

SOCIAL RETURN ON INVESTMENT

Social adVentures Social Prescribing Project
running January-December 2012

FOX ADVISING CIC

CONTENTS

FOREWORD.....	3
EXECUTIVE SUMMARY.....	3
BACKGROUND.....	4
FUNDING.....	4
STAFF.....	4
PROJECT DEMOGRAPHICS.....	5
SERVICES PROVIDED BY SOCIAL ADVENTURES.....	7
METHODOLOGY.....	8
STAKEHOLDERS.....	9
DATA COLLECTION.....	9
ANALYSIS.....	10
RESULTS.....	12
FACTORS AFFECTING DEADWEIGHT.....	13
FACTORS AFFECTING ATTRIBUTION.....	13
FACTORS AFFECTING DROP-OFF.....	13
THE RATIO.....	13
SENSITIVITY ANALYSIS.....	14
CONCLUSION.....	15
RECOMMENDATIONS.....	15
DISCLAIMER.....	17
EXCLUDED STAKEHOLDERS.....	17

REFERENCES AND RESOURCES.....18

IMPACT

MAP.....19

FOREWORD

As an organisation we continue to respond to the needs and aspiration of local people in Salford and beyond, we have a robust and resilient business plan to achieve this. Social adVentures has continued to play an important role in the provision and understanding of how to support Salford people in improving their well-being and has used every opportunity to learn how we can improve the experience of people who use our services. The year ahead and challenges as we have Social adVentures that of Salford which will require Board Structure so we can arrangements that are the provision of new will be full of opportunities developed a Business Plan for pursues new business outside us to review and develop our have governance robust and can respond to services outside of Salford. All of this would not have been possible without the support and commitment of the entire team at Social adVentures who have continued to step up to meet the many challenges of our developing organisation. So a big thank you for your belief in this special organisation that is Social adVentures, for your commitment to its mission, and for being a part of its future.

The programme was brilliant; I felt so fortunate to be able to access it

- Participant

Dr Stephen Young, Chair

EXECUTIVE SUMMARY

Fox Advising was commissioned to conduct a Social Return on Investment analysis of the social prescribing project run by Social adVentures.

This project was aimed at supporting local people to be happier and healthier, and was structured as a signposting system to help participants access courses and schemes which would help them achieve this aim. Much of the support infrastructure was therefore already in place; the funding allowed for the referral pathway to be set up and implemented and enabled people to access services who would not normally receive such help.

I had no idea how to access the help at first

- Participant

Social Return on Investment analyses depend on financial proxies; the replacement of social outcomes with financial costs and benefits. From this a typical return on investment can be calculated. Much care has been taken to keep these as representative as possible. One of the key principles of SROI is not to over-claim or exaggerate; if anything, we've gone in the opposite direction in order to present a 'worst-case scenario'. By involving stakeholders at every relevant level of research we have rechecked our data to ensure accuracy, despite the majority of the work being done remotely.

Research into the social prescribing project shows that participants are often deeply affected by what they do and learn as a result of the project. Many reported being able to cope with life events better, improving relationships with family and friends and having the confidence to do things they hadn't imagined they'd be able to do. The project has endeavoured to develop in participants techniques that can be honed and used for the rest of their lives, and therefore the effects for these participants are potentially far-reaching if they are maintained and used. This has been reflected in the net ratio of the SROI which shows that for every £1 invested, the project made a social profit of £10.12, which is excellent.

The most important part of the report, however, is the recommendations section. It is important that this is considered fully, rather than using the SROI ratio as a stand-alone result.

BACKGROUND

The social prescribing project is delivered by Social adVentures, a social enterprise owned by its staff, service users and the wider community. Social adVentures started life as the Angel Healthy Living Centre and was hosted by NHS Salford for the first decade.

The aims of the social prescribing project are to support local people to lead happier and healthier lives, enjoying a fuller and more meaningful life and being in a state of mental, physical and social well-being. The wider objectives are to help people to develop skills and abilities to fulfil their potential, promoting investment in the strengths of the community through social development, creating and maintaining a socially inclusive economy that is strong and sustainable, whilst protecting the environment and using resources responsibly.

*The programme is not run by robots
but people who care*
- Participant

The social prescribing project was set up to provide a hub receiving referrals from primary care and third sector organisations for people with a variety of mental, social and emotional issues. The project aimed to provide a person-centred service supporting and guiding participants towards

social activities and groups that would help each client to resolve issues and improve mental and emotional health. It was recognised that this would address a gap in the provision by primary care providers.

FUNDING

Funding of £40,491.15 was received from the Social Enterprise Investment Fund. For the purposes of the SROI other payments have also been recorded including payments to and from volunteers. These are detailed on the impact map.

STAFF

Staff employed to deliver the social prescribing project included:

- 2 social prescribers, (one full-time, one part-time) leading on the social prescribing scheme, undertaking the majority of the one to one work with people and developing the Mindfulness course as an integral element of the referral pathway. The social prescribers also delivered some sessions
- 2 wellbeing advisers – located in reception, responsible for undertaking brief interventions with people visiting the centre
- 1 support worker/coordinator - supporting around encouraging people on to courses and in to activities, setting the course and activity programme
- 1 service director supporting the service team, identifying and delivering new approaches and activities
- 1 wellbeing practitioner to support social prescribers as well as providing healthy living advice.

PROJECT DEMOGRAPHICS

The project was designed to provide help and support for people with emotional and mental health issues which were not being adequately treated in a medical setting. The social aspect of the project was aimed at addressing these issues with the delivery of such schemes as the Mindfulness course and Strive for Five which amongst other things taught relaxation techniques. The project aimed to provide increase their confidence, try and re-engage with family,

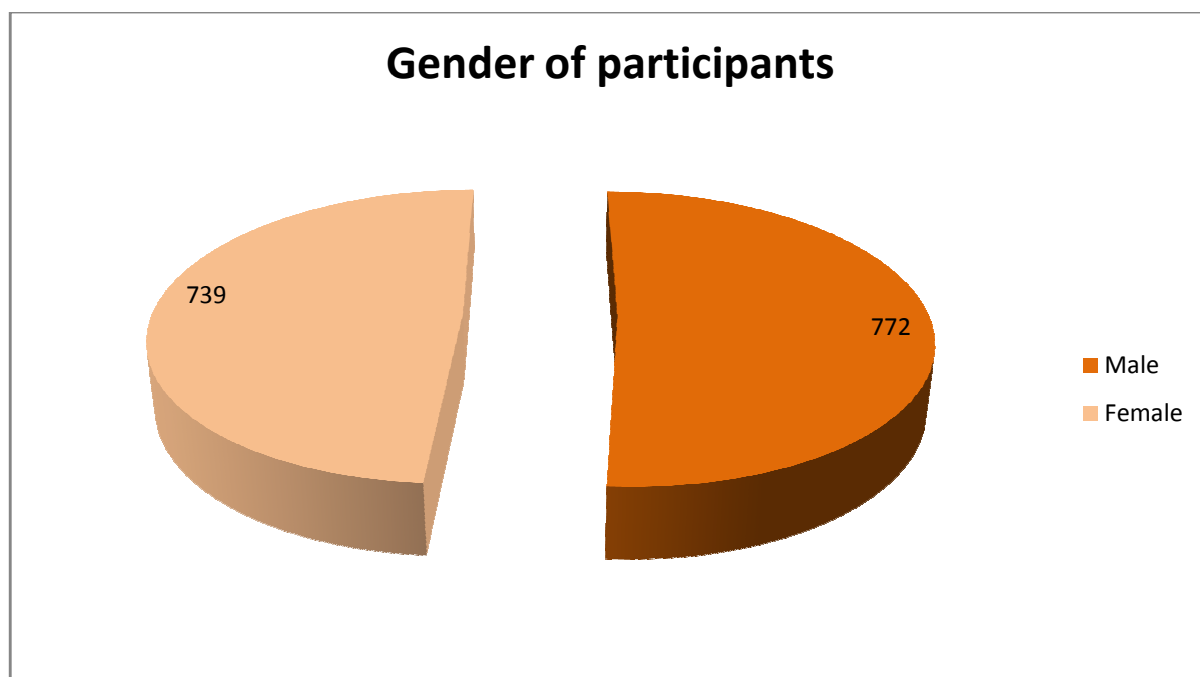
What a difference it made to me!

- Participant

provided for the community of Salford, generally GP referrals were received from one practice which had close ties with Social adVentures. The people with the skills to new things, learn new skills friends, work and hobbies.

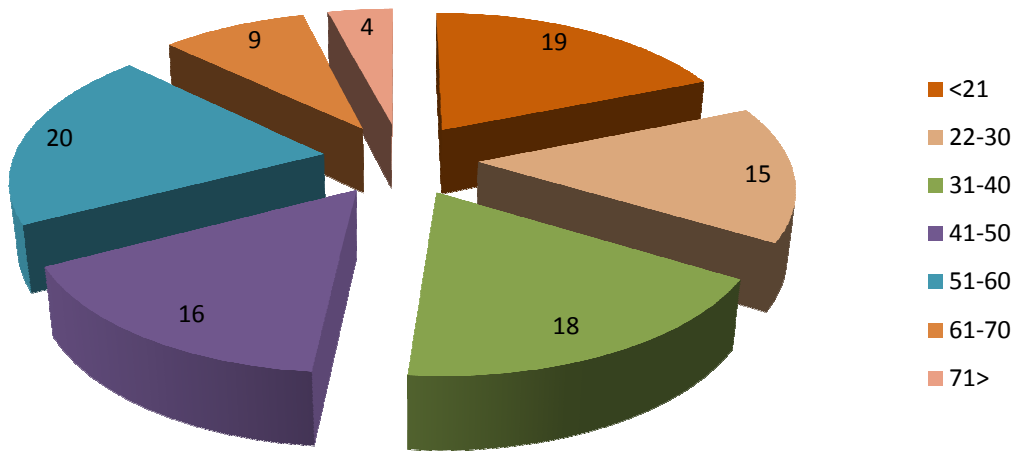
Although the project was provided for the community of Salford, generally GP referrals were received from one practice which had close ties with Social adVentures.

There was a similar number of male and female participants, attracting a variety of ages. The participants were predominantly White British, and were mostly in employment.



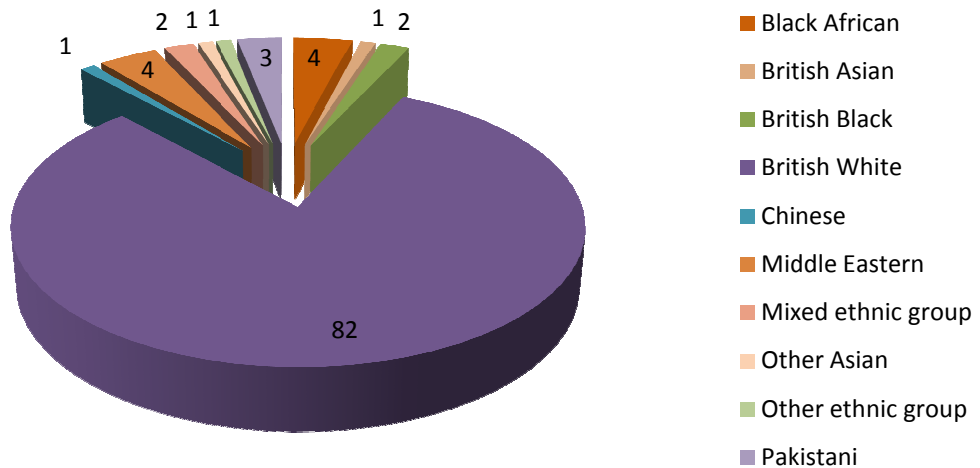
*For guidance only: data taken from Social adVentures Performance Report 2012 and applies to Social adVentures, not purely social prescribing project.

Age of participants (%)



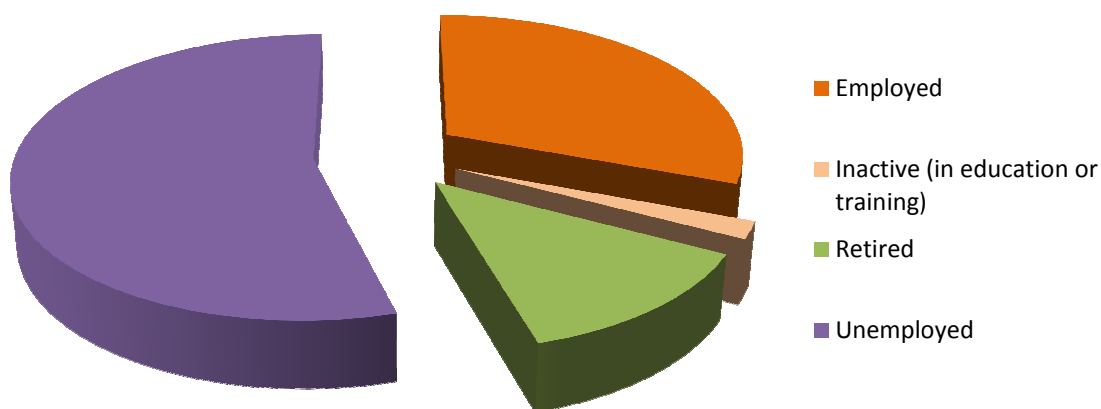
*For guidance only: data taken from Social adVentures Performance Report 2012 and applies to Social adVentures, not purely social prescribing project.

Ethnicity of participants



*For guidance only: data taken from Social adVentures Performance Report 2012 and applies to Social adVentures, not purely social prescribing project.

Employment status of participants (%)



*For guidance only: data taken from Social adVentures Performance Report 2012 and applies to Social adVentures, not purely social prescribing project.

SERVICES PROVIDED BY SOCIAL PRESCRIBING AT SOCIAL ADVENTURES

The aims of social prescribing are to address the health needs of people with solutions in the community, as a way of decreasing dependence on prescribed medication and primary care providers, reducing healthcare costs and promoting holistic healthcare with the support of allied organisations and providers.

The social prescribing project provides a link for participants to a diverse range of courses, groups and sessions, such as:

- Mindfulness
- Strive for Five
- Garden Needs
- Silver Social
- Healthy living
- Information technology
- Employability

Instrumental to the social prescribing arm is the wellbeing pathway which was designed in tandem with Mind in Salford and Six Degrees. The pathway helps social prescribers to triage participants and point them in

They get just 10 minutes with their doctor, just 30 minutes with a PWP (psychological well-being practitioner) and that might be only every 2 to 4 weeks. From us they get time. I see people for 60 minutes at least. They can come back anytime. On the course they have some continuity; if I am the trainer or it is one of our in-house courses and a chance to talk without it being like 'therapy'. PWP workers are goal driven and many people find it difficult to cope with it but others will respond well.
 – Lorraine (social prescriber)

the right direction, whether they require support, benefit from courses or purely advice in order to improve their health and wellbeing.

Two group programmes included in the social prescribing pathway are the Mindfulness Based Stress Reduction (MBSR)- run by Mind in Salford, and Strive for 5 which follows MBSR. These courses and the wider social prescribing project aim to benefit local people and their community.

METHODOLOGY

The aim of the social prescribing project is *to support local people to lead happier and healthier lives.*

The Social Return on Investment impact map was used as a basis for the report. The scope was confined to the value provided by the social prescribing project, not the wider work of Social adVentures or the Angel Centre itself. The impact map was added to and completed gradually as more information was discovered. The overall SROI was limited to only 15 days over three months.

The scope of the SROI report was to determine how much value was being added to the local community, and how much return there was on the initial investment. Although the social prescribing project has now finished, it is intended that the report's recommendations may be used to improve future projects and inform wider network partnerships. The include the Bootcamp Betty schemes at the request of for WEA were also omitted scope of the report s WEA other clients anyway.

It will be a terrible shame if this programme disappears

- Participant

scope of the report did not or initial smoking cessation Social adVentures. Staff costs as they were outside the would be running courses for

Most contact with Social made by email and telephone. There one face to face dayinvolving stakeholder engagement in Salford and discussion with the social prescribing team. There were 15 days of remote stakeholder engagement, research and report writing, which included completing the impact map, searching for indicators and financial proxies, calculating the social return on investment and writing and formatting the final report.

Prescribing team staff was

Further research for indicators and financial proxies was conducted online. Wikivois, the indicator index powered by the SROI Network was used to inform some indicators, but generally the indicators were discussed and confirmed with stakeholders. Financial proxies were kept as appropriate to the Salford area and demographics as possible. For example, when a training course was used as a proxy, a training provider local to the Salford area was sourced in order to keep proxies as accurate as possible.

For those stakeholders where we were unable to recover the required information, we removed their details from the impact map as incomplete data could render results inaccurate. These were not major stakeholders. Information is detailed in the section on excluded stakeholders.

STAKEHOLDERS

A list of prospective stakeholder groups was discussed with the director of the social prescribing project and further stakeholders identified.

Stakeholders
Participants
Staff
Psychology service
GPs
Six Degrees
Mind in Salford
Drug and Alcohol Team
Health improvement team
Unlimited Potential
WI
Community
Family, friends and neighbours
Café
Funders

Those where sufficient data was not forthcoming were deleted from the impact map to reduce potential inaccuracy.

DATA COLLECTION

It was considered that to reduce the risk of inaccurate recording of data, receiving information via email was preferable. Contact was also made with stakeholders by telephone with email confirming the accuracy of data collected, and to elaborate on particular points.

Contact details for each of the stakeholder organisations were provided by the social prescribing project director and social prescriber, and each lead person was contacted and asked to provide information

It fitted with what I needed and was not intimidating

- Participant

regarding inputs, outputs and outcomes experienced by the organisation.

Data was also collected from scaling tools that had been used as part of the clients' pre and post intervention assessment, these were the Mindfulness assessment and the Perceived Stress Scale. Previously collected testimonies

were used to gain an understanding of likely changes experienced. This was followed up by interviewing clients in Salford as well as by email and over the telephone.

Time was taken to research indicators and financial proxies. Where equivalent services from other providers were used as financial proxies, costs were taken from providers offering equivalent services in the Manchester area to keep proxies as accurate as possible.

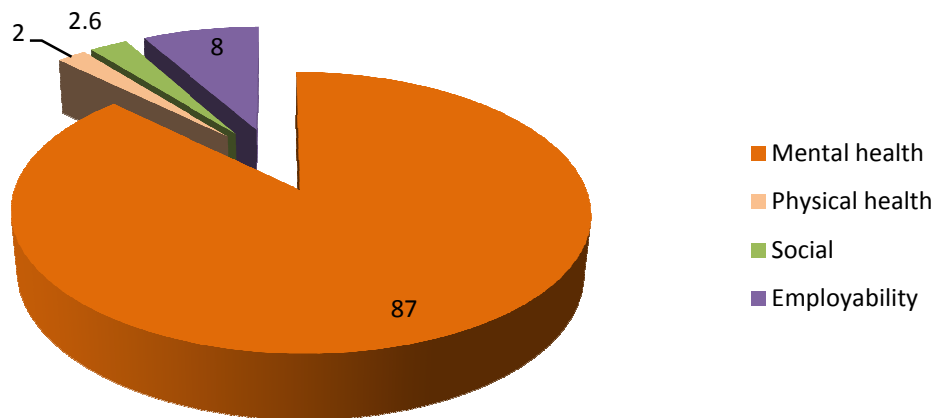
When calculating time costs for referrals, an average GP salary of £85,112 was calculated for the estimated 10 minutes it would make to refer a patient, and an average salary of £23,000 for any other employee making a referral. This led to a cost of £7.28 for a GP making a referral and £1.80 for another member of staff to refer.

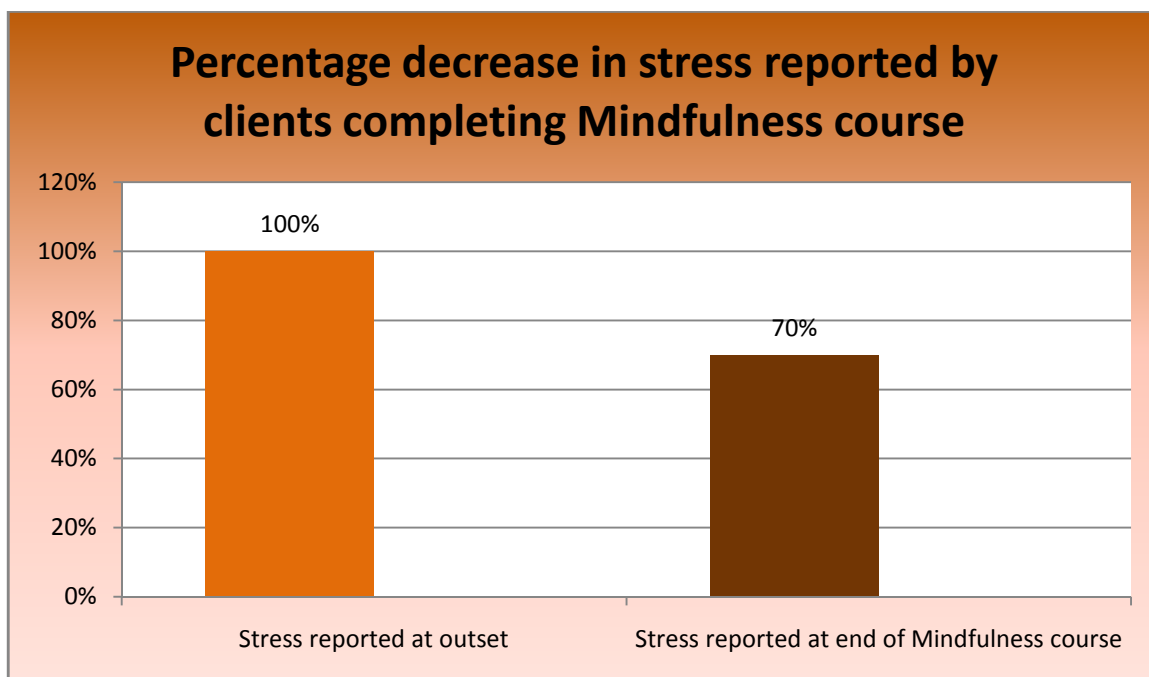
ANALYSIS

Through telephone and email contact as well as face-to-face interviews and through information and testimonies collected by Social adVentures staff it was noted that there were four main areas where participants experienced improvement:

- Mental health (including an increase in confidence and improvement of mood and ability to cope with life events)
- Physical health (including improvement chronic pain management, decrease in reliance on medication and corresponding decrease in GP visits)
- Social (including improved relationships, greater confidence when dealing with people in groups, and increased desire to spend time with others participating in hobbies and clubs)
- Employability (including developing and enhancing skills and competencies and improving confidence and motivation to find work)

Areas of improvement experienced by participants (% of total value created)





The diagram above shows an average 30% decrease in stress levels reported by clients completing the Mindfulness course. The Perceived Stress Scale was the tool used by the social prescribing team to determine clients' perceived level of stress prior to the course and after completing it. The sample size was 19 with a range of results from -33% to 71% reduction in stress. Further data to explain the range of variation had not been collected.

Social adVentures staff involved in the social prescribing project reported an increase in job satisfaction, as this had not been measured prior to the beginning of the project, so therefore it was not possible to calculate the value created during the duration of the project.

While it was possible to determine from figures collected by Social adVentures how many referrals had been made from each organisation and care provider, outputs and inputs and other details of outcomes, were not consistently and adequately collected and/or made available by the allied organisations, so could not be quantified or values calculated. It was therefore not possible to calculate an approximate cost. Please see impact map for further details. The social prescribing project had used *Social Impact Tracker*, a social impact tool to gather information, however this tool was not the best fit for the requirements of the project.

Mind and Start both experienced an increase in funding, or an increased likelihood of receiving funding as a result of involvement with the social prescribing project. Start required extra funding as due to the project they had access to clients with different needs, and therefore needed to invest in staff training to ensure client needs were met.

Mindfulness now is a part of my life.
- Participant

The Health Improvement Team and Unlimited Potential both found their networks of potential partners had widened. The Women's Institute discovered that the social prescribing project increased their membership. Volunteers and those working for WEA fed back positive experiences and increased satisfaction. Whereas the Broughton Trust, Cornerstone, Big Life centres and Salford Heart Care all found that their awareness of the existence and purpose of other agencies and organisations was increased as a result of participating in the social prescribing project.

RESULTS

As a result of the social prescribing project run by Social adVentures, positive outcomes were noted by participants, volunteers, staff and allied organisations and referring agencies. The impact map at the end of the report details value created.

It's given me huge optimism for the future

- Participant

Interviews with project participants showed considerable improvement in mental health and ability to cope with daily life, as well as some improvement in physical health, and increasing quality of life through greater confidence in and enjoyment of social settings. Outcomes included:

- Managing chronic pain
- Making friends
- Improved family relationships, developing stronger ties
- Not feeling suicidal any more
- Gaining extra skills and experience
- Getting a job
- Joining and participating in clubs and societies
- Giving up smoking
- Increased coping ability
- Experiencing fewer and less intense mood swings
- Increased independence
- Being more relaxed
- Being more patient and less selfish
- Being more positive
- Increased confidence (to use public transport, get a job, set up a business, move house or start a family)
- Improved diet and lifestyle

Staff and volunteers noted increased job satisfaction, and referring agencies and allied organisations reported better networks and inter-agency communication.

The café, which is situated in the Angel Centre where the social prescribing project is situated, and the Women's Institute both reported increased revenue with more customers for the café, and more members for the WI.

Investment from all stakeholders was calculated at £52909.71 which, as the impact map shows, includes official funding as well as input from volunteers and the participants themselves. The total impact was calculated and deadweight (what would have happened anyway without the social prescribing project), attribution (the impact that could be attributed to other agencies) and drop off (the likely decreasing benefit in each of the five years following the end of the project) were all subtracted. The figures for drop-off, attribution, and deadweight were calculated following discussion with key stakeholders.

Everyday concerns disappear

- Participant

FACTORS AFFECTING DEADWEIGHT

- The physical symptoms would have been supported by medication – support for physical conditions such as pain.
- Some support would have been offered by family and friends, however, for the most part friends and family didn't understand the client's issues, and nor did the client.
- Consensus was that 90% of changes are down to SP project and not family friends, neighbours or medication.
- 40% of physical changes would have happened without SP project, but even so, the mindfulness project has given people the relaxation techniques to manage pain.

FACTORS AFFECTING ATTRIBUTION

- Minimal help from GPs – referral only, although it was felt that GPs' familiarity and confidence in referring to the social prescribing project could have been improved
- There were consultants that helped – ENT (tinnitus)
- Family and friends, neighbours assisted
- CBT therapists were used by a minority of participants
- Physiotherapy services were accessed by a small number of participants

FACTORS AFFECTING DROP-OFF

The participants reported a general sense that they were likely to continue practising mindfulness techniques, and that therefore change would be permanent and improve over time, to a point where reliance on the mindfulness techniques would be decreased. Staff agreed that if participants neglected to continue using the techniques, certainly within first 6 months, then the changes that tend to happen around self-esteem, confidence, managing bad habits, after 1-2 months the old ways would begin to reemerge.

Although all participants claimed they were continuing to use techniques learned from the project, it was considered that a 10% drop-off rate each year would provide a more accurate result.

But the hope is that it lasts for ever.

THE RATIO

In line with SROI practice, a discount rate of 2% was applied to the social return ratio.

The net social return on investment **for every £1 spent is £10.12**. This shows that the project demonstrated a profound impact in the lives of the participants and also had a positive impact on staff, volunteers and other agencies. For a comparatively small initial outlay, considerable benefit was added.

The net social return on investment is calculated as follows:

The return on investment in each of 5 years is calculated and added together to give the total present value (TPV)

The total cost input is subtracted from the TPV to give the net present value (NPV).

The NPV is divided by the total cost input.

SENSITIVITY ANALYSIS

To gain a clearer perspective on the value created by the Social adVentures social prescribing project, it is necessary to make various adjustments to the way the SROI ratio has been calculated.

Therefore changes were made to the deadweight and attribution rates; this enables the return on investment to be recalculated based on different situations.

Care has been taken to ensure that deadweight, attribution and drop-off are kept as realistic as possible, and figures have been calculated on the less generous side to prevent the worst case. Therefore by changing drop-off deadweight and attribution, and combining the two at rates of 50% and 90% we arrive at the following figures. It can be seen that only when deadweight, attribution and drop-off combined reach 90% does the social prescribing project become socially unprofitable.

A net social return of £17.12 was achieved with **attribution/deadweight@ 50%**

Total Present Value (TPV)	£958475.83
Net Present Value (NPV)	£905566.12
Social Return on Investment	£1:£18.12
Net Social Return on Investment	£1:£17.12

A net social return of £20.10 was achieved with **drop-off @ 50%**

Total Present Value (TPV)	£1116143.00
Net Present Value (NPV)	£1063233.29
Social Return on Investment	£1:£21.10
Net Social Return on Investment	£1:£20.10

A net social return of £14.47 was achieved with **drop-off and attribution/deadweight@ 50%**

Total Present Value (TPV)	£818432.70
Net Present Value (NPV)	£765522.99
Social Return on Investment	£1:£15.47
Net Social Return on Investment	£1:£14.47

A net social return of £2.62 was achieved with **deadweight/attribution@ 90%**

Total Present Value (TPV)	£191497.02
Net Present Value (NPV)	£138587.31
Social Return on Investment	£1:£3.62
Net Social Return on Investment	£1:£2.62

A net social return of £11.33 was achieved with **drop-off @ 90%**

Total Present Value (TPV)	£652524.48
Net Present Value (NPV)	£599614.77
Social Return on Investment	£1:£12.33
Net Social Return on Investment	£1:£11.33

A net social return of £0.80 was achieved with **attribution/deadweight and drop-off @ 90%**

Total Present Value (TPV)	£95212.53
Net Present Value (NPV)	£42302.82
Social Return on Investment	£1:£1.80
Net Social Return on Investment	£1:£0.80

The **payback period** of the social prescribing project is calculated as follows:

The total investment divided by (annual impact/12).

This gives a payback period of 5 weeks. However, due to the nature of the value added, the benefits created are developed over time, and therefore this would not be an accurate consideration for this project; as the benefit is cumulative, more benefit is added as a participant participates in the project over time.

CONCLUSION

The social prescribing project run by Social adVentures provides an outstanding social return on the initial investment. It should be mentioned that the social prescribing project has been an excellent way of signposting existing services; many of these services and schemes already existed, but most of the participants felt that they would not have known about these services, and certainly wouldn't have taken part and therefore benefited from them had the social prescribing project not been available – therefore although the funding for the social prescribing project was comparatively small, it meant that the impact was far greater, as signposting to other services was greatly improved, and the impact of Mindfulness was highly positive.

RECOMMENDATIONS

- It is recommended that this report is considered as a whole. Considering purely the SROI ratio does not give a true picture of the value added the social prescribing project; the ratio purely sheds further light on the Social adVentures story and is not intended to be used alone.
- Limited understanding of impact analysis meant that much information that needed to be recorded wasn't. By being aware of what data are required helps to complete an SROI more efficiently as well

The GP needs training so they can tell people about these types of projects

- Participant

as generating a more accurate return on investment ratio.

- From the limited recorded evidence available it is clear that substantial benefit has been provided to clients by the social prescribing project. The assessment tools used were limited to two tools which measured aspects of stress and mental health. However, as clients' physical health was also addressed and improved, basic measurements could be taken as part of the initial assessment, and to compare at the conclusion of the client's programme. Such assessments may include weight, waist circumference, body mass index, blood pressure. A combination of quantitative and qualitative data helps to give a clearer picture of the value of the project.
- Regarding the capacity to cope with difficulties, and the persistence to succeed (increase in number of people) tools could have been used such as Wagnild and Young's Resilience Scale (14-item) or Duckworth et al's The Grit scale (8-item). By using reputable tools the true impact of the project is clearer to see.
- Some testimonies were sought from clients, but a more structured approach would have been useful, for example guiding the clients to comment on areas where they had experienced change (whether positive or negative), what the change was and how extensive it was.
- To recognise the opportunity presented by impact analysis to calculate the social and health value of a project and use this knowledge when bidding for further funding on other projects.
- Limited record-keeping meant that the benefits and inputs of stakeholder services were difficult to quantify. Embedding impact analysis in the workplace culture and implementing a strategy to ensure that important data is collected and records maintained would help to ensure a more streamlined analysis process and results with increased accuracy and rigour.
- Data had not been collected specifically for the social prescribing project. It would therefore have been useful to collect participant data at the outset of the project; such as age, employment status, gender and ethnicity. Figures used in this report were taken from Social adVentures as a whole, as indicated by asterisks.
- Undertake an impact measurement scope to further determine requirements for embedding and measuring impact within the organisation.
- Compile an impact measurement strategy with recommendations which would outline which impact measurement tools would be the best fit.
- To widen the impact scope and strategy to include key stakeholder organisations to help promote a joined-up approach to measuring impact.
- Participants noted that communication was key. Not only did they feel welcomed and valued by project staff, they felt that communication between agencies, such as GPs and other referring organisations could have been better, and perhaps Social adVentures could have been clearer to referrers about what the project offered, who was suitable, and how it could be offered to potential participants.

The key thing for me was the 'joining up' of GP services, counselling services, mindfulness, audiology services, hospital services, etc. As a patient, it's all too big and complex, so it's good when the professionals 'talk to each other' for you.

- Participant

DISCLAIMER

To minimise cost and meet tight timescales, time spent in Salford with the social prescribing stakeholders was kept to only one day.

Due to the report requiring to be an evaluative one, and with data not being collected at the outset of the project, at times it has been difficult to accurately quantify benefit created, however, efforts have been made to achieve results as accurate as possible. Comprehensive telephone interviews were conducted and details from these were confirmed by email also.

EXCLUDED STAKEHOLDERS

Due to the scope of the report it was considered that although the increased employability of participants would increase the taxes they would be liable to pay, and their improved well-being meant that they would be less likely to need to claim benefits, and would be relying less on state provided services, it was considered that this was beyond the scope of this report to calculate and therefore the state was excluded as a stakeholder.

All other stakeholders investigated are included in the enclosed impact map.

REFERENCES AND RESOURCES

Dolan, P. & Fujiwara, D. (2012) BIS Research Paper: Department for Business Innovation and Skills, Valuing Adult Learning: Comparing Well-being Valuation to Contingent Valuation

<http://www.bis.gov.uk/assets/biscore/further-education-skills/docs/v/12-1127-valuing-adult-learning-comparing-wellbeing-to-contingent>

Dominion Training Services http://www.dominiontraining.org.uk/Courses_employability_skills_dev.html

McCrone, P., Dhanasiri, S., Patel, A., Knapp, M. and Lawton-Smith, S. (2008) Paying the price: The cost of mental health care in England until 2026. The King's Fund

Williams, N. (2009) Delivering Value for the NHS

http://www.northwest.nhs.uk/document_uploads/Emergency%20Care%20Review%20September%20Event/Working%20together%20-%20delivering%20value.pdf

NICE (2008) *Smoking Cessation Services: Costing report Implementing NICE guidance* www.nice.org.uk/nicemedia/live/11925/39719/39719.pdf

Pfizer (2010) *Pain Proposal: improving the current and future management of chronic pain*

PSSRU (2005) Unit costs of health and social care <http://www.pssru.ac.uk/project-pages/unit-costs/2005/index.php>

Women's Institute website <http://www.thewi.org.uk/become-a-member/membership-options/become-a-wi-member>