

## Social Return on Investment Report: Happy Mums

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## 1. Introduction

This report presents a study of the Social Return on Investment (SRoI) of Happy Mums' service provision. The evaluation has reviewed data gathered between April 2017 and June 2019 to produce an annual calculation and has been conducted by Nicola Lynch (www.lynchpinsupport.co.uk.) This report is focused on the findings from a desktop review of client-gathered data and a number of surveys, interviews and focus groups conducted by the evaluator with primary beneficiaries and other stakeholders. The evaluator has also reviewed and considered performance data provided by the client across the time period to the project's funders. This report presents the *author's view* of the Social Return on Investment generated by Happy Mums. A key principle of SRoI is transparency so the author wishes to state clearly that the views expressed herein are entirely her own and open to both discussion and disagreement. As always the author has assumed a position of caution with the valuations in this report and it is possible that the value created exceeded the return suggested in this evaluation.

## The report will:

- Provide some general background and context to SRoI and its benefits in terms of measuring and evaluating the impact of services and projects.
- Present the findings from the SRoI evaluation of the provision at Happy Mums.





## What is Happy Mums?

Happy Mums is a social enterprise based in Carlisle, Cumbria dedicated to supporting women to be 'happy mums.' They offer a range of services aimed at reducing the impact of maternal mental health problems such as anxiety, low mood, and antenatal/postnatal depression. Services are supported by the operation of an onsite creche - Happy Stars - which provides up to 2 hours of childcare per day for anyone attending activities or events at Happy Mums HQ. All services offered as part of their #MumsTogether project are free, including creche places while taking part in activities or courses.

The organisation was established in January 2015 by Katherine Dalgliesh who had experienced maternal mental health problems herself in 2012, with the aim of developing the support available to others facing similar challenges. The vision is a community where maternal mental health is embraced, with reduced negative impact on woman, baby and family, and where Happy Mums is a renowned leader in the provision of peer-led support.

The team are guided in everything that they do by their values which ensure that the organisation and services provided are...

- Peer-led;
- · Empowering;
- Dedicated; and
- Non-judgemental.

The organisational mission is to come together to provide hope and acceptance through shared experience of maternal mental health and it also aims to contribute to the wider community's well-being and the local economy through sustaining an active social enterprise. Happy Mums also works to raise awareness so that more women seek the help they deserve and the stigma around mental health issues is reduced.

The Happy Mums Foundation is led by a Board of Directors who are responsible for setting the vision and strategy of the organisation and overseeing how services are delivered. As a Community Interest Company Directors are also involved in the day-to-day running of the Foundation. With the exception of the Chief Executive and Deputy Chief Executive, who also have paid roles as Project Manager and Project Coordinator, the Directors are volunteers.

The following feedback about the service was given anonymously and independently to the evaluator via online survey in October 2019:

"I think they are an extremely dedicated, enthusiastic, caring team that are providing a service that is so important and so needed in an area where help and resources can be limited or have been cut. This is a service that is definitely needed for future mums and dads."



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"The women whom I have worked with that have engaged with the service have nothing but praise for it. It has helped improve their emotional wellbeing and as a result has improved their overall parenting ability."

"happy mums has developed over several years and has increased activities/ sessions for mother . it has also provided transport which I think is beneficial to mums who don't drive and find it hard to access the venue . The crèche also gives mums the time for themselves which is important and it increases their confidence in leaving their children with another person . I think Happy mums have helped a lot of mums that would not normally accessed any support services or mother / toddler groups due to their low mood , self esteem or anxiety."

"Its brilliant that Carlisle has the services provided by happy mums. As far as I am aware, no one else provides the services they do."

"For each individual that happy mums helps and supports a child is receiving a happier, healthier childhood. Families are benefiting from a family encompassed approach and mums are being empowered. As long as the service keeps asking what mums want/need happy mums will continue with it's natural improvements."

"I think Happy Mums is fantastic, they offer such a wide variety of support and services to meet the needs of so many. Accessibility has been a challenge and something I know they are working to improve by taking the services to the people rather than trying to get people to where the services are. I think for the future expanding the provision to think more about Dads and partners would be really good as well as minority groups."

"It is amazing what has been achieved in a relatively short time span. They have helped many women towards realizing they are not alone as well as empowering them to form friendship and support groups which may well continue throughout their lives."

"Happy Mums is a lifeline for its service users. It has had a very strong impact on many families."

The following report and its findings are based upon the analysis of desktop data provided by the client **and** direct feedback from stakeholders to the evaluator. The evaluator conducted focus groups and individual interviews with 17 primary beneficiaries. A focus group and several one-to-one interviews were also conducted with 6 staff members and volunteers including Directors. Three online surveys gathered responses from 21 service users, 16 staff & volunteers and 28 external stakeholders. Overall sample sizes were extremely good for a small organisation.



## 2. Background to Social Return on Investment (SRoI)

The Public Services (Social Value) Act 2012 required, for the first time, all public commissioning bodies in England and Wales to consider how the services they commissioned and procured might impact on the wider social context in which they operated. The Act still has the potential to significantly impact on the wellbeing of communities for whose benefit services are being procured. Understanding and managing this broader measure of value is becoming increasingly important for public & private sector bodies. Although we use terminology such as impact, benefit and value, the question of what difference we are making to people's lives and the communities where they live and work still remains at the heart of much of what we're all about. How we measure what we do continues to be a major discussion point in determining the effectiveness of programme delivery. There is little doubt that outputs and unit costs are still factors that some funding bodies use to measure success (though more are now looking at outcomes and impact.) It would be futile to argue that these measures should be eradicated - some funders will still consider a project costing £10,000 and producing 100 outputs to be better value than a project costing twice that amount and producing half the number of outputs. What the rhetoric around the Social Value Act suggests is that there are additional factors, such as the value of the output and the wider effect that the output has on creating social change that need to be factored into the equation. The implications are that it is important that we have some consistency and a shared language when we talk about value. SRol is the application of one particular set of principles that is designed to help bring about that consistency and to develop a common understanding of the meaning of terms such as outputs, outcomes, impact and 'distance travelled.' It is important however when developing this common understanding that we appreciate that what is value will vary for different people in different cultures and different contexts.

## 2.1 What is Social Return on Investment calculation (SRoI)?

SRoI is a framework for measuring and accounting for a much broader concept of value that goes beyond output returns and unit costing. It was developed by a consortium of organisations (The New Economics Foundation (NEF), The Charities Evaluation Services, The National Council for Voluntary Organisations (NCVO) and New Philanthropy Capital) and funded through the Office of the Third Sector using a number of the principles inherent in social accounting and cost-benefit analysis. These principles include:

- Stakeholder involvement
- Outcome measures
- Valuing what really matters
- Realistic claims
- Transparency
- Validity and reliability





SRoI measures change brought about by interventions in ways that are relevant to the individuals or organisations that have experienced that intervention. It tells the story of how change is being created by measuring the social impacts of that change. It uses monetary values to represent the extent of change. For example if the intervention has cost £10,000 but the monetary value in terms of the wider social benefits total £50,000, the SRoI is said to have a 5:1 ratio of benefits to cost. The use of monetary values as a means of calculating SRoI is not without its critics. Although the basic principle of needing to measure 'apples with apples' is obvious, there are many that argue that putting a monetary value (proxies) on some of the soft outcomes (increased confidence and self-esteem etc) involves an element of guesswork that could be open to misuse. Supporters of SRoI would argue that adherence to the principles listed above will help mitigate this criticism.

#### 2.2 The SROI Framework

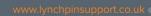
There are a number of established approaches to understanding and measuring social impact. There are also a number of related methods or tools which can help an organisation get a better understanding of the outcomes it generates; or support commissioners or those engaged with service design or delivery to understand better how to achieve certain outcomes from a given service. The SRoI approach sits amongst other tools such as the Social Impact Measure for Local Economies (SIMLE), the Social Accounting & Audit (SAA) and the Social Impact Measurement Index (SIMI)

The SRoI approach

- is endorsed by both the Cabinet Office and Office for the Third Sector;
- has wide national and international recognition and;
- Social Value International offer a range of practitioner training options and related assurance and support services.

An SRoI analysis can take different forms. It can encompass the social value generated by an entire organisation, or focus on just one specific aspect of the organisation's work. It can also be used evaluatively - conducted retrospectively and based on actual outcomes that have already taken place or as a forecasting tool - predicting how much social value will be created if the activities meet their intended outcomes. Most SRoI analyses involve the following six stages:

- 1. **Establishing scope and identifying key stakeholders:** Meeting with the management and staff team to have clear boundaries about what the SROI analysis will cover, who will be involved in the process and how.
- 2. *Mapping outcomes:* Engaging with key stakeholders to develop an impact map which shows the relationship between inputs, outputs and outcomes.
- 3. **Evidencing outcomes and giving them a value:** Finding appropriate data to show whether outcomes have happened and then valuing them.
- 4. *Establishing impact:* Collecting evidence on outcomes and monetising them, eliminating those aspects of change that would have happened anyway or are a result of other factors.
- 5. **Calculating the SROI:** Adding up all the benefits, subtracting any negatives and comparing the result to the investment.





6. **Reporting, using and embedding:** Sharing findings with stakeholders and responding to them, embedding good outcomes processes and verification of the report.

#### 2.3 Research Limitations SRol

SROI measures and accounts for a much broader concept of value, through measuring change in ways that are relevant to the people or organisations that experience or contribute to it. It is about value rather than money. In this respect, the framework and guidance provided by the SROI Network aims for rigour but there remains a significant degree of space for personal judgement. One of the main perceived limitations of SROI as with other types of evaluation is that it is difficult to compare results between organisations and even within services offered by organisations. The space for personal judgement could make it possible to inflate or deflate the value created. There are auditing tools and procedures which help to standardise the way SRoI ratios are calculated but to a certain degree the process of producing an SRoI ratio is specific to every organisation. Therefore it is vital that the overall SRoI ratio should not be viewed in isolation. Neither should it be compared on its own with other services offered by competitors as factors such as the use of volunteers, the nature of the clients, the geography, the service provision and many other issues need to be taken into account.

The analysis that accompanies the SRoI ratio is crucial as it ensures transparency and makes it possible to see some of the choices that have been made, about what to measure and how to value an impact. SRoI should not be viewed as being all about the final financial ratio. This attracts scepticism and criticism and means many of its benefits are overlooked. SRol is a process of understanding and valuing impact and should be used by organisations to understand where their impact is greatest and how they could improve what they do. Attributing monetary values to outcomes has been perceived by some to be problematic. How, for example, do you accurately measure improvements in confidence, quality of life, or feelings? SRoI seeks to value both the benefit to the wider economy and the individual. While we may be able to calculate, for example, the average value to the state of individuals moving into employment, valuing personal benefit in monetary terms may be more complex. The SRoI Network are addressing these limitations through building up a database of acceptable and acknowledged values, outcomes and indicators which have been used in assured SRoI analyses. Careful research, referring to existing and accepted evidence bases and adhering to the SRoI principles is vital in order to conduct a robust, credible and true analysis.

## 3. The Study

This evaluation has focused on a desktop review of the data provided by the delivery team at Happy Mums and the results of interviews by telephone and in person conducted with beneficiaries, staff and volunteers. An online survey was also conducted with external stakeholders (eg. referring organisations.) Interviews with beneficiaries were conducted at various locations. Findings from the interviews were



then triangulated with performance data. The data was then transferred onto an impact map (see Appendix I) and positive outputs as well as a range of outcomes were converted into financial values using accredited proxies obtained from verified sources. The author used information provided through a range of sources including the Global Value Exchange to complete the impact map and source proxies that are in use by the wider SRoI community of practice.

Sample sizes were high allowing a good level of rigour across the findings.

- 21 primary beneficiaries responded to an online survey and 17 were interviewed in person by the evaluator.
- 16 staff & volunteers responded to an online survey and 6 were interviewed in person by the evaluator.
- 28 external stakeholders responded to an online survey.

The desktop data provided by Happy Mums included

- Previous reports to funders written & submitted within the time period outlining the achievement of relevant outputs and outcomes and any associated challenges.
- Anonymised client data that records improvement or otherwise in the mood survey scores used by the team to monitor individuals' progress. Happy Mums use the WEMWBS scale and the Edinburgh Postnatal Depression Scale

## 4. Stakeholders

## 4.1 Stakeholder Involvement

Stakeholders are defined as *any* people or organisations that experience change, whether positive or negative, as a result of the activity being analysed. In SROI analysis we are concerned primarily with finding out how much value has been created or destroyed and for whom. As well as helping us to find out what really matters to our stakeholders, stakeholder involvement through the SROI process allows us to understand more about the strengths and weaknesses of the project and provides useful information which can help improve the service in the future.

## 4.2 Scoping & Identifying stakeholders

For the purposes of this report we have focussed on identifying those stakeholders we know were *directly* impacted through recent delivery. Stakeholders were identified with support from the project delivery and management team. The stakeholders included in this study were the primary beneficiaries themselves along with staff, volunteers and key external stakeholders like referrers. We did not interview indirect beneficiaries eg. partners, children and extended family members so we have not included them in this calculation.





It is important to note that many of the service users *did* identify that other people benefitted from their improved mental health and overall wellbeing due to the services provided by Happy Mums.

Given that the 2014 LSE report "The Costs of Perinatal Mental Health Problems" says...

"Taken together, perinatal depression, anxiety and psychosis carry a long-term cost to society of about £8.1 billion for each one-year cohort of births in the UK. Nearly three-quarters (72%) of this cost relates to adverse impacts on the child rather than the mother."

...then the cautious SRol calculation in this report must be seen as a probable under-representation of the positive impact the services at Happy Mums are having.

#### 4.3 Staff

The staff team had 2.2 FTE's and in the period under review they worked alongside 7 freelance staff and 12 volunteers.

## 5. Inputs, Outcomes & Proxies

## 5.1 Inputs

Building an impact map is central to the SROI analysis. It details how the activities being analysed use certain resources (inputs) to deliver activities (measured as outputs) which result in outcomes for stakeholders. The assessor has used resources from Social Value UK and the Global Value Exchange to contribute towards building the impact map and this map can be seen in Appendix I. The inputs refer to the contributions made by the accumulated funders to make the project possible. In this instance the total financial input for the project is calculated at £52338 for the time period being analysed.

### 5.2 Outputs & Outcomes

This section includes stakeholders who derived benefit from the projects but for whom there have been no calculations in terms of financial impact *and* those stakeholders (eg. Individual beneficiaries, staff & volunteers) where a financial value has been calculated.

The results of feedback & interviews showed that many of the primary beneficiaries are easily and passionately able to identify the outcomes they experienced as a result of engaging with Happy Mums.

www.lse.ac.uk/LSEHealthAndSocialCare/aboutUs/PSSRY/home.aspx



The service users that benefitted directly identified a number of **key** outcomes :-

#### Decreased isolation and increased social network

These outcomes were most frequently raised as deeply impactful and highly valuable to service users. This feedback was also reinforced by other stakeholders' views on service user outcomes (external stakeholders placed reduced isolation as the second most important outcome and staff/volunteers as most important in the online survey returns.) The beneficiaries described the experience of isolation as taking several forms.

Geographical/physical isolation – the area served although on the edge of Carlisle has many rurally based users. Many beneficiaries described being physically isolated in the perinatal period.

'New parent' isolation – the experience of being a new parent was often described as isolating as previous leisure and work activities cease and/or changed.

Mental health related isolation – almost all the service users interviewed said their experience of poor mental health in combination with 'new parenting' was a deeply isolating experience. See below on anxiety...

## Reduced anxiety in several forms

Many of the women consulted said they experienced depression and anxiety – sometimes alongside specific other diagnoses such as psychosis. A significant number of those women talked about experiencing a deep fear and anxiety around being diagnosed and/or reaching out for help. This very specific fear was around the potential removal of their children.

The women described the positive impact of accessing support, warmth and meaningful friendships with women who had/have shared experiences as transformative. The decrease in isolation, fear and anxiety were solely attributed to the work of Happy Mums as these women described their experiences with statutory services as all too often deepening fears and worries rather than alleviating them.

## Improved mood, overall wellbeing and mental health

In delivering the previous outcomes Happy Mums is enabling women to experience improved mood, mental health and overall 'quality of life.' The first two groups of outcomes as described above lay the building blocks for the improvement in mental health.\*

Other outcomes that fall within the above categories are included in the impact map (Appendix I.)



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\*It is interesting to note how strongly service users value the creche and what it contributes in achieving the above outcomes. The crèche is not viewed as a 'bolt on' or 'nice to have' by most service users but rather as crucial to the successful delivery of outcomes. For many women the time they use creche is the *only* time they take away from their children and this time spent on self-care (even if it's not very much) is essential to their improved wellbeing. Many of these mums were able to describe how trying to engage fully in the support groups or commit their full attention to connecting with others would not be possible if they were with their children all of the time or while these activities were underway.

#### Note on outputs:

The 'numbers' or 'volumes' of outcomes claimed for valuation purposes are based upon an analysis of the desktop data as well as stakeholder feedback on each specific outcome.

#### **5.3 Duration of Outcomes**

For each output or outcome we have added a duration figure to the impact map which relates to the length of time over which the output or outcome is expected to last or against which they will be attributed to the project. The effect of some outcomes and outputs will last longer than others; some outcomes depend on the activity continuing and some do not. We have been fairly conservative in the duration for which we have claimed impact of all of the outputs. Where we have claimed in excess of a one-year duration we have opted for a generous drop-off rate. This means that throughout our study we have used conservative estimates. Some outcomes have been granted a year's duration because they are more reliant on close contact and ongoing support (eg. "reduced risk of suicide and/or self-harm.") Others have been granted a 2 duration because outputs like "improved mental health" are likely to have a longer term effect without always needing ongoing support. These judgements have been made based on feedback from service users that have been with the organisation for more than 18 months and have felt enabled to move on in their recovery (some to positions of volunteering or paid work with Happy Mums itself.) No outputs or outcomes have been granted more than a 2 year duration period in order to avoid over-claiming.

#### **5.4 Financial Proxies**

When identifying financial proxies it is important to remember that we are not interested in whether money actually changes hands and it does not matter whether or not the stakeholders in question could afford to buy something – they can still place a value on it. The proxies demonstrate the value of the outcomes in monetary terms. For things that are traded in markets, the market price is used when suitable. An example of this is where you could opt to use the price of a confidence training course and the cost of commercial support to find a job as proxies for the changes in personal well-being and change in progress towards employment outcomes for unemployed clients. When a price is not available other ways of approximating how much the project stakeholders value the outcome can be used. As the SRoI process becomes more widely adopted the available SRoI resources and databases also



increase leading to more consistent and recognised used indicators and proxies. The author has sourced valuations from the Global Value Exchange (a database managed and operated by the leaders on much of the development of SRoI – Social Value International) and from ONS directly as well as the New Economy cost database. The valuations contained within the GVE database have been tested in other reports and are regularly peer reviewed.

The specific proxies used in this report are:

INDIVIDUAL/PRIMARY BENEFICIARIES	
Decreased sense of isolation	Annual value attributed to satisfaction with friendships -
Improved social network	£15,500 per person per year Included in another valuation to avoid double-counting or over-claiming (see impact map.)
Reduced fear and anxiety (focussed on removal of children)	Included in another valuation to avoid double-counting or over-claiming (see impact map.)
Reduced anxiety (general)	Relief from depression and anxiety including savings to 'the State' - £43453 per person
Reduced risk of suicide and/or self-harm	Serious suicide attempt costs per unit - £9190 per incident
Improved general mood	Included in another valuation to avoid double-counting or over-claiming (see impact map.)
Improved relationships with statutory services	Included in another valuation to avoid double-counting or over-claiming (see impact map.)
Improved relationships with friends & family	Included in another valuation to avoid double-counting or over-claiming (see impact map.)
Improved confidence in parenting ability	Parenting programme – median cost of delivering an individually-based parenting programme - £2078 per participant
Improved ability to manage their own mental health	Increased resilience, improved relationships, rebuilding lives (control service users feel about their own lives) - £26,600 per person per year
Improved physical health	Improvement in physical health - £24120 per person per year
Improved mental health	Included in another valuation to avoid double-counting or over-claiming (see impact map.)

## **STAFF & VOLUNTEERS**



Improved confidence (general) and (in work-related skills)	Cost of assertiveness and 'building personal confidence' training (accredited by CPD) - £450 per person
Enhanced 'sense of purpose'	Volunteering value to the volunteer - £13500 per volunteer
Improved mental health	Included in another valuation to avoid double-counting or over-claiming (see impact map.)
Improved social network	Included in another valuation to avoid double-counting or over-claiming (see impact map.)

#### **EXTERNAL STAKEHOLDERS**

Improved ability to meet own organisational outcomes	No financial proxy used – value included in outcomes for primary beneficiaries
Improved ability to meet 'duty of care' obligation to service users	No financial proxy used – value included in outcomes for primary beneficiaries

## 6. Impact

Impact measures provide a way of estimating how much of the outcome would have happened anyway and what proportion of the outcome can be isolated as being added by service activities. We are interested in the ultimate impact of enhanced support and this has been determined with reference to the effects of attribution, displacement, deadweight and drop-off. We use these impact measures to assess whether, and to what extent, the outcomes we have analysed result directly from the work of the project. Establishing impact is important as it reduces the risk of overclaiming and means that the story will be more credible. It is only by measuring and accounting for all of these factors that a sense of the impact that the activity is having can be gained. Otherwise there is the risk of investing in initiatives that do not work, or do not work as well as intended.

There are four aspects of establishing impact:

- **Deadweight** how much of the activity would have happened anyway
- **Attribution** how much of the outcome was caused by the contribution of other organisations or people
- **Displacement** what other activities or services are displaced by the project



• **Drop-off** – the decline in the outcome over time

Each of these aspects is normally expressed as a percentage and our impact map allows us to input these percentages and calculates the monetary values to be deducted.

#### 6.1 Deadweight

Deadweight is a measure to describe the amount of the outcome that would have happened anyway even if the project support had not been in operation. It would be wrong in our analysis to attribute all the outcomes to Happy Mums if some of those people would have achieved them anyway through other support. We count only those changes that occurred over and above what would have happened in the absence of the project. In establishing deadweight we considered feedback from the all stakeholders in relation to different outcomes. Some outcomes were more reliant on the existence of the funded work than others and this has been reflected in the ratios. For example most stakeholders were clear that the decrease in isolation was almost entirely attributable to Happy Mums. In all focus groups and interviews with primary beneficiaries the women said they could not access the same service within achievable travelling distance if Happy Mums did not exist. Some service users also said that their experience with other services was partly responsible for creating their sense of isolation and that Happy Mums was crucial in addressing that.

#### **6.2 Attribution**

Attribution is an assessment of how much of the outputs and outcomes were caused by the contribution of other organisations or people. All the organisations interviewed work within ecosystems of available support. While these ecosystems have declined in recent years due to the impact of budget cuts many people using support services are accessing other support too and this is of course to be encouraged. Some outcomes have been rated with a higher discount for attribution than others due to the information gathered from the paper-based data reviewed and the interviews. As mentioned above some outcomes were very clearly attributed almost entirely to the work of Happy Mums. Some other outcomes such as service users' improved ability to manage their own mental health or parenting skills were experienced within wider networks of support – including friends, family and other services.

## 6.3 Displacement

Displacement is an assessment of how much of the output or outcome displaced other outputs or outcomes. Feedback from the sample of stakeholders interviewed suggests that displacement was not a significant factor in the outcomes and outputs they were reflecting upon. As stated above many of the primary beneficiaries said they could not source the same support anywhere else within geographical reach.

## 6.4 Drop-Off

Drop-off accounts for the decline in impact of the outcomes and outputs over a period of time. For outputs that last longer than one year it is likely that the effect will diminish over time. The output will be influenced by other factors and it will be less



attributable to that activity. Drop-off is used to take account of this and the reduction is calculated by deducting a percentage from the value. These percentages are detailed on the impact map. We have been fairly conservative in the duration of outputs and purposefully generous in the drop-off rates we have applied in order to avoid over-claiming.

## 7. Negative Impact

There were no negative outcomes or negative impact reported on by stakeholders during this process. There were some criticisms around accessibility & referrals as below:

"sometimes we dont get a response from referral we put into the service."

"When happy mums get involved it really has an excellent impact on a mother and her ability to parent and build a healthy attachment with their child. However they do not always respond to referrals and at times women are waiting for some correspondence from service which does not happen."

"Sometimes there is no response from either telephone or referrals done via website."

"I contacted Happy Mums as a father concerned about my wife's mental health. I didn't find the advice given very useful as I was told to stage an intervention. I wanted some advice on how I could support her, had I done an intervention I think it would have ended my marriage. I would recommend to mums but I think it could also support dads."

None of these suggest *negative impact* in any way but are worth recording as they potentially offer opportunities for operational improvement.



## 8. Social Return on Investment

The Social Return on Investment (SRoI) value is expressed as a ratio of return and is derived from dividing the value of the impact (referred to as the benefits on our impact map) by the value of the investment (costs of delivering the project). The impact map itself is a complex set of formulae that takes into account impact measures such as Deadweight, Attribution, Displacement and Drop-Off.

According to the assessment carried out in this evaluation

The Social Return on Investment generated by The CHP donor advised fund is

£15.73: £1



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## **Appendices**

**APPENDIX I: Impact Map** 

See e-attachment

**APPENDIX II : Glossary** (Adapted from 'A guide to SROI' – The SROI Network)

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

**Cost allocation** The allocation of costs or expenditure to activities related to a given programme, product or business.

**Deadweight** A measure of the amount of outcome that would have happened even if the activity had not taken place.

**Displacement** An assessment of how much of the outcome has displaced other outcomes.

**Distance travelled** The progress that a beneficiary makes towards an outcome (also called

'intermediate outcomes').

**Drop-off** The deterioration of an outcome over time.

**Duration** How long (usually in years) an outcome lasts after the intervention, such as length of time a participant remains in a new job.

**Financial value** The financial surplus generated by an organisation in the course of its activities.

**Financial model** A set of relationships between financial variables that allow the effect of changes to variables to be tested.

**Impact** The difference between the outcomes for participants, taking into account what would have happened anyway, the contribution of others and the length of time the outcomes last.

**Impact map** A table that captures how an activity makes a difference: that is, how it uses its resources to provide activities that then lead to particular outcomes for different stakeholders.

**Income** An organisation's financial income from sales, donations, contracts or grants.

**Inputs** The contributions made by each stakeholder that are necessary for the activity to happen.

**Monetise** To assign a financial value to something.

**Outcome** The changes resulting from an activity. The main types of change from the perspective of stakeholders are unintended (unexpected) and intended (expected), positive and negative change.

**Outputs** A way of describing the activity in relation to each stakeholder's inputs in quantitative terms.

Outcome indicator Well-defined measure of an outcome.

**Proxy** An approximation of value where an exact measure is impossible to obtain.

**Scope** The activities, timescale, boundaries and type of SROI analysis.



Social return ratio Total present value of the impact divided by total investment.

Stakeholders People, organisations or entities that experience change, whether

**APPENDIX III:** Online survey results are available on request.

positive or negative, as a result of the activity that is being analysed.