the final impact must be established. To summarise this, the economic model used is presented in Figure 1. The individual parts are explained in the sections below.

*Figure 1 The economic model*



### Assigning a financial value to the outcomes

A combination of techniques suggested by the guide (Nicholls et al. 2012) were used in order to assess a financial value of the outcomes. Additionally previous research by other organisations and financial proxies which they used were considered (i.e. Goodspeed 2009; Goodspeed and Lee 2010; Bates and Yentumi-Orofori 2013). All financial proxies and their sources are demonstrated in Table 7, together with deadweight, attribution and drop-off as discussed in the following section.

### Assessing deadweight, attribution and drop-off

Deadweight, attribution and the drop-off rate were most commonly found by questioning stakeholders and/or reviewing academic sources and research which has dealt with similar activities before.

Attribution was established using participants' estimations of who else contributed to the changes. In the case that:

Nobody else contributed - the rate of 10% was established as there is still a little contribution by the participants themselves.

Family/friends or other support contributed - the rate of 25% was established

If everyone mentioned above contributed - the rate of 40% was established.

For each outcome stated by participants the rates were summarised and an average was calculated. A few outcomes were assessed based on individual circumstances (see Appendix 4).

In terms of deadweight many stakeholders reported that they would have done nothing without interventions resulting from the Wellbeing Programme as no similar activity exists in their local area. This would mean that the deadweight is close to zero. Therefore the stakeholders' estimation was not the only data used. Due to the absence of long-term data for most of the changes and thus possibility of occurring changes anyway in some degree, additional deadweight was added. The deadweight minimum was fixed at 10% as participants could have achieved similar outcomes in other ways (i.e. searching for information on the Internet, reading books focused on

wellbeing) if they had not attended the programme. Wherever there is an exception to this, comments are made in Appendix 4.

The drop-off assessment was based on a review of other studies (i.e. Goodspeed 2009; Goodspeed and Lee 2010; Bates and Yentumi-Orofori 2013) dealing with SROI analyses as well as on stakeholders' estimations (for the comments see Appendix 4). The following Table 7 presents the interpretation of financial proxies, deadweight, attribution, and drop off rate discussed in previous parts of this research.

*Table 7 Financial proxies, deadweight, attribution and drop-off rate*

Outcome	Financial Proxy	Source of financial proxy	Deadweight	Attribution	Drop-off
Participants felt less anxious/more confident less angry/communicated more and so the quality of family relationships have been improved	Family counselling services - £190 (5 x £38)	One hour face to face family counselling - £38 per hour (RSCPP Ltd 2013). (see Appendix 3 for more details)	15%	30%	50%
Participants felt less stressed and anxious/fitter/more mobilised and so less depressed and/or less reliant on medicines	Average spending on drugs per person per year - £169	The Independent (Laurance 2011)	10%	22%	40%
Participants felt happier/more confident/calmer/communicate more and so increased their social relationships	The value of improved social networks - £806	Value based on participants' perceptions (see Appendix 3 for more details)	40%	25%	50%
Participant's independence and work readiness increased	Per session cost of a government employment training course - £210 (10 x £21)	2009 DWP resource centre (Vegeris et al. 2010; Goodspeed 2009).	10%	10%	0%
Participants felt happier/more confident/more motivated	An average intervention cost of Cognitive Behavioural Therapy - £125	Unit Costs for Health and Social Care 2012 (Curtis 2012, p.19)	10%	30%	0%
Participants awareness and understanding of wellbeing increased and so improved mental health	Service costs for people with anxiety disorders and depression - £830	McCrone et al. (2008, p.xviii) (see Appendix 3 for more details)	10%	29%	30%
Participants felt more confident/communicated more and so gained job	Financial gain of being employed on minimum wage - £11,600	National Minimum Wage per hour (2013) - £6.31, Tax allowance (2013) - £9,440; £540 tax deduction (see Appendix 3 for more details)	12%	50%	75%

Participants' awareness and understanding of wellbeing increased leading to improvements in physical health	Annual cost of health insurance for people with an average age of 40 minus two months free saving - £530 (12 x £52.95, minus saving of £105.90)	SimplyHealth (2013) (see Appendix 3 for more details)	10%	23%	30%
Participants felt fitter as they do more exercise	Annual cost of gym membership £360 (12 x £30)	LA fitness (2013)	10%	15%	0%
Participants were more aware of healthy lifestyle	Annual cost savings on healthy cooking 3 times a week instead of buying take away food - £852 (£16.38 per week x 52 weeks)	NHS (2013)	10%	18%	0%
Participants felt less stressed and anxious and so sleep better	Annual cost of health insurance for people with an average age of 40 minus two months free saving - £530 (12x£52.95, minus £105.90)	Simply Health (2013) various sleeping therapies are covered in health insurance	10%	25%	50%
Participants' ability of making future plans/managing their time better increased	Cost of Goal Setting & Time Management course - £450 (£375+VAT)	MPL Training (2013)	10%	10%	0%
Participants felt more confident/communicate more	Effective communication skills course £297	Book My Course (2011)	10%	25%	0%
Participants gained valuable information that helped to solve their problems	Cost of a personal assistant for an hour per week for a year - £520 (£10 x 1 hr x 52 weeks)	Current job advertisement (Indeed 2013)	10%	0%	0%
*Participants are more independent - which family members do not want to accept	Family counselling services - £190 (5 x £38)	One hour face to face family counselling - £38 per hour (RSCPP Ltd 2013).	0%	40%	0%
*Increase in uncomfortable moments/feelings because participants need care/participants' situation is not going to get better/participants reduced caring duties	Average intervention cost of Cognitive Behavioural Therapy - £125	Unit Costs for Health and Social Care 2012 (Curtis 2012, p.19)	10%	29%	0%

\* Negative outcomes are in red

### Calculating impact

In order to determine the whole impact of the programme, an impact of each outcome was calculated, using the following Formula 1. In particular, a financial proxy was multiplied by the quantity of the outcome in order to get a total value. Afterwards, the percentages of deadweight and attribution were subtracted from this total value (Nicholls et al. 2012).

### *Formula 1 Impact of a particular outcome*

**Impact = Financial proxy x outcome's quantity - % of deadweight - % of attribution**

The process was repeated for each outcome. Finally in order to find out the overall impact of the programme, impact values of each outcome were added up to the total.

### *Projecting value into the future*

As the effect of the outcomes will decrease with time, the drop-off rate must be deducted in each year of outcome duration (Nicholls et al. 2012). The value for the first year was the same as the impact calculated as the drop-off rate is calculated only for outcomes lasting more than a year. For each following year of an outcome's duration, the drop-off rate had to be subtracted. At the end, the values were added up to the total for each year.

## **8. Social return calculation**

As soon as the impact values of each year were established, the social return could be determined. First of all, the present value was calculated using the discounting process. According to HM Treasury's Green Book (HM Treasury 2003), the rate recommended for public sector and therefore for wellbeing organisations is 3.5%. The present value (PV) was calculated in each year of the outcome's duration according to the standard formula (CBKB 2013):

### *Formula 2 Present Value*

$$PV = \frac{C}{(1 + r)^n}$$

Where **C** is the value of overall impact in the particular year that is going to be discounted, **n** is the number of years between a present and future date, **r** is the discount rate.

After determining the present value of each year, the values were added to the total. Finally, the SROI ratio was calculated using the following Formula 3.

### *Formula 3 SROI ratio*

$$SROI\ ratio = \frac{\text{Total Present Value}}{\text{Total Inputs}}$$

(Nicholls et al. 2012, p.68)

Where total present value is the sum of the present values of each year, and total inputs are resources brought in by stakeholders.

In addition to the SROI ratio, the net SROI ratio was determined (see Formula 4). The guide (Nicholls et al. 2012) recommends considering this ratio in addition to the basic

SROI ratio as in the case of investing money in saving accounts, the initial investment is usually deducted from the final amount of money in order to find the net return on the money.

#### *Formula 4 Net SROI ratio*

$$\text{Net SROI ratio} = \frac{\text{Net Present Value}}{\text{Total Inputs}}$$

(Nicholls et al. 2012, p.68)

Where net present value is calculated as the value of initial investment deducted from total present value.

The final results are presented in Table 8 below. Additionally, all details related to the analysis are included in the Impact Map presented in the Appendix 2.

*Table 8 SROI analysis results*

<b>Total inputs value</b>	£11,300
<b>Total impact value</b>	£31,032
<b>PV of first year after discounting</b> (discount rate for each year was 3.5%)	£29,983
<b>PV of second year after discounting</b>	£8,987
<b>PV of third year after discounting</b>	£3,299
<b>Total Present Value (PV)</b>	£42,270
<b>Net Present Value (PV minus the investment)</b>	£30,970
<b>Social Return £ per £</b>	<b>3.74</b>
<b>Net Social Return £ per £</b>	<b>2.74</b>

## **9. Reporting**

At the end of the SROI analysis process, all results should be published as well as recommendations written (Kratky 2012). All results from the SROI analysis applied on the Wellbeing Programme delivered by Wellbeing Works will be reported on its website following completion of the whole analysis. Recommendations linked to this analysis will be made in further chapters.

## Analysing results

As was mentioned earlier the Social Return on Investment framework is not just about the final ratio. The process, including case studies, quantitative and qualitative financial information should help organisations to understand the value they have created, improve services they provide and raise both their profile and the opportunity for further funding (Nicholls et al. 2012). Hence, recommendations arising from analysis results will be made in the next chapter.

According to the SROI guide (Nicholls et al. 2012) a comparison between organisations is not recommended as organisations use different stakeholders as well as make different assumptions. Nonetheless the guide advises comparison of variations in social return between different periods and thus analysis of the reasons for changes. However such comparison was not possible as no other SROI analysis related to Wellbeing Works was available. In order to get feedback for the analysis results, an opinion from the organisation's funders was asked, by using an open-ended email questionnaire (see Appendix 5).

As the accuracy of many results relies on judgements made within the analysis, it is necessary to examine whether these assumptions had a significant impact on the final SROI ratio. Hence the sensitive analysis presented in the following chapter was conducted.

### 1. Sensitivity analysis

Undertaking this analysis enabled testing of the changes in the SROI ratio where assumptions are adjusted. Firstly, significant changes - the changes which represent more than 10% of the total value, were identified. Subsequently, these significant changes were tested in four different areas - duration, financial proxies, deadweight and drop-off, the areas where estimations were made. Where assumptions are arguable, the areas were adjusted as follows:

Duration was reduced and increased by 2 years

Financial proxies were reduced and increased by 20%

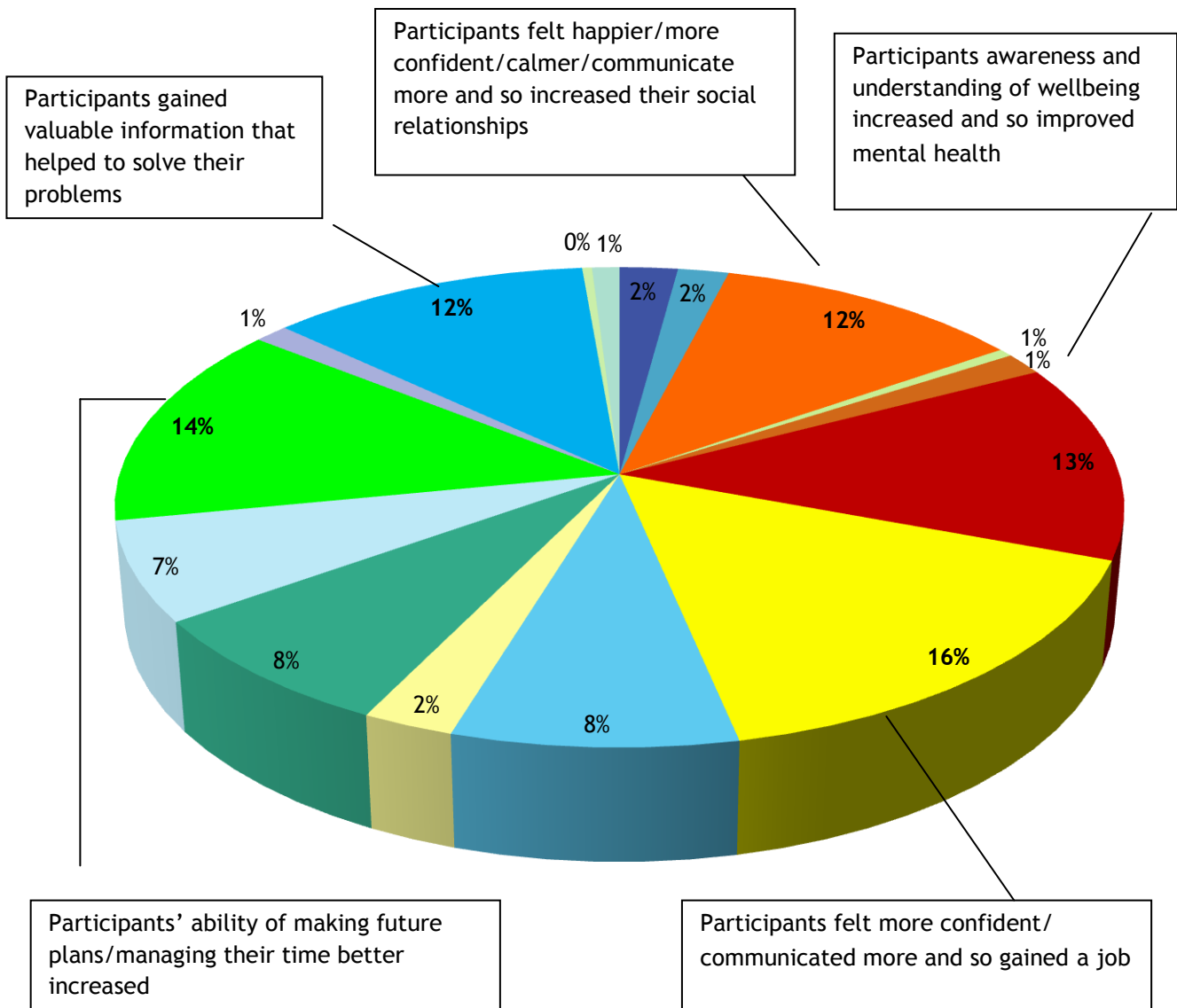
Deadweight and drop-off were reduced and increased by 20 %.

This approach combines methods used in the research of Goodspeed and Lee (2010) and Bonellie and Maxwell (2012). Goodspeed and Lee (2010) also chose changes representing more than 10% of the total value as significant and tested them in various areas. Bonellie and Maxwell (2012) tested judgements made in their analysis by varying several elements (e.g. quantity, deadweight, attribution, duration) by 20%. Similarly, in this sensitivity analysis, estimated elements were reduced and increased by 20%.

Within the analysis, 5 of 16 changes (see Figure 2) were identified as a significant. Results from testing these changes are presented in Table 9 below.



Figure 2 The impact of particular outcomes



**Table 9 Testing of the significant changes**

<b>Outcome:</b>		<b>Participants felt more confident/communicated more and so gained job</b>		
<b>Element</b>	<b>Current assumption</b>	<b>Possible variations scenarios</b>		<b>Comments</b>
		<b>Worse case</b>	<b>Better case</b>	
<b>Duration</b>	3 years	1 year	5 years	As participants were interviewed within one year after finishing the programme the duration might differ from current assumption
<b>Financial proxy</b>	£11,600	£11,600	£13,920	National Minimum Wage was used as the value; however, actual value of the wage could be higher.
<b>Deadweight</b>	12%	32%	2%	Assumption adjusted
<b>Drop-off</b>	75%	95%	25%	Assumption adjusted
<b>Impact</b>	£6,699	£3,344	£20,809	
<b>Effect on SROI ratio</b>	£3.74	£3.51	£3.87	Worse case: -6% Better case: +3%

<b>Outcome:</b>		<b>Participants' ability to make future plans/managing their time better increased</b>		
<b>Element</b>	<b>Current assumption</b>	<b>Possible variations scenarios</b>		<b>Comments</b>
		<b>Worse case</b>	<b>Better case</b>	
<b>Duration</b>	1 year	1 year	3 years	This change may be seen as 'life changing' and last more than one year
<b>Financial proxy</b>	£450	£360	£540	Assumption adjusted
<b>Deadweight</b>	10%	20%	0%	Assumption adjusted
<b>Drop-off</b>	0%	0%	0%	As drop-off is already 0%, adjustment is not applicable.
<b>Impact</b>	£4,374	£3,110	£17496	
<b>Effect on SROI ratio</b>	£3.74	£3.63	£4.81	Worse case: -3% Better case: +29%

<b>Outcome:</b>		<b>Participants awareness and understanding of wellbeing increased and so improved mental health</b>		
<b>Element</b>	<b>Current assumption</b>	<b>Possible variations scenarios</b>		<b>Comments</b>
		<b>Worse case</b>	<b>Better case</b>	
<b>Duration</b>	3 years	1 year	5 years	This change may be seen as 'life changing' and last more than three years. On the other hand some participants may report shorter duration as there is no continued contact with the programme.
<b>Financial proxy</b>	£830	£664	£996	Assumption adjusted
<b>Deadweight</b>	10%	30%	0%	Assumption adjusted
<b>Drop-off</b>	30%	50%	10%	Assumption adjusted
<b>Impact</b>	£9,292	£2,640	£23,167	
<b>Effect on SROI ratio</b>	£3.74	£3.19	£4.83	Worse case: -15% Better case: +29%

<b>Outcome:</b>		<b>Participants gained valuable information that helped to solve their problems</b>		
<b>Element</b>	<b>Current assumption</b>	<b>Possible variations scenarios</b>		<b>Comments</b>
		<b>Worse case</b>	<b>Better case</b>	
<b>Duration</b>	1 year	1 year	1 year	The change occurred just during participant involvement in the programme and so longer duration is not applicable
<b>Financial proxy</b>	£520	£416	£624	Assumption adjusted
<b>Deadweight</b>	10%	20%	0%	Assumption adjusted
<b>Drop-off</b>	0%	0%	0%	As drop-off is already 0%, adjustment is not applicable.
<b>Impact</b>	£3,744	£2,662	£4,992	
<b>Effect on SROI ratio</b>	£3.74	£3.65	£3.85	Worse case: -2% Better case: +3%

Outcome:	Participants felt happier/more confident/calmer/communicate more and so increased their social relationships			
Element	Current assumption	Possible variations scenarios		Comments
		Worse case	Better case	
Duration	2 years	1 year	4 years	This change may be seen as ‘life changing’ and last more than two years. On the other hand some participants may report shorter duration as they are not involved in the programme in the future.
Financial proxy	£806	£665	£967	Assumption adjusted
Deadweight	40%	60%	20%	Assumption adjusted
Drop-off	50%	70%	30%	Assumption adjusted
Impact	£5,441	£1995	£14,696	
Effect on SROI ratio	£3.74	£3.45	£4.49	Worse case: -8% Better case: +20%

By changing various assumptions among the five significant changes, the worst scenario for SROI ratio could be 15% lower (£3.19) while the best scenario could be 29% higher (£4.83). If these changes are combined all together, average worse scenario would be 7% lower (£3.49) and average better scenario 17% higher (£4.37).

## 2. Confidence range

To summarise the sensitive analysis presented in the previous section, taking account following factors:

- Short duration of outcomes (For many outcomes, it was difficult to prove the sustainability of outcomes as the programme has not been running long enough to provide solid evidence. In order to justify this, the outcomes would have to be reviewed in the future to get better long term data)
- The average worst scenario for SROI ratio only being £3.49:£1
- The average best scenario being £4.37:£1

the impact of Wellbeing Programme and thereby the SROI ratio £3.47:£1 becomes sensible and realistic; however, with long-term data it should be higher.

Nevertheless, considering the fact that several analysis stages are based on personal judgements, the most appropriate conclusion is that a final value of the SROI ratio is most likely to be in the range of £3.5: £1 to £4.4:£1.

## Discussion and recommendations

The main purpose for carrying out the SROI analysis was to prove the organisation's work as well as to provide the value of the Wellbeing Programme in order to gain more funding. A lot of positive changes resulting from the Wellbeing Programme were reported by the programme participants (for all changes see Table 6) and these demonstrate the organisation's success in helping people living with challenges to support their physical and mental health recovery as well as attain personal achievement.

The value of the Wellbeing Programme was established since the results showed a social value of £42,270 generated from the £11,300 investment during the one year period (from August 2012 to July 2013). Transferring this to the SROI ratio, for every £1 invested in the Wellbeing Programme, a social return of £3.74 was generated. These values do not necessarily represent direct savings for the programme participants, they are more likely financial values related to changes that participants experienced after they finished the programme. It was shown that a relatively small investment can bring very important benefits and returns in terms of improvement for participants' health and wellbeing, increase in their confidence or reduction in stress and anxiety levels.

In addition to this, many participants described the changes as long-term and ongoing since the programme gave them the knowledge to keep skills learnt for the future. This indicates that the majority of changes are 'life changes', which means they are not just deep but also long-lasting. However, at this moment, it is difficult to prove the sustainability of outcomes as the programme has not been running long enough to provide solid evidence. In order to justify this, the outcomes would have to be reviewed in the future to get better long term data.

Based on the discussion with the company's funders, the final Wellbeing Works' SROI ratio calculated is realistic and reasonable. One of the funders stated that the final ratio can support the organisation in tendering for contracts and be used in discussions with commissioners in the future as the analysis can provide another dimension for some of the programme elements which are hard to evaluate. Another funder stated that the analysis will definitely help and will be very important while dealing with commissioners in the future. She emphasised that programmes or schemes often do not get funded because information on outcomes is not strong enough or difficult to measure. Therefore, the more credible and solid evidence that exists that the programme is successful, the more attractive it is as a commissioning option. Nevertheless, in these times of austerity and budget cuts there is just a finite amount of funds and thus not enough money to guarantee future funding.

Overall the Wellbeing Programme has brought about positive and sensible outcomes which are supported by credible evidence. Moreover funders agreed that the whole analysis may support further negotiation with commissioners. Hence the analysis should provide benefit to the organisation in the future.

### 3. Recommendations

The story of the changes created by Wellbeing Works provided a great narrative in that one single programme can turn around or change the life of many people living with challenges. Based on the findings and knowledge gained through this research, the author suggests that Wellbeing Works could consider:

- Acquainting either actual or potential funders with the SROI analysis as well as ensuring that they understand the implications and limitations of the analysis.
- After funders' familiarisation with the analysis, using the evidence of the outcomes along with its monetary value to attract more investments. In other words to show local authorities possible savings in public health deriving from the programme (i.e. improvements in mental and physical health, stronger family and social relationships, decrease of anxiety and stress levels and many other positive outcomes). This would therefore lower the dependence on 'the state' and so 'state' interventions could be reduced or impacted positively.
- Reporting the key messages obtained from the analysis to stakeholders engaged in the analysis such as employees and programme participants but also to stakeholders who were excluded such as local authorities and members of local communities in order to promote the value created by the organisation.
- Using the Impact Map as a source of information for further strategic planning about the activities provided by the organisation, as the map includes quantifiable data on financial values for individual outcomes.
- After a certain period of time (i.e. two years) verifying outcomes duration with the participants and so gathering long term data in order to strengthen analysis results.

Overall, the organisation makes a significant contribution to the local community and/or an individual's life. Hence if the contribution is properly presented to commissioners (as advised above), there is potential to extend and increase further funding and delivery.

### Conclusion

The SROI analysis of the Wellbeing Programme delivered by Wellbeing Works showed a sensible and realistic ratio which indicated that for every one pound invested in the Wellbeing Programme, a social return of £3.74 was generated. Nevertheless, considering the fact that several parts of the analysis were based on personal judgements, the most appropriate conclusion is that a final value of the SROI ratio is most likely to be in the range of £3.5: £1 to £4.4: £1

Overall, the organisation has made a significant contribution to the local community and/or an individual's life. Hence if the contribution is properly presented to commissioners, there is potential to extend and increase further funding. Moreover, the organisation's funders agreed that the whole analysis may support further negotiation with commissioners.

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# Appendix 1 - Data collection

## Interview for SROI project participants

*The wording of the questions could be slightly modified during the interview based on interviewee's answers.*

### 1. Personal

- How long has it been since you finished the Wellbeing Programme?

### 2. Outcomes

- What has changed for you as a result of the Wellbeing Programme? / What do you do differently as a result of the Wellbeing Programme?
- Have you noticed any negative factors arising from your involvement in the Wellbeing Programme?

### 3. Indicators

- How do you know that the particular change has happened for you? / What could you show someone that would prove that these changes have happened?

### 4. Quantity

- How much change was there/what was the amount of change?

### 5. Duration

- How long has the change lasted? / How long do you think the change will last?

### 6. Deadweight

- What would have happened if you had not attended the Wellbeing Programme? / Could you have accessed another similar facility in the area?

### 7. Attribution

- Was anybody else involved in making this change happen? If so, what percentage of the change depended on other individuals, organisations and/or activities? (0%, 10%, 20%, ..., 100%).

### **Additional questions to support further research**

- Can we contact your family / friends for further research? If yes please give us their name and contact number.

- Can we contact your GP to ask about number of visits before and after the Wellbeing Programme? If so, please complete a consent form to tell us the name of your GP and authorise them to give us only that information.

## Questionnaire for SROI project participants

1. What is your gender?
  - Male
  - Female
  - Other
2. How long has it been since you finished the Wellbeing Programme  
.....:
3. What has changed for you as a result of the Wellbeing Programme? Please state all changes that happened to you.
4. Have all changes been positive? If not, please also tell us about negative changes.
5. What could we show someone that would prove that these changes have happened?  
(Please state for each change)
6. How long do you think this change has lasted/will last? (Please state for each change the number of years you expect the benefit to endure after the Wellbeing Programme.)
7. What would have happened if you had not attended the Wellbeing Programme? /  
Could you have accessed another similar service in the area anyway?
8. Was anybody else involved in making this change happen? If so, what percentage of the change depended on other individuals, organisations and/or activities (0%, 10%, 20%, ..., 100%). (Please state for each change)

**Additional question to support further research**

9. Can we call you in case we need more information related to this questionnaire? If yes please give us your contact number.

*Telephone number*

∴

10. Can we contact your family / friends for further research? If yes please give us their name and contact number.

*Name*.....∴

*Telephone number or email address*.....∴

# Appendix 2 - Impact Map

## Wellbeing Works - Social Return on Investment analysis - The Impact Map

SROI Network

Impact Map

Stage 1		Stage 2			
Stakeholders	Intended/unintended changes	Inputs		Outputs	The Outcomes (what changes)
Who will we have an effect on? Who will have an effect on us?	What do we think will change for them?	What will they invest?	Value £	Summary of activity in numbers	Description How would we describe the change?
Project Participants - people who attended the Wellbeing Programme	<p>Project Participants:</p> <ul style="list-style-type: none"> <li>- felt happier, communicated more</li> <li>- felt less stress and anxious</li> <li>- had better ability to control their life</li> <li>- increased their self-confidence and self-care</li> <li>- improved their mental and physical health</li> <li>- progressed towards employment</li> </ul>	Time - 18hrs per the programme (3hrs x 6wks)	£0.00	<p>Wellbeing Programme :</p> <p>22 participants over the last year (each of them spent 18hrs on the programme)</p> <p>Group activities that help:</p> <ul style="list-style-type: none"> <li>- develop skills to keep strong through challenging times</li> <li>- understand own wellbeing and how to improve it</li> <li>- explore participants' support and community</li> <li>- learn the steps to achieve life goals</li> </ul>	<p>Participants felt less anxious / more confident / less angry / communicated more and so the quality of family relationships have been improved</p> <p>Participants felt less stress and anxious / fitter / more mobilised and so less depressed and/or less reliant on medicines</p> <p>Participants felt happier / more confident / calmer / communicate more and so increased their social relationships</p> <p>Participant's independence and work readiness increased</p> <p>Participants felt happier / more confident / more motivated</p> <p>Participants awareness and understanding of wellbeing increased and so increased mental health</p> <p>Participants felt more confident / communicated more and so gained job</p> <p>Participants' awareness and understanding of wellbeing increased and so improvements in physical health</p> <p>Participants felt fitter as they do more exercise</p> <p>Participants were more aware of their healthy lifestyle</p> <p>Participants felt less stressed and anxious and so sleep better</p> <p>Participants' ability to make future plans/managing their time better increased</p> <p>Participants felt more confident / communicate more</p> <p>Participants gained valuable information that helped to solve their problems</p> <p>Participants are more independent - which family members do not want accept</p> <p>Increase in uncomfortable moments/feelings because participants need care/participants' situation is not going to get better/participants reduced caring duties</p>
Funders	n / a	<p>Money</p> <ul style="list-style-type: none"> <li>• £6,300 NHS and City Council</li> <li>• £5,000 Lankelly Chase</li> </ul>	£11,300.00	Donation	Material outcomes for participants
Total			£11,300.00		

**Stage 3** 

**The Outcomes (what changes)**

Indicator	Source	Quantity	Duration	Financial Proxy	Value £	Source
How would we measure it?	Where did we get the information from?	How much change?	How long will it last? (year)	What proxy did we use to value the change?	What is the value of the change?	Where did we get the information from?
Participants who reported more positive, calmer and relaxed home atmosphere and thereby higher quality of family relationships	interviews and questionnaires	6	2	Family counselling services (5 x £38)	£190.00	One hour face to face family counselling - £38 per hour (RSCPP Ltd 2013).
Participants who have been able to reduce or stop their medication	interviews and questionnaires	5	2	Average spending on drugs per person per year	£169.00	The Independent (Laurance 2011)
Participants who became more socialised / made new friends / joined new clubs and/or social networks	interviews and questionnaires	10	2	The value of improved social networks	£806.00	Value based on participants' perceptions (Jannesson 2012)
Participant gained motivation to get better job and so progressed towards employment	interviews and questionnaires	1	1	Seasonal cost of a government employment training course (10 x £21)	£210.00	2009 DWP resource centre (Vegeris et al. 2010; Goodspeed 2009)
Participants who reported increase in self-esteem and so were more optimistic and positive about themselves	interviews and questionnaires	6	1	An average intervention cost of Cognitive Behavioural Therapy	£125.00	Unit Costs for Health and Social Care 2012 (Curtis 2012, p.19)
Participants felt less stressed / less anxious / were able to manage day-to-day life better	interviews and questionnaires	8	3	Service costs for people with anxiety disorders and depressions	£830.00	McCrone et al. (2008, p.xviii) (see Appendix 3 for more details)
Participants who reported gaining full-time job	interviews and questionnaires	1	3	Financial gain of being employed on minimum wage	£11,600.00	National Minimum Wage per hour (see Appendix 3 for more details)
Participants who reported extent of improvements in physical health	interviews and questionnaires	7	3	Annual cost of health insurance for people in average age of 40 minus two months free saving (12 x £52.95, minus saving of £105.90)	£530.00	SimplyHealth (2013) (see Appendix 3 for more details)
Participants who reported doing more exercise and so losing weight	interviews and questionnaires	3	1	Annual cost of gym membership (12 x £30)	£360.00	LA fitness (2013)
Participants who reported improved eating habits and eat healthier	interviews and questionnaires	4	1	Annual cost savings on healthy cooking 3 times a week instead of buying take away food (£16.38 per week x 52 weeks)	£852.00	NHS (2013)
Participants who sleep better	interviews and questionnaires	6	2	Annual cost of health insurance for people in average age of 40 minus two mths saving (12x£52.95,minus £105.90)	£530.00	SimplyHealth (2013) various sleeping therapies are covered in health insurance
Participants who were able to choose / set / achieve goals and so able to manage their time better	pre and post evaluation forms, interviews and questionnaires	12	1	Cost of Goal Setting & Time Management course (£375+VAT)	£450.00	MPL Training (2013)
Participants who reported better communication with doctor	interviews and questionnaires	2	1	Effective communication skills course	£297.00	BookMyCourse (2011)
Participants who knew where to go to get further help	pre and post evaluation forms	8	1	Costs of personal assistant for an hour per week for a year (£10 x 1 hr x 52 weeks)	£520.00	Current job advertisement (Indeed 2013)
Increase in family conflicts	interviews and questionnaires	1	1	Family counselling services (5 x £38)	-£190.00	One hour face to face family counselling - £38 per hour (RSCPP Ltd 2013).
Participants who reported increase in uncomfortable feelings and/or memories	interviews and questionnaires	4	1	An average intervention cost of Cognitive Behavioural Therapy	-£125.00	Unit Costs for Health and Social Care 2012 (Curtis 2012, p.19)
	figures from company's budget documentation for year 2012 and 2013					



Stage 4			
Deadweight %	Attribution %	Drop off %	Impact
What would have happened without the activity?	Who else would contribute to the change?	Will the outcome drop off in future years?	Quantity times financial proxy, less deadweight, and attribution
15%	30%	50%	£678.30
10%	22%	40%	£593.19
40%	25%	50%	£3 627.00
10%	10%	0%	£170.10
10%	30%	0%	£472.50
10%	29%	30%	£4 242.96
12%	50%	75%	£5,104.00
10%	23%	30%	£2,571.03
10%	15%	0%	£826.20
10%	18%	0%	£2,515.10
10%	25%	50%	£2,146.50
10%	10%	0%	£4,374.00
10%	25%	0%	£400.95
10%	0%	0%	£3,744.00
0%	40%	0%	-£114.00
10%	29%	0%	-£319.50

			£31,032.33
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Stage 5			
Calculating Social Return			
Discount rate			3.5%
Year 1 (after activity)	Year 2	Year 3	
£678.30	£339.15	£0.00	
£593.19	£355.91	£0.00	
£3,627.00	£1,813.50	£0.00	
£170.10	£0.00	£0.00	
£472.50	£0.00	£0.00	
£4 242.96	£2,970.07	£2 079.05	
£5,104.00	£1,276.00	£319.00	
£2,571.03	£1,799.72	£1 259.80	
£826.20	£0.00	£0.00	
£2,515.10	£0.00	£0.00	
£2,146.50	£1,073.25	£0.00	
£4,374.00	£0.00	£0.00	
£400.95	£0.00	£0.00	
£3,744.00	£0.00	£0.00	
-£114.00	£0.00	£0.00	
-£319.50	£0.00	£0.00	

£31 032,33	£9 627,61	£3 657,86
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Present value of each year (after discounting)	£29,982.93	£8,987.47	£3,299.18
Total Present Value (PV)			£42,269.58
Net Present Value (PV minus the investment)			£30,969.58
Social Return £ per £			3.74
Net Social Return £ per £			2.74

## Appendix 3 - Financial proxies

### Improvement in the quality of family relationships

**Outcome:** Participants felt less anxious/more confident/less angry/communicated more and so the quality of family relationships has been improved.

**Indicator:** Participants who reported more positive, calmer and relaxed home atmosphere and thereby higher quality of family relationships.

**Financial proxy:** Family counselling services - £190 (5 x £38)

One hour face to face family counselling costs £38 per hour in Derbyshire (RSCPP Ltd 2013). However it is difficult to estimate the number of hours needed in order to improve the improvement in the quality of family relationships as it depends on individual's needs. Therefore the average time spent on relationship recovery programme was considered, which is 8-12 hours (Cato 2013). This amount of hours was reduced to 5 as such programmes are often made for a group of people. Hence, the number of hours needed is smaller for individuals.

### Increase in social relationships

**Outcome:** Participants felt happier/more confident/calmer/communicate more and so increased their social interaction with others.

**Indicator:** Participants who socialised more/made new friends/joined new clubs and/or increased social networks.

**Financial Proxy:** A value of improved social networks - £806

As no market price for increased social relationships exists, other SROI research was considered (for instance Durie (2007) or Bates and Yentumi-Orofori (2013)). However, values vary between organisations as they used different durations, deadweight or attribution rates. For the purpose of our research, the assured SROI report conducted by Jannesson (2012), provided the most appropriate value as the value used is based on participants' perceptions (the value of 8250 SEK was recalculated according to the current exchange rate of the Bank of England as at October 25, 2013 (Bank of England 2013)).

### Improvement in mental health

**Outcome:** Participants awareness and understanding of wellbeing increased and so improved mental health

**Indicator:** Participants felt less stressed/less anxious/were able to manage day-to-day life better.

**Financial Proxy:** Cost of services for people with anxiety disorders and depression - £830 (McCrone et al. 2008, p.xviii)

The financial proxy for mental health improvement was estimated based on a study conducted by McCrone et al. (2008). According to their research 3.52 million people in the UK suffer from anxiety disorders and depression (the most common disorders experienced by participants) in 2007. This is equal to the service costs of £2.92 billion. Hence the cost per head is £830.

### Gaining employment

**Outcome:** Participants felt more confident/communicated more and so gained a job.

**Indicator:** Participants who reported gaining full-time employment.

**Financial Proxy:** Financial gain of being employed on minimum wage - £11,600

This financial proxy was calculated based on the National Minimum Wage rate per hour for people over 21 in 2013 (£6.31), working 37 hours per week, 52 weeks per year. This resulted in an income of £12,140. The tax allowance for 2013 is £9,440; therefore, taxable income is £2,700. A deduction of £540 tax (considering basic tax rate of 20%) on taxable income resulted in a total income less taxes of £11,600.

In addition to this, Jobseeker's Allowance may be deducted from taxable income as the participant will no longer receive this since becoming employed, similarly like Bonellie and Maxwell (2012) did in their analysis. However, we did not include national government in the stakeholders group and therefore we did not consider non-payment of any benefits by the government, therefore there is no need to deduct this allowance from taxable income.

### Improvement in physical health

**Outcome:** Increase in participants' awareness and understanding of wellbeing and so improvement in physical health.

**Indicator:** Participants who reported extent of improvements in physical health.

**Financial Proxy:** Annual cost of health insurance including diagnostic tests, consultation with a specialist and necessary treatment to get recovery for people of an average age of 40, minus two months free saving - £530 (12 x £52.95, minus two months saving of £105.90) (SimplyHealth 2013)

Health insurance is difficult to estimate as it is dependent on the client's age. Therefore the average age of 40 was considered for the age of the participants.

## Appendix 4 - Comments for deadweight, attribution and drop-off rate

Outcomes	Comments
Participants felt less anxious/more confident/less angry/communicated more and so the quality of family relationships has been improved	Some of the participants reported working on the improvement before attending the programme, so additional deadweight was estimated. For the next year of outcome's duration, it is more about attributions of participants and family, so a relative high drop-off was estimated.
Participants felt less stressed and anxious/fitter/more mobilised and so less depressed and/or less reliant on medicines	Participants felt less confident about the change as ongoing support is not available, so a relative high drop-off was estimated.
Participants felt happier/more confident/calmer/communicate more and so increased their social relationships	Also a 'Carers breaks' programme is available as the majority participants were carers, so a relative high deadweight was estimated. Participants felt less confident about the change as ongoing support is not available, so a relative high drop-off was estimated.
Participants awareness and understanding of wellbeing increased and so improved mental health	Participants felt considerably better with increased awareness of wellbeing going forward, so lower drop-off was estimated. However it would be useful to revisit the rate against outcomes in the future.
Participants felt more confident/communicated more and so gained a job	Attribution is 50% as the participant reported that the outcome arose also because of voluntary work. Deadweight and drop-off estimation were based on findings from a similar SROI study undertaken by Bates and Yentumi-Orofori (2013) as they considered the fact that the participants may not sustain the job beyond one year.
Increase in participants' awareness and understanding of wellbeing and so improvement in physical health	Participants felt considerably better with increased awareness of wellbeing going forward, so lower drop-off was estimated. However it would be useful to revisit the rate against outcomes in the future.
Participants felt less stressed and anxious and so sleep better	Participants felt less confident about the change as ongoing support is not available, so a relative high drop-off was estimated.
Increased ability to make future plans as well as better able to manage time	Attribution was set as a fixed rate (10%) as these are skills that participants learnt or developed during the programme without any outside support (family or other services).
Participants gained valuable information that helped to solve their problems	Attribution for this outcome is equal to zero as information gained during the programme was due to facilitators' contribution. Nobody else was involved, even participants could not influence this outcome as at the beginning of the programme they did not have the information.
Participants are more independent which family members do not want accept	The outcome appeared only in the case of one participant, so deadweight and attribution was established from the individual participant's estimation.



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