



**This report looks at  
the Social Return on  
Investment that  
P.A.U.L For Brain  
recovery creates**



# P.A.U.L. For Brain Recovery



# SROI

## Introduction

The Social Return on Investment (SROI) method shows the value of the social, environmental and economic impact created by an organisation and can show that value in financial terms. This makes it possible to weigh the social benefit against the investment cost.

The SROI methodology uses a spreadsheet analysis called an Impact Map. Inputs, outputs and outcomes are entered into the map. The relationship between these components is sometimes known as the 'theory of change'. It shows how the intervention makes a difference.

Other information – indicators, quantity, and value (proxies) is also entered into the map. Formulae calculate the final value in monetary terms. Excerpts from this Impact Map are referred to and used throughout this report.



# SROI

## Introduction

**The SROI methodology can be**

- **Evaluative - based on what has already taken place or**
- **Forecast, what will take place in future.**

**The forecast method has been selected for this report.**

**It will also capture the value created by the existing activity in future years.**

**The report was undertaken by CERT CIC., an independent, specialist social enterprise support organisation**



# SROI

## Executive Summary

- The primary stakeholders are the people who have been affected by acquired brain injury
- Other primary stakeholders include families and carers
- The secondary stakeholders are the State and Local Authority and in particular the health and social care sector

**The key objectives of the report are to forecast the;**

- impact of the initiative on primary and secondary stakeholders
- costs outside of 'business as usual' of delivering this intervention
- impact of the intervention for the state as participants improve their life chances and calculate the value of the impact against the cost.



# SROI

## Executive Summary

**Outcomes for service users are enhanced development in three areas:**

- Physical and mental health
- Control over their lives
- Education

**Outcomes for families are:**

- Advocacy support
- Relationship support
- Reduced isolation



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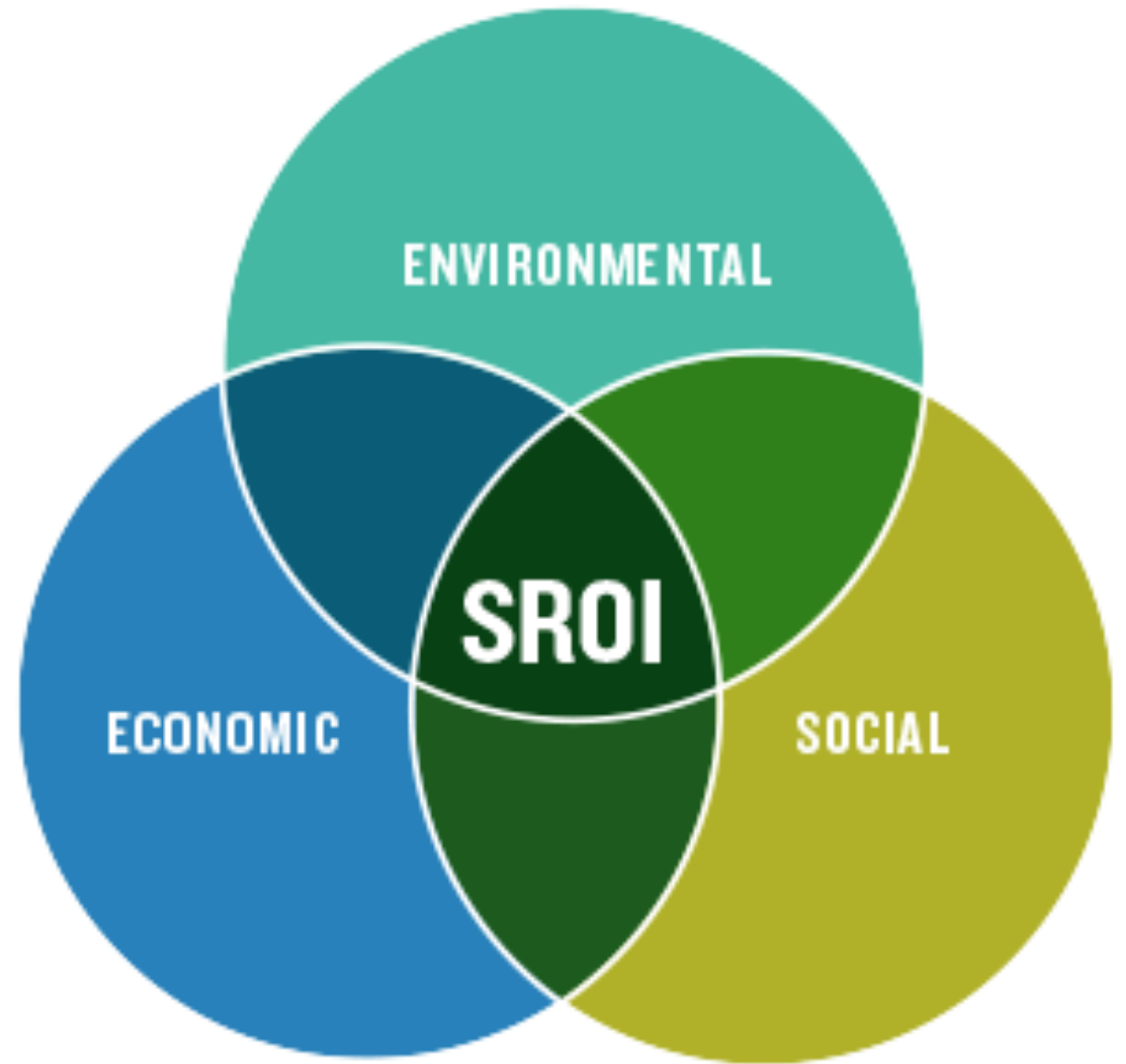
## Executive Summary

### Outcomes for the State are:

- reduced demand on health services leading to less drain on public resources
- reduction in social benefits cost and increased contribution to taxes and NI
- reduced need for unplanned access to mental health services
- reduced need for unplanned access to A&E services
- reduced need for unplanned access to GP services
- reduced need for early referrals to mainstream services avoiding more complex care packages
- increase in physical activity
- more appropriate referrals to the safe guarding team



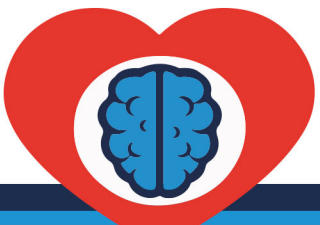
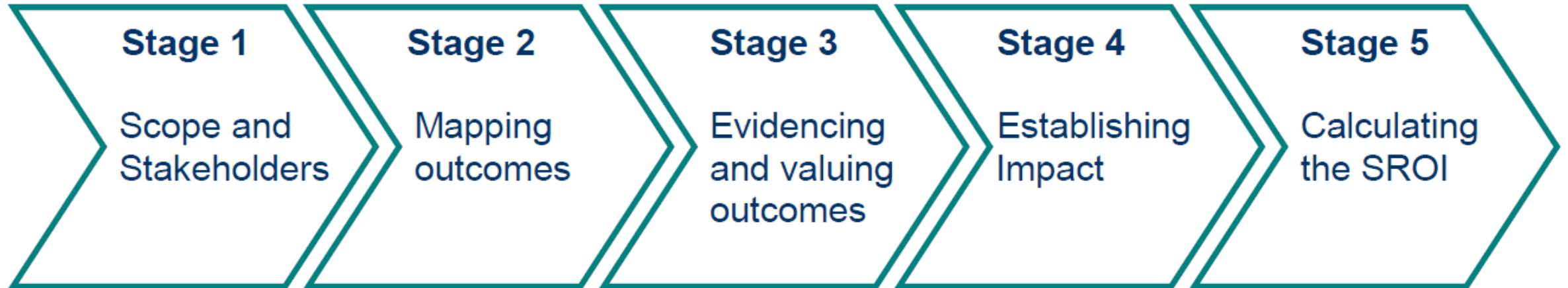
Every £1  
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# SROI

## The Process



# SROI

## Scope

### Why look at this now?

P.A.U.L. For Brain Recovery (PFBR) has experienced rapid growth from its inception in 2016.

The organisation currently uses a blend of grant funding and income earned from the public sector.

The environment that the PFBR operates in has undergone rapid change in the last 10 years. Grant funding is becoming scarce, and the public sector is encouraging a move towards contracting and tendering. The organisation needs to develop sustainable income streams and re-define its mission in light of those changes.

PFBR is responding to this by developing new ways of generating sustainable income by delivering a range of support, employment and guidance services.

### Objectives?

The objective is to produce a professional report to provide evidence of the impact of the activity that will enable funders to understand what they are buying and to enable PFBR to manage the impact that they deliver.



# SROI

## Scope

The key objectives of the report are to forecast the:

- Impact of the activities of the enterprise
- Costs outside of 'business as usual' of delivering this intervention
- Impact of the intervention for the Public sector
- Social value of the impact against the cost.

**The report will answer the question: “How much additional value will PFBR develop, who will benefit and to what extent?”**

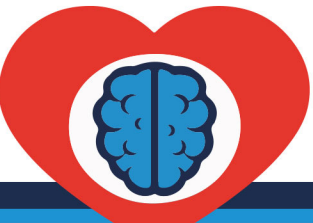


# SROI

## Stakeholders

**“people who we have an effect on and people that have an effect on our organisation”**

- Service users
- Families and Carers
- Public sector health and social care agencies
- Local Authorities
- Funders
- Trustees
- Volunteers



# SROI

## Mapping Outcomes

### The story of change – outputs and outcomes

#### Summary of activities

- Advocacy support
- Family support
- Training and education
- Social Activities
- Health and Wellbeing
- Peer Support

#### Things that happen AS A RESULT of delivering the outputs.

- Service users demonstrate reduced need for services, improved independence and improved connection to the social mainstream
- Improved health & wellbeing, Equal access to health and social care services and fewer inappropriate GP and A&E visits.
- Ultimately fewer acute admissions.
- Earlier discharge from hospitals.
- Keeping people out of higher tiers of support or residential care.
- Less need for respite care



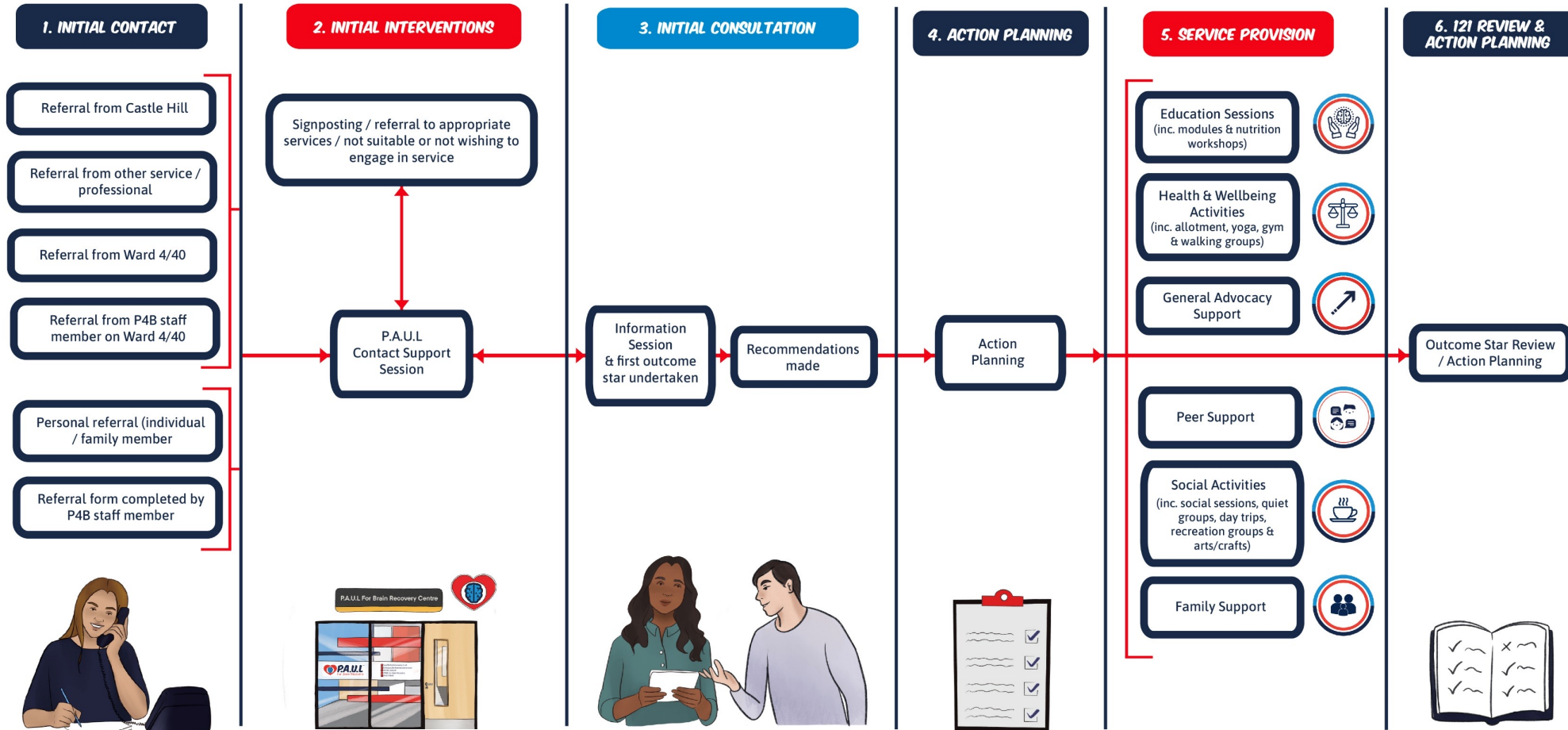
# Acquired brain injury

## The numbers

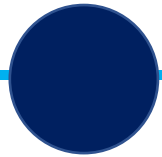
- **There is one admission to hospital for brain injury every 90 seconds, one head injury every three minutes and one stroke every four minutes in the UK.**
- **Head injuries among females have continued to rise, with an increase of 28% in hospital admissions among females since 2005-06.**
- **Strokes in males have increased by 24%, while total strokes have increased by 14% since 2005-06.**



# Service Delivery Process Map

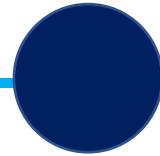


# Theory of change health



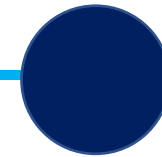
## early interventions

Health issues are spotted early and appropriate referrals made



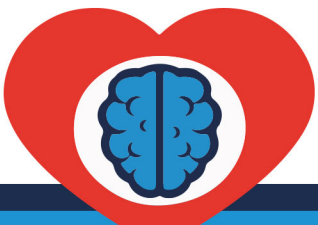
## in-house solutions

Service users are encouraged to take up healthy activities and supported in any external interventions



## signposting

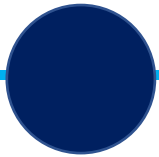
Service users get help at an early stage and as a result long term conditions are avoided





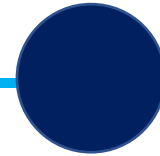
# Theory of change health

Social Activities  
Health and Wellbeing  
Peer Support



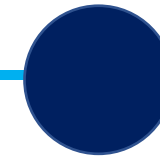
## training and education

Helps individuals to take positive steps towards reaching their new potential



## family support

Mutual support helps families to support victims and avoids the consequences of family disharmony

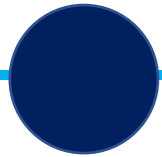


## advocacy support

Service users are able to start rebuilding their life get help at an early stage and as a result long term conditions are avoided

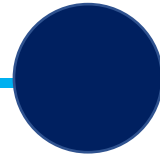


# Theory of change health



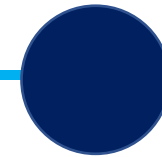
## social activities

Prevents social isolation



## peer support

Helps individuals to connect,  
gives a sense of belonging  
and enables survivors to  
interact



## health and wellbeing

Assists with mental health.  
Improves energy levels and  
sleep. Decreased stress  
anxiety and depression



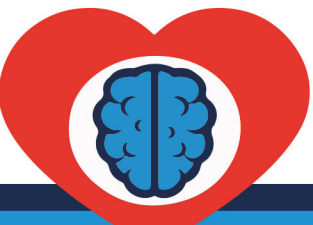
# SROI

## Evidencing outcomes

**The next stage in the process is to develop the outcome indicators.**

**“What would you show me to prove the outcomes you say happen as a result of your activities”**

**The next slides set out the outcomes of our activities.**



# SROI Indicators

Reduced need for early referrals to mainstream services avoiding more complex care packages

Increase in physical activity

Improved access to work, reduced social isolation and improved training and skills

Reduced need for unplanned access to mental health services

Able to live as independently as possible

Improvement in health

Number of people reporting an improvement in independence

Number of people returning to work as a result of referrals

Number of statutory mental health service provisions avoided

Number of service users that now have more friends

Number of people getting benefits guidance as a result of referrals

Reduced barriers to employment, education and training



# SROI Indicators

**The next stage in the process is to develop the outcome indicators – what are we going to measure to prove that impact is really happening?**

**We selected:**

**Number of people reporting an improvement in independence - £1,400**

**Number of people getting benefits guidance as a result of referrals - £547**

**Number of people returning to work as a result of referrals - £8892**

**Number of volunteer hours worked at minimum wage rate - £7.50**

**Number of people receiving training and education - £356**

**Number of service users accessing support worker - £2779**

**Number of service users that now have more friends - £9164**

**Number of service users involved in social activities with others - £338**

**Number of early referrals to mainstream services avoiding more complex care packages £956**

**Reduction in the number of referrals to the safe guarding team £9393**

**Reduction in GP visits as a result of improved health £125**



# SROI

## Indicators

**The next stage in the process is to develop the outcome indicators – what are we going to measure to prove that impact is really happening?**

**We selected:**

**Number of statutory mental health service provisions avoided £2148**

**Number of A&E visits avoided - £113**

**Reduction in GP visits - £125**

**Number of early referrals to mainstream services avoiding more complex care packages £956**

**Number of people reporting improved fitness - £125**

**Reduction in the number of referrals to the safe guarding team £9393**



# SROI

## Financial Proxies

**Financial proxies can be used to monetise the value created by an organisation. In this case we used savings and costs, largely generated from government sources. Sources of data include:**

Big Society Capital

Global value exchange

Local multiplier LM3

Benefits Agency, Jobcentre Plus and DWP

Local Government Association Unit cost database

Department for Education

HM Treasury

Department for Work & Pensions

Unit costs of health and social care

National Schedule of Reference Costs for NHS trusts and NHS foundation trusts



# SROI

## Deadweight & Attribution

**Social value is rarely the result of the activities of a single organisation. We need to account for this, In this assessment we considered four factors**

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

**Attribution** - is the amount of change that could be attributed to other agencies, organisations or people.

**Displacement** – Did our activity drive the issue elsewhere?

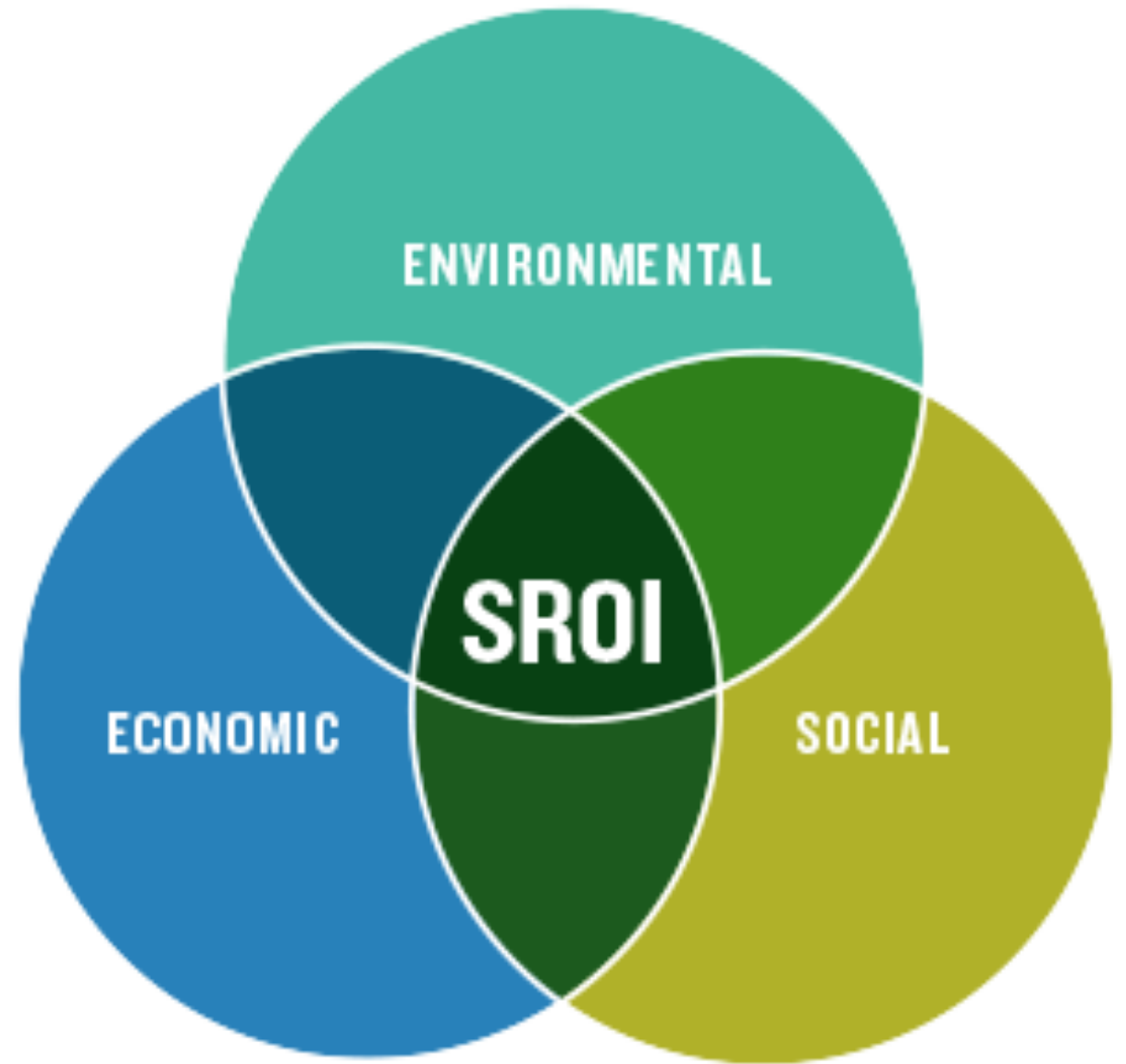
**Drop off** – does the intervention lose impact over time?

These are expressed as a percentage and were calculated based on feedback from stakeholders





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***THANK YOU!***

