

SROI Evaluation of *Changing Minds*

For the South London and the Maudsley Mental Health Foundation Trust

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Headline Findings

The Social Return on Investment ratio for the *Changing Minds* project is for every £1 spent £8.78 of social value is created. This obviously represents good value for money.

SIGNIFICANT BENEFITS

- Many beneficiaries **found employment** through doing the course; many of these are now working as support workers in the field of mental health.
- Participants talked about the **increase in their social networks**, and some talked about improved family relationships.
- Some beneficiaries **continued to volunteer** after the course had ended.
- Some beneficiaries used their new-found confidence to **pursue formalised learning** outcomes and have improved their education as a result of the programme.

We found that most of these benefits were true of all graduates, whether they went on to deliver training or not.

Beneficiaries also reported a number of positive health related outcomes, in particular:

- Increased confidence
- Increased mental well-being
- Better physical health
- More physical activity
- Reduction in medications
- Reduced visits to health care professionals
- Sleeping better
- Weight loss

The fact that graduates were interviewed some time after the project had finished, demonstrates that there is also a sustained effect. It shows that this client group in particular benefit disproportionately from interventions that integrate them back into society. This was clearly a very successful programme for both the clients and society as a whole, with £8.78 of social value created for every pound spent.

Introduction

The Changing Minds Programme - Background

Changing Minds was a project delivered by the South London and Maudsley Trust (SLaM), which aimed to develop and equip participants to design and co-deliver mental health awareness training courses in order to challenge stigma and discrimination within staff groups and in their local communities. People undertook a nine-month part-time training course (consisting of 14-19 sessions) to give them the skills to co-design and co-deliver training from their own perspective, and to be paid for so doing. The objectives of the course were to:

- Develop a 'pool' of trainers for South London and Maudsley NHS Foundation Trust (SLaM) to use internally.
- Develop individual skills and prospects for participants.
- Raise mental health awareness in the community.

Once people had completed the training courses, they had the option of being paid to deliver mental health awareness training to staff within SLaM, to other organisations and within community settings. The pool would deliver different types of mental health awareness training, according to preference and expertise, such as: substance abuse, self-harm, wellbeing, coping with bi-polar disorders, and what carers need to know to support people with a mental health illness.

Each programme offered 12-16 places. Places were prioritised using the criteria:

- Using or had used secondary mental health services.
- From Black and Minority Ethnic communities.
- Not already engaged in service user involvement on a regular basis.
- From areas within the Well London remit.

There was an open referral process that was not diagnosis specific. The course was co-facilitated by service user/s, ideally two people working together, who enabled a 'mirroring process' for participants.

Between 2008 and 2010 SLaM commissioned four courses to be delivered by outside community organisations. Participants came from the 20 London boroughs that were part of the Well London Project. The courses were advertised in mental health services, GP surgeries, and community based facilities, such as Citizen Advice Bureaux, voluntary organisations and libraries. Marketing commenced around 1-2 months before each course began. An Information/taster day was then held in a non medical venue, for people who had expressed an interest in taking part and application forms were available which gave people two weeks to decide whether to follow up their interest.

Organisations in each of the 20 Well London boroughs were invited to tender for the work. Successful organisations had to demonstrate their ability to design and deliver mental health awareness training, and to involve people using mental health services in the design and delivery of the training. Service-user led organisations were encouraged to apply for the work.

When the course began it ran for three hours every other week. There were four different training providers running the courses; Shoreditch Spa, Mind in Tower Hamlets, Community Options and Kensington & Chelsea Mind. The original course and programme was written and run by Programme Lead, Stephanie McKinley. The training providers ran the course following this best practice.

Sessions covered a range of topics, such as aims and objectives, group dynamics, facilitation skills, presenting information, structuring a training course, how adults learn, and equal opportunities. Due to the uniqueness of the client group, specific sessions were included e.g. a Welfare Benefits session, to ensure participants would make an informed choice regarding employment options on completion of the course.

Additional funding was offered, in order to deliver 12 mental health awareness training sessions, using the graduates from the Changing Minds programme, in each of the 20 boroughs.

The course was developed through ongoing monitoring and review. Careful monitoring of participants' progress was undertaken during debriefing sessions and each session was evaluated, with feedback given at the next session.

Each participant was required to co-design and deliver a selected part of a training session to the other participants, which was peer assessed. A follow-up 'reference' session was held, one month after the end of the course. This gave participants the opportunity to assess their skills and development needs, and explore the level of training delivery they wanted to get involved with. In addition business advice was given to people who wanted to become self-employed. Graduates were offered opportunities to co-facilitate the next course, with the eventual aim of enabling them to run their own Changing Minds programme alongside another graduate.

In addition, the Programme Lead telephoned participants after six months for a 'check up', and thereafter on an annual basis, in order to record information about their service user involvement activities, training delivery, further education and employment outcomes.

The evaluation of the course demonstrated that the most significant impact was in terms of:

- Having a valued role – through going onto voluntary work, paid employment and training delivery.
- Ability to make decisions and choices.
- Enhanced self esteem.
- Increased confidence.
- Development of supportive social networks.
- More optimistic outlook.
- Challenging discrimination.

As a follow up to the points that were raised in the evaluation, SLaM asked the University of East London to undertake a SROI evaluation. They felt the methodology was particularly appropriate for this type of programme, because it provides a more subtle analysis than that gained from traditional methodology, which finds it hard to record soft outcomes; such as enhanced confidence, health gains, self esteem etc.

For more information about the Changing Minds Project please contact:

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The SROI Approach

SROI started in the United States and has been used worldwide for a number of years; however there was little consistency in its approach. In 2003 the New Economics Foundation began exploring ways in which SROI could be used and developed in the UK and in 2009 'A Guide to Social Return on Investment' was published by the Cabinet Office which has helped to standardise the application of SROI. Further Government endorsement has come from the Centre for Social Justice and their publication 'Outcomes Based Government 2011'.

Social Return on Investment (SROI) is an approach that measures a broader concept of value than is usually accounted for in cost benefit calculations. It seeks to "reduce inequality and environmental degradation and improve wellbeing by incorporating social, environmental and economic costs and benefits."¹ SROI frameworks account for change in an organisation, or to society, by measuring social and economic outcomes, and uses monetary values to represent these outcomes. Once these monetary values have been established, a cost benefit analysis can be conducted, that includes this notion of social value. Finally, a SROI ratio is produced, that shows the social value in pound terms, against money spent on the project or programme.

The SROI approach is based on seven principles:

- Involve stakeholders.
- Understand what changes.
- Value the things that matter.
- Only include what is material.
- Do not over-claim.
- Be transparent.
- Verify the result.²

There are six stages in calculating a SROI, which are as follows:³

Establishing scope and identifying key stakeholders. The scope of the SROI was established in conjunction with SLaM. There have been 33 graduates from the programme and they have had a good success rate in obtaining employment. The evaluators interviewed 15 graduates (approximately 45% of the total cohort). The evaluators were given a list of 30 graduates from which we selected the interviewees. We both interviewed people that had delivered training as a result of the course and those that hadn't, and ensured a representative spread of gender and borough.

Mapping outcomes. Through engagement with the stakeholders, we developed an impact map, or theory of change, which shows the relationship between inputs, outputs and outcomes. This impact map considers the social value of changes in the participant's lifestyles and wellbeing that were provoked by their engagement with the Changing Minds Programme.

Evidencing outcomes and giving them a value. This stage involved data collection to establish what outcomes had taken place, and then assigning monetary value to them. This data collection was based on in depth interviews with the graduates and the training providers, along with meetings with SLaM. Particular financial proxies that were used, along with their source, are outlined later in this report.

¹ Cabinet Office et al *A Guide to Social Return on Investment* (2009) page 8

² Ibid pg 9

³ The six stages are taken from the cabinet office report; here we apply these stages to the SLaM evaluation

Establishing impact. Having collected evidence on outcomes and monetised those, the aspects of change that would have happened anyway, or are a result of other factors, are eliminated from consideration. This is common economic practice and includes notions of deadweight, attribution, displacement and drop off. These impacts are calculated via a percentage; deadweight considers what would have happened anyway, without the activity under investigation. Displacement considers any activity that the programme under evaluation displaces. Attribution considers any other things that contributed to the changes that are being mapped, and drop off considers the outcomes that might lessen over future years.

Calculating the SROI. This stage involved adding up all the monetised outcomes, subtracting any negatives, in this case the cost of the project to SLaM, and comparing the result to the investment.

Reporting, using and embedding. This last step involved sharing findings with stakeholders and responding to them, embedding good outcomes processes and verification of the report.

Methodology

Although the evaluation primarily utilised the SROI approach in calculating monetised social value for the programme, the data collected from SLaM and the semi-structured, in-depth interviews with beneficiaries, was also used to evaluate the programme in terms outside of the SROI approach. The following methodology was employed.

1. Establishing scope and identifying key stakeholders.

- Stakeholder engagement – we established the stakeholder group to properly address the scope of the SROI approach. This was done via a number of meetings between the evaluators and SLaM. The other stakeholders were the beneficiaries themselves, who were contacted and interviewed. We interviewed 15 participants who had completed the Changing Minds programme. A list of graduates was given to the evaluation team, which consisted of people that the SLaM staff had been able to contact. This represented 30 out of 33 graduates. SLaM had not been able to contact 3 of the graduates. Approximately half had not delivered any training.

2. Mapping outcomes.

- A desk review of Changing Minds was conducted – this was done via an examination of documentary evidence; including participant numbers, and any other documents associated with the programme including an internal evaluation that SLaM had undertaken and financial data on running costs.

3. Evidencing outcomes and giving them a value.

- We conducted semi-structured, in depth telephone interviews with 15 participants. While these interviews were primarily intended to collect data for the SROI, there was the opportunity to establish a framework that went beyond the SROI. Thus the combination of the SROI approach with a number of qualitative indicators, covered not only the financial value of these programmes, but also helped us to understand other, soft impacts.

The indicators that we were particularly interested in were as follows:

- i. How the programme has helped the participant to be well and how this might have an impact on health inequalities at a local level
 - ii. To establish whether the participant has had less contact with health services, or is taking reduced medication etc after the programme.
 - iii. Impacts on health literacy
 - iv. Image of SLaM and Well London, as result of the programme.
 - v. Influences of beneficiaries on others – e.g. partners and children to support their healthier lifestyles
- Calculating value in financial terms. We firstly established what was material to the programme based on the interviews, and a desk review of the Changing Minds Programme. We then assigned financial value to the outcomes. A full break down of all the proxies used, including their source and justifications are included later in this report. We also asked graduates on a scale of 1 to 10 how much they attributed the change in their lives to the programme. This then relates directly to the attribution figure.

4. Establishing impact.

- This involved subtracting benefit values that would have occurred anyway, without the intervention or programme taking place. This was based on the methodology outlined by the HM Treasury in the *Green Book*, which is comparable with the SROI approach

5. Calculating the SROI.

- This involved the calculations to establish the final financial figures for the SROI, and the SROI ratio of the programme in its entirety. At this stage we undertake a sensitivity analysis a definition of the headings for this is explained below. The actual sensitivity analysis relating to Changing Minds is described in more detail further on the report.

6. Recommendations

- This final phase of the evaluation, considered the SROI calculations, as well as the other qualitative indicators outlined above, to enable the evaluators to make recommendations about the future of Changing Minds or similar programmes.

Impact Mapping: Establishing a Theory of Change

Stakeholders

One of the key stages in any evaluation, but particularly for the SROI approach, is to clearly establish the main stakeholders. This better enables an examination of both the costs, and the nature of change brought about by Changing Minds. Through the evaluation we found the main stakeholders to be:

- Beneficiaries; the graduates of the Changing Minds (and in some instances their families)
- Training Providers – Community Options, Mind in Tower Hamlets, Shoreditch Spa and Kensington and Chelsea Mind.
- National Government; due to the benefits saved, and increase in taxes earned through increased employment, reductions in benefits
- SLaM as they had a pool of trainers for the Mental Health Courses.

We interviewed 15 out of the 33 graduates on the programme (45% of the total). There were 55 participants in all, but a number dropped out – the most common reason was because the participants became unwell or had other commitments. We agreed with SLaM to only include those who had graduated from the course (whether or not they had delivered any training themselves). Thus the evaluation is based on the Social Returns created by those graduates.

For this SROI we defined the beneficiaries as graduates of the programme not the recipients of the training that the graduates subsequently delivered to. This “snowballing” effect, which is at the heart of the project could have been included in an SROI, with the effect of further increasing the levels of Social Return. However, contacting such a wide pool of “second-tier” beneficiaries was out of the scope of this project.

Financial Indicators

From the interview data, we mapped the most important changes to the *Changing Minds* graduates, (and other stakeholders). These are outlined in the table below.

Table 1

Participant 1	<ul style="list-style-type: none"> • Employment • Increased tax • Employers and Employees National Insurance Contributions • Confidence boost • Out of supported housing • Reduced visits to GP • Reduced visits to health professional both psychotherapist and GP • Lowered medication
Participant 4	<ul style="list-style-type: none"> • Confidence boost
Participant 5	<ul style="list-style-type: none"> • Volunteering • Confidence boost

	<ul style="list-style-type: none"> • Better sleeping patterns
Participant 7	<ul style="list-style-type: none"> • Employment • Reduced visits to health professionals – psychotherapist • Reduction in medication • Increased physical activity • EDCL course (not monetised but still a benefit)
Participant 8	<ul style="list-style-type: none"> • Confidence boost
Participant 9	<ul style="list-style-type: none"> • Employment • Increased tax • Employers and Employees National Insurance Contributions • Increased physical activity
Participant 10	<ul style="list-style-type: none"> • Volunteering • Confidence boost
Participant 12	<ul style="list-style-type: none"> • Volunteering • Decreased visits to health professionals • Weight loss • Increased social networks
Participant 13	<ul style="list-style-type: none"> • Reduced benefits • Volunteering • Confidence boost • Reduction in medication • Increase in physical activity • Better money management • Certificate in psycho-analytic psychology (not monetised but a benefit)
Participant 14	<ul style="list-style-type: none"> • Employment • Increased tax • Employers and Employee National Insurance Contributions • Confidence boost • Decrease in medication • Increased physical activity • Increased social networks
Participant 15	<ul style="list-style-type: none"> • Volunteering • Confidence boost • Increased physical activity • CBT training – Diploma in cognitive therapy (not monetised but a general benefit)

From the SROI impact map, the financial indicators used in the evaluation were:

- Increase in earnings, as participants moved into employment - estimated value £62,985
- Increased taxation receipts, as a result of people moving from benefits into employment – total taxation including tax, NIC Employer and Employees- estimated value £15,133
- Reduction in benefits received as beneficiaries moved into employment or moved off incapacity benefit- estimated value £19,938
- Volunteering hours –estimated value of the volunteering hours £28,582
- Costs of supported accommodation as beneficiaries moved out of supported housing – estimated value £17,333

- Less reliance on medication - estimated value £400
- Decrease in the contacts with health professionals –estimated value £22,257
- Better sleeping patterns - estimated value £231
- Increase in physical activity – estimated value £1,709
- Weight loss – estimated value £213
- Increased confidence and self esteem – estimated value £18,667
- Graduates enhancing their social networks - estimated value £489
- Better money management – estimated value £145
- Costs of the programme to SLaM £74,047

The 15 beneficiaries we interviewed represented around 45% of the cohort. The findings from the interviews were then used as an indicator to represent the whole cohort and were used in our calculations.

The details of, and data sources for the above indicators were as follows:

Increase in annual earnings as participants moved into employment

This was not the primary aim of the programme but it is a significant outcome. Four of the graduates interviewed had found employment. The following table is a summary of annual earnings, taxation and NI contributions.

Table 2: Annual Earnings, taxation, and NI contributions

	Employment Earnings	Tax	NIC Employers	NIC Employees
Participant 1	£12,500	£1,205	£868	£841
Participant 7	£4,940	Nil	Nil	Nil
Participant 12	£36,440	£4,777	£3,155	£2,711
Participant 13	Nil	Nil	Nil	Nil
Participant 14	£9,105	£769	£434	£373
Total	£62,985	£6,751	£4,457	£3,925

The total earnings of the four comes to £62,985 per annum which makes an average income of £15,746 per graduate. As we interviewed 45% of the graduate cohort, when applied across the whole cohort the total earnings figure is £139,966. The assumption behind using an indicative figure taken from interviews and then applied to the whole cohort was established using data supplied by SLaM which showed the destination of graduates and backs up the assumption that the employment findings from the interviews can be applied to the whole graduate cohort.

Increased taxation taken as a result of graduates moving into employment

Due to the beneficiaries moving into employment, the state benefited from increased taxation revenue. We calculated the tax and NIC for Participants 1, 9 and 14, because Participant 7 earned below the tax and NIC threshold. These were calculated using 2009/2010 tax rates, because participants gained employment during this tax year. The calculations are based on information in the HM Revenue and Customs Employer Handbook for 2010.⁴ The 2009/2010 personal allowance

⁴ <http://www.hmrc.gov.uk/rates/it.htm>
<http://www.hmrc.gov.uk/payee/rates-thresholds.htm#10>

was £6,475, for those under 65, with 20% paid on earnings over this limit, up to £37,000. We have assumed that all are paying NIC at the A band rate, of 11% employee contributions and 12.8% employer contributions, both payable above the earning threshold of £5,715. As we are unaware of any working tax credits, maternity pay, statutory sick pay etc, these have been left out of the calculations.

The total tax paid by the participants who gained employment was £6,751 and taking this figure, based on the assumptions outlined previously, then the total figure becomes £15,003 for the whole graduate cohort. The total NIC paid by employers is £4,457; the amount for the total graduate cohort becomes £9,904. The total NIC paid by employees is £3,957 with the total graduate cohort; the figure becomes £8,793 (one of the graduates was under the tax threshold). The total for all the taxes (tax plus NIC) for the three employees is £15,165. The average for the 3 employees was therefore £5,055. If we use this as an indicator for the total cohort, then the figure would be £33,700.

Reduction in benefits received as participants moved into employment and improvements in health

As well as the increase in earnings, as participants moved into employment, there was a corresponding reduction in their benefits.⁵ Participant 1 moved into employment and came off income support of £52 a week, which is equal to £2,704 per annum. Participant 9 came off incapacity benefit £85.50 per week, equal to £1,644. Participant 13 is still on benefits and has not found employment but has come off Disability Living Allowance of £160 per month, making £1,920 per annum. Participant 14 moved into employment and lost income support of £52 per week which is equal to £2,704. This makes a total saving of £8,972. Therefore over the programme it is a saving of £19,938. See Table below.

Table 3: Participants who moved off benefits

	Benefits
Participant 1	£2,704
Participant 7	Nil
Participant 12	£1,644
Participant 13	£1,920
Participant 14	£2,704

Volunteering activity as a result of the Changing Minds programme.

Not all the graduates entered employment and some chose to volunteer. As a result of the programme, Participant 5 did 3.5 hours per week, which equated to a social value of £1,085 per annum (3.5 X £5.96 X 52); Participant 10 did 2 hours a week equated to £620 per annum; Participant 12 did 11 hours per week making a per annum figure of £3,409; Participant 13 did 20 hours a week, making a total of £6,198 per annum; Participant 15 did 5 hours per week, making a total per annum figure of £1,550. The total social value for all the participants we interviewed was £12,862 per annum. Thus across the cohort, the figure is £28,582.

5

http://www.direct.gov.uk/en/MoneyTaxAndBenefits/BenefitsTaxCreditsAndOtherSupport/Employedorlookingforwork/DG_10018757

The proxy used to calculate the figures, was the national minimum wage of £5.80 per hour plus 20% for London Living Allowance which equals £5.96.⁶ Although there is more sophisticated accounting techniques to establish the value of volunteering hours – namely VIVA (Volunteer Investment and Value Audit), due to the lack of information regarding the outside organisations the beneficiaries volunteered at, this could not be done for this particular evaluation, and thus a more simplistic proxy of the minimum wage was used. This, however, is not overly problematic for the SROI, as it is likely to be a slight under-estimation, rather than an overestimation of the value of these hours. Thus we have erred on the side of caution to produce a robust figure for the final SROI ratio.

Table 4: Volunteering hours with proxies

Volunteering	Proxy	Hours per week	Per annum total
Participant 1	£5.96	3.5	£1,085
Participant 10	£5.96	2	£620
Participant 12	£5.96	11	£3,409
Participant 13	£5.96	20	£6,198
Participant 15	£5.96	5	£1,550
Total		41.5	£12,862*
TOTAL for all the Cohort			£28,582

*This figure represents 45% of the total cohort of 33

Reduced supported housing costs

Participant 1 was recovering from addiction and was well enough to come out of supported housing. The cost was £100 for accommodation, plus £50 a week management and other costs; making a total £7,800 per annum.⁷ If this is averaged across the whole graduate cohort then a figure of £17,333 is saved.

Decrease in medication as a result of the Changing Minds programme

Four of the graduates we interviewed had their medications reduced, or had gone off particular medications altogether. Participant 1 had stopped taking Fluoxetine, making a saving of £25.00 per annum. Participant 7 had reduced their dose of Aripiprazole from 30mg to 20mg but this actually did not lead to any cost saving. Participant 13 stopped taking a number of their medications; Zopiclone 7.5mg per night – 28 tablets £1.35 13 packets per year is equivalent to £18.00; Tramadol at 100mg per day costs The cost for a month for 50mg X 4 is £5.32, (50mg X 8 daily dose for 28 days; this represents 4 months), therefore saving approximately £16.00 per year. The savings from Alprazolam at 100 mg per day, 0.15p per 500mcgs tablet (2 X 0.15p X365 days) which is equivalent to £110.00 per annum. Participant 14 stopped taking Amitriptyline, a daily average dose was 25mg – daily dose for 28 days of 25mg, costs 0.84 pence X 13; this makes a total saving of approximately £11. The total savings for those interviewed is £135. If this level of medication is normed across the cohort, then the total savings are £300.⁸ These costs are broken down in the table overleaf.

⁶ www.businesslink.org

⁷ <http://research.dwp.gov.uk/asd/asd5/rports2009-2010/rrep714.pdf>

⁸ http://www.cks.nhs.uk/obsessive_compulsive_disorder/floxidine_60mg_capsules

<http://www.nice.org.uk/nicemedia/live/13317/52608.pdf>

<http://www.nice.org.uk> costing statement for neuropathic pain 2010

<http://www.thehealthcounter.com/view/detail/6178>

<http://www.nice.org.uk> costing statement for neuropathic pain 2010

Table 5: Medication break-down

Participant	Medications	Reduction or cessation	Total Saving
Participant 1	Fluoxetine	Cessation	£25.00
Participant 7	Aripiprazole	30mg to 20 mg	Nil
Participant 13	Zopiclone	Cessation of 7.5mg per night	£18.00
	Tramadol	Cessation of 100mg per day	£16.00
	Alprazolam	Cessation of 1mg per day	£110.00
Participant 14	Amitriptyline	Cessation of 25mg	£11
Total			£180
TOTAL across the cohort			£400

Decrease in visits to health professionals

Linked to the above, is a reduction in visits to health professionals. Participant 1 stopped seeing their GP for their on-going mental health condition; previously this was 5 visits a month at £32 per visit, which makes a yearly saving of £1,920. They have also reduced their visits to the psychotherapists, from attending a session every week to now going every month. Each consultation is costed as £126, making a saving of £5,040. Participant 12 still goes to their psychiatrist once a month but instead of having a face to face consultation with their community psychiatric nurse every two weeks, they now have a non face to face contact i.e. a telephone call every 2 months. The average face to face contact is costed as £131; making a yearly figure of £3,406, and the average non face to face contact is £57, making a yearly figure of £342. This makes a saving of £3064.⁹ The total savings are £10,024. The figure for the cohort would be £22,276.

Table 6: Visits to health professionals

Visits to Health Professionals		Savings
Participant 1	Stopped seeing their GP for ongoing mental health condition, previously 5 visits per month	£1,920
	Reduced visit to their psychotherapist from weekly to monthly	£5,040
Participant 12	Previously had face to face consultation with their community psychiatric nurse every 2 week now has telephone contact every 2 months	£3,064
TOTAL		£10,024
TOTAL: normed across cohort		£22,276

⁹ GP visits taken NHS Annual Choices Report (2010)

<http://www.nhs.uk/aboutNHSChoices/professionals/developments/Pages/annual-report.aspx>

Regular sleeping patterns

One participant said their sleeping habits had improved as a direct result of the programme. They had not been on prescription medication and thus we equated the cost to a pharmacy available sleeping aid at £4 each.¹⁰ Each sleeping aid would last approximately 2 weeks. Therefore the social value is £104 per annum. The total benefit across the programme would be £231.00.

Increase in physical activity

Four participants said they had increased their physical activity as a direct result of the programme, 2 had joined gyms and 1 did significantly more exercise. We equated this to an annual gym membership from Greenwich Leisure at £213pa for an off peak membership. This makes a total social value of £639 per annum.¹¹ The fourth participant did a Tai Chi class which £130. The total social benefit is £769. If we looked at this benefit across the 33 participants, the potential social return was £1,709.

Loss of weight

One participant had lost 13lb and was no longer obese. To give a cost comparison, we compared weight loss using Orlistat. The associated costs for 60mg tablets (standard dose is 240mg a day), with 84 tablets in standard pack at a cost of £32¹². Orlistat assists weight loss – for every 2lb lost – Orlistat is responsible for another pound. The 13lb weight loss would thus have taken on average 6.5 weeks (45.5 days) which is equal to 3 packets of Orlistat @ £32 = £96. We therefore looked at potential weight loss across the programme of 33 participants and the potential saving would be £213.

Gains in social esteem and confidence

A gain in social esteem and confidence was mentioned by eight of the interviewees, and was thus a very important component to the programme. To obtain a proxy, we used a session with a life coach @ £50 a session. For 21 sessions this meant £1,050 per participant, making a total value of £8,400.¹³ This was a particularly strong part of the project and we therefore made the assumption that this would be the same for the entire graduate cohort, making a social return of £18,667.

Increased social networks

Four of the participants said that they their social networks had improved a lot, as a direct result of the course. We equated this to being a member of a social club, with a cost of £55 per annum, making a total of £220 in social value.¹⁴ We therefore looked at this across the programme and assumed a potential social return of £489.

Better money management

Participant 13 found that they could handle money better as a result of the Changing Minds programme. We equated this with the average cost of a face to face consultation for debt problems with a national charity specialising in this field, approximately £145.00.¹⁵ We therefore looked at this across the programme and assumed a potential social return of £322.00.

10 www.boots.org

11 <http://www.gll.org/borough/tower-hamlets.asp> <http://www.taiji.co.uk>

12 <http://www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles/obesity/statistics-on-obesity-physical-activity-and-diet-england-2011>

13 <http://research.mla.gov.uk/evidence/documents/Community%20Engagement%20Appendix%207%20-%20SROI%20Impact%20Maps.pdf>

14 <http://www.londonivc.com/>

15 *Foundation for credit counselling - A review for 2009* :16.

Table 7: Other social benefit proxies

Other social benefits	Social return of (15) 45% interviewed	Social return for all graduates	Unit cost/Proxy
Supported housing costs	£7,800	£17,333	£150 per week accommodation
Regular sleeping patterns	£104	£231	£2 per week sleeping aids
Increase in physical activity	£769	£1,709	Gym membership £213 & Tai Chi class £130pa
Loss of weight	£96	£213	Orlistat: £32 a packet
Gains in social esteem and confidence	£8,400	£18,667	21 sessions with a life coach @£50
Increased social networks	£220	£489	Membership of a social club £55
Better money management	£145	£322	Face to face counselling for debt; 1 session £145

Costs of the programme to SLaM

The cost of the programme to SLaM was £74,047 for year 2009 – this included management, payment to the 4 training providers to deliver the training, materials, travel and subsistence and equipment.

The cost per graduate (33) is £2,244. The cost per place on the course (55) was £1,346. This information was provided by SLaM.

Non Monetised Benefits

Training

A number of the graduates had facilitated training sessions, but these had been paid for by the programme and therefore could not be monetised for this reason. However some of the graduates had facilitated courses outside the Well London programme but they couldn't remember which course had been through Well London and which courses had been delivered through other resources. Therefore there is a social benefit here, but for the evaluation it was not monetised.

Educational outcomes as a result of participation in the programme

A number of graduates gained qualifications, however this information has not been included because the return from gaining a qualification are normally seen over a longer period of time¹⁶ and thus we could not give a social return on it. In addition some of the lower level NVQ1/2 qualifications do not engender a significant *financial* return over three or five years, however these qualifications do move people towards the labour market.

Benefits of the training given by the graduates subsequent to completing the programme

The participants were trained to give training on dealing with mental health stigma and although this report was not able to measure the ripple effect of the training received, it would be expected that there would be further changes in behaviour that could be measurable. Research shows that one of

¹⁶ CEE DP 110 Measuring the Returns to Lifelong Learning Jo Blanden, Franz Buscha, Patrick Sturgis and Peter Urwin

the most powerful ways to reduce mental health stigma, is to have direct contact with somebody who has experienced mental ill health - based on social contact theory; Thornicroft, G. (2006) *Shunned: Discrimination against people with mental illness*, Oxford: Oxford University Press. One benefit of this may be that employers will be more likely to consider employing people with experience of mental health distress and better able to support employees with specific needs in this area. Reduced stigma would encourage people to seek help at an earlier stage and thus reduce the costs associated with mental illness.

Sensitivity Analysis: Discount Factor, Deadweight, Displacement, Attribution and Drop Off

The following section examines the discount factor (as all money depreciates), deadweight (what would have happened anyway), displacement (anything that the programme displaced), attribution (if any factors outside the programme prompted change) and drop off (a consideration that the changes in activity might fall away over future years).

This was a new investment funded by the Big Lottery (Well London). Although SLaM had run similar programmes, this was a new investment by them and thus did not displace any existing programmes. The figures below, which are associated with attribution, come from information taken from the interviews, both from asking a direct question about how much can you attribute to the Changing Minds programme, and the general feeling about the programme, and how much it was associated with the changes the beneficiaries had made in their lives.

Some of the life-style changes have been at a comparatively low drop-off rate (20-25%). The graduates we interviewed had been on the programme 2-3 years ago and had sustained the changes that are described below, therefore we feel confident in these figures and if anything we have erred on the side of caution.

Discount Rate: We used the Euribor (Euro Interbank Offered Rate), of 2.086% (2.1%) as the discount factor throughout the calculations.

Attribution: We asked participants how much the programme had contributed to each of the noted benefits below, based on a score out of 100. The workbook calculation was based on taking the attribution figure given by the client away from the score of 100. Thus if they said an attribution figure was 80%, this meant we used a figure of 20 for our calculations.

Increase in earnings as participants moved into employment

Deadweight: Three graduates who have been interviewed have found employment. We have assumed a 10% deadweight, this is comparatively low, as mental health users and those on benefits are statistically much more unlikely to get back into work. Carol Black says in her review, that evidence shows that the impact (pathways to work) for those with mental health conditions is much more limited.¹⁷ The number flowing onto incapacity benefits with mental health conditions has remained stubbornly high overall.

Displacement: We have assumed 0%, because the individuals have benefitted financially from the programme and nothing has been displaced.

Attribution: Again we set a figure of 50% because a number of the clients interviewed had had various interventions before the course. For example, they had been volunteering or been through the job centre. They were also asked a direct question about attribution, a summary is below.

Drop Off: This was estimated at 25%, but we consulted similar programmes, who gave us a likely 75% retention rate. (Home Counties Training Consortium and Tower Hamlets PCT Work it Out

¹⁷ Dame Carol Black's Review of the Health of Britain's working age population – working for a healthier tomorrow – March 2008.

programme). Also, as the programme had finished over 2 years ago, we felt that the drop-off figure was erring on the side of caution.

Increase in taxation as a result of beneficiaries moving into employment.

This is clearly linked to the percentages explained above, and the same rationale was used to calculate deadweight, displacement, attribution and drop-off.

Table 8: Attribution for employment

Attribution for employment	
Participant 1	50%
Participant 7	50%
Participant 9	50%
Participant 14	50%
Mean for employment	50%

The decrease in benefits payments

This is linked to the graduates who found work which is in the preceding sectors. However, one graduate, who had not found paid employment, had a decrease in benefits as a result of better health. This participant attributed this to the Changing Minds programme. So a figure of 42.5% has been given to attribution. The deadweight, displacement and drop-off figure of 10% 0% and 25% remain the same as in the preceding section on employment.

Table 9: Attribution for benefits

Attribution benefits	
Participant 1	50%
Participant 9	50%
Participant 13	20%
Participant 14	50%
Mean for benefits	42.5%

Volunteering

The Changing Minds programme was not primarily an employment preparation scheme, although it did get people into work by developing their awareness of work. The scheme trained people to run courses, without the fear of losing their benefits; therefore there is a logical link into volunteering. Thus a comparatively low figure for deadweight was estimated i.e. 10% This was borne out by the interviews with the participants, who attributed Changing Minds to them undertaking volunteering. Therefore an attribution rate of 28%xxx was put on this section, a displacement figure of 0% and a drop-off figure of 25%, which is consistent with the sections on employment above.

Table 10: Attribution for volunteering

Attribution for volunteering	
Participant 5	30%
Participant 10	30%
Participant 12	50%
Participant 13	30%
Participant 15	0%
Mean for volunteering	28%

Supported Housing

One graduate had successfully moved out of supported housing and they felt that the change was 50% attributed to Changing Minds. Therefore we gave 50% to attribution. Again the deadweight figure is comparatively low at 10%, for the same reasons as employment, and a higher displacement of 100%, as this accommodation could be used other people. For drop off, we estimated 20%, as we feel that once these types of life changes have been accomplished, then it is likely to be sustained – in fact these lifestyle changes had been sustained for a considerable length of time.

Decrease in medications

A number of the graduates had a decrease in medication and the attribution for this ranged from 30 – 50 %; the mean being 40%. The attribution was set at 40% and the deadweight at 20%, as these people had been on medications for a long time and it is unlikely that without an intervention, such as this, they would have come off voluntarily. This activity didn't displace anything, so displacement was estimated at 0% and drop-off was estimated at 25%, as these graduates had all been off these medications for a significant period.

Table 11: Attribution for decreases in medication

Attribution for Medication	
Participant 1	30%
Participant 7	50%
Participant 13	30%
Participant 14	50%
Mean for Medication	40%

Decrease in visits to health professionals

Linked to the decrease in medications, is a decrease in visits to health professionals, although it should be noted that these are not necessarily the same graduates. The attribution from the graduates was 30 – 50%; with a mean of 40%. Therefore attribution was calculated at 40%, deadweight is also low 20%, as without this sort of intervention they were unlikely to come off medication. This activity didn't displace anything, so displacement is 0% has been calculated. A drop-off at 25% has been estimated as these changes had been sustained since the end of the Changing Minds programme.

Table 12: Attribution for visits to health professionals

Attribution for visits to health professionals	
Participant 1	30%
Participant 12	50%
Mean for Visits	40%

Better sleeping patterns

One graduate reported an improvement in their sleeping patterns. We estimated a 50% deadweight figure, as this could have happened anyway. The graduate gave an attribution rate of 70% and so an attribution figure of 30% was estimated. This didn't displace any other activity, so 0% displacement was given. The drop-off figure was likely to be 50%, again erring on the side of caution.

Increase in physical activity

These were evidenced by gym membership and Tai Chi Classes. The mean for the attribution was 45%, so we made an estimate of 45% for attribution and a deadweight figure of 35%, as in this case

it is linked to attribution. The activity did not displace anything, so 0% displacement was applied and 20% for drop off, as research indicates that this sort of life style change is likely to be sustained.

Table 13: Attribution for physical activity

Attribution for increased physical activity	
Participant 7	40%
Participant 9	70%
Participant 13	30%
Participant 14	40%
Mean for activity	45%

Weight loss

One graduate lost weight, but they were involved in other programmes at the same time, so a deadweight and attribution rate of 50% was estimated. This didn't displace anything, so 0% displacement was applied. The weight loss has been sustained and therefore a drop-off rate of 60% was estimated.

Confidence

A number of graduates cited raised confidence as an outcome and the attribution as a direct result of the Changing Minds programme ranged from 50 – 0%; the mean being 35%. Therefore an attribution rate of 35% and a 20% deadweight figure was calculated. This did not displace anything, so a 0% displacement figure was applied. This is because in a number of cases, the graduates said that their confidence had continued to increase after the Changing Minds programme had finished. Thus a 20% drop off figure is realistic and if anything errs on the side of caution.

Table 14: Attribution for confidence

Attribution confidence	
Participant 1	50%
Participant 4	50%
Participant 5	30%
Participant 8	30%
Participant 14	50%
Participant15	0%
Mean for confidence	35%

Improved social networks

Two of graduates felt that their social life had improved as a result of the programme. They both estimated an attribution of 50%. Therefore an attribution of 50% was estimated. This didn't displace anything, so a 0% displacement occurs. The deadweight figure was estimated at 30% because this is linked to the attribution figure and it is felt that their social life was unlikely to improve without this intervention. The drop off was estimated at 20%, as this sort of life-style change is likely to be sustained.

Table 15: Attribution for social networks

Attribution for social networks	
Participant 10	50%
Participant 12	50%
Mean for social networks	50%

Better money management

One participant felt that they were better able to manage money as a result of the programme. When asked about attribution a 30% figure was given, we thus gave an attribution of 30%. This didn't displace anything, so 0% displacement occurs. The deadweight figure was estimated at 30% and the drop off was estimated at 20%, as 2.5 years on this has been sustained.

Beneficiaries: Interviews with Participants

15 interviews were undertaken, with the views taken to be representative of the cohort of 33 graduates. The comments were nearly all positive, with typical comments such as:

'I was not good at mixing with people and the course gave me confidence and it made it easier to make friends'.

'I never missed a session'.

'I feel more balanced now'.

'The training changed my outlook on life so much'.

'The lunches were very good'.

'The team work and working with other in a similar situation was very good'.

'I can now face everyday challenges'.

'I now connect with other people when I meet people'.

'Because I am well now, other things are falling into place'.

'I am really proud of what I have achieved'.

'I am much more aware of my moods now, and I don't let things get me down'.

'I felt accepted by the others'.

'It brought me out of myself, now I can talk in front of a crowd'.

'The social side has made a big difference to me. I joined a poetry group through someone I met'.

There were some negative comments in that some graduates felt that the course was too slow also that there was not enough follow up after the course. One graduate felt that he had been brought to a certain point of wellness but needed more input he felt the structure hadn't been there to support this – this sentiment was echoed by a couple of others. A number of the graduates wanted to retain the group ethos after the course and to do joint training with the members of the group that they had trained with – this again was not something that had happened.

'It was too slow paced'.

'Out of our group not many went to the follow up event'.

Although the training courses that a number of the graduates delivered were not part of the SROI analysis, SLAM provided the evaluators with some quotes from participants of these training sessions, to illustrate the ripple effect that the original Changing Minds programme had on the wider community. Although this was out of the scope of the evaluation, it illustrates the potential for greater economic benefits.

'Better insight and understanding. Able to see someone living a 'normal life'

'Because you don't realise that normal everyday looking people have experienced such things'

'It made my understanding of mental health real'

'Gave me hope that people with mental ill health can do something better than what people think'

Beneficiaries: Case Studies

Four case studies were undertaken and all were very positive. It genuinely seems that the programme is very well thought of and has changed people's lives in a very positive way.

First study

G attended a DIY Happiness event (another Well London Project) and as a result applied for the course and got offered a place. G was very committed to the ethos of Well London and really enjoyed the programme, as it gave him a social network that he hadn't had before. By the end of the course, G had completed all the personal objectives that he had set himself at the beginning. G never delivered any of the training, because he wanted to work with other members of his group and for various reasons wasn't possible. G could have delivered without the rest of the group but got involved in other voluntary work instead.

As a result of the course G felt well enough to come off Incapacity benefit. He was a bit scared, as he didn't know if he would cope but now feels it was the right thing to have done. G was on a lot of medication and has a heart condition but has stopped both the sleeping pills and the pain killers. G is also now a member of a gym and does a lot of physical activity through gardening.

G has done a lot of voluntary work since leaving the programme and is now Chair of a community garden. He really enjoys the social interaction of people working together for a common goal and feels he would not want to go back to the competitive environment of working in a company. However he has done a Certificate in Psycho-Analytic Psychology and starts a Masters course in September, with the longer term goal of working as a counsellor – working from home.

Second study

Y had done various courses after becoming ill, but had failed to complete any of them – a Masters course and GCSE Maths. She experienced a great sense of achievement when she completed the Changing Minds programme. This led to an increase in confidence and she believes that the programme was the catalyst for her road to recovery.

The course made her more aware of herself and she took her health more seriously. She realised she didn't really eat very well and that she only ate on course days, when the food was prepared for her. She put in place a Wellness Recovery Plan and began to become an expert in her own care. She started going to the gym and became less obsessive with the cleanliness in her house. She now does voluntary work for MIND and other Mental Health organisations and feels happier, because more opportunities have developed since doing the course e.g. she has been invited to give talks and has won a service user award.

Third study

XX learnt about the course from the employment advisor at the local disability drop-in centre. She was recovering from agoraphobia and depression and had been out of work for a long time. For many years she didn't go out of the house and cried continuously, although she had been volunteering prior to going on the course. She felt the course and the volunteering gave her a lot of confidence. She started to feel healthier and managed her agoraphobia a lot better, by having a plan and a map whenever she went out. She came off some of her medication for severe depression. Some of the course was focused on food and mood, and she is now much more aware of what she eats, and eats more fruit and vegetables and does a lot more exercise. She is now much happier and calmer and also feels her children have more confidence as a result of her confidence.

As a result of the course she has found employment, working part-time in student support services, doing 1-1 work with students with disabilities. She has recently given up this job and is planning a course in life-long learning, with the aim of becoming a life-long learning tutor.

Fourth study

P first heard about the course when they were volunteering for a prison related charity, and found the programme to be very good. In fact, P thought the course was so good, that they should have gained some kind of accreditation for completing it, and said that after the course you "really felt like a professional". P thought that this was of more benefit than an NVQ level three course, and was very proud of having completed the course. The trainers were seen to be very good.

P later found employment with a mental health charity dealing with people in the criminal justice system. The course gave P the confidence that was needed to do this work. P delivered training after the course to psychologists and mental health workers, which has also been beneficial to P's confidence levels.

P enjoys this work so much that they have begun to study a diploma in therapeutic counselling and wants to be a highly qualified trainer. Through the course and later through working, P has left the sheltered accommodation they were in and is a lot healthier. So much so that P has had their medication lowered and has reduced visits to health care professionals.

Fifth study

E first heard about the course from a visit to a drop in centre, where they live. As E used to be a trainer they thought this would be perfect for them to be able to use the skills they already had. Although E wasn't exactly sure of what to expect, the course really helped with E's confidence levels.

E was out of work before the course, but after the course E has managed to find a job, which they started in April/May 2011. E now works supporting people with mental health issues in a part time position. E hopes to move to a full time position in the near future and will then be able to come off incapacity benefit, which they are pleased to be doing.

E found a lot of benefits to the course, and was proud of their achievement of being able to turn up and fulfil their commitment to finishing the course. E's physical health has improved as a result of the course, and is now taking Tai Chi, and going to the gym. E is also looking after the home more than before, and is making a lot of progress with their mental health condition.

E is much happier now, and has reduced medications, and reduced visits to health care professionals. E is not financially better off – due to working E receives less amounts of money through the DLA, but E prefers it this way, as E is really enjoying standing on their own two feet.

E now uses computers more since the course and learnt a lot using the library computers. E has since bought a computer and has done an ECDL course. E said that the relationships with family have improved as a result from the course. Although E thought the course was stressful at times, getting through the course has given E a huge confidence boost.

Conclusion

The SROI analysis has found a high social return on this project – the fact that these graduates were interviewed some time after the project had finished, demonstrates that there is also a sustained effect. It shows that this client group in particular benefit disproportionately from interventions that integrate them back into society. This was clearly a very successful programme for both the clients and society as a whole, with £8.78 of social value created for every pound spent.

The project had one core aim: to get clients to train as mental health awareness trainers but this was a small part of what the project actually achieved with the graduates – the list of benefits to a number of the participants speaks for itself.

There were a couple of recommendations that arose from the findings of the evaluation, which don't detract from the project but are aimed to improve it, if it were to run again. The project did not cherry pick its participants and welcomed everyone who met the basic criteria; this was both a strength and a weakness. A strength, in that the project was inclusive and was clearly viewed by some of the graduates as a major catalyst to help them back into society. A weakness, in that some of the participants felt it was too slow and not geared to their level of wellness. It is difficult to achieve a balance, but more consideration to some of the clients who were able, and wanted to work, at a quicker rate could be considered.

A number of the graduates felt that they had gained a lot from the project, particularly being with people who had similar experiences, and the course had helped them support each other. A few said that they would have really appreciated having a structure that went beyond the end of the course, so that camaraderie could be maintained and would further support positive changes they were making in their life.

Recommendations

- More consideration of the needs of the more socially integrated and confident participants, in order to ensure they don't find the course too slow.
- More follow-up of the graduates, after they have graduated – to set a structure in place so that they can maintain the support of their fellow graduates.
- A consideration of accrediting the course, so that this can contribute to more formalised learning outcomes.

Appendix A: Indicative Questions

Interview Questions for semi-structured interviews

- How did you first hear about the programme?
- What made you decide to do it?
- How was your experience of the programme? Was it what you expected? What was different from what you expected?
- Were you on benefits before the programme? What type? How much per month?
- What benefits did the programme bring to you (and your family)? PROMPT: health, experience, confidence, etc
- Have you found employment? What is your position, what is the salary?
- Do you feel healthier since you participated in the programme? How?
- Are you happier? How?
- Has your mental wellbeing improved? How?
- Has your physical health improved? How?
- Are you doing anything different, since being on the programme that might improve your mental health? What?
- Are you better off financially after the programme? How much?
- Are there any broader effects that you are experiencing since completing the programme? PROMPT – both negative and positive? (e.g. family life, free time, different behaviours like exercising more)
- How has being on the programme affected your social network of contacts/friends?
- How was the support both on the placement and afterwards – did the provider give enough support for you to succeed on the programme?
- How much do you attribute Changing Minds to the changes you have made in your life?

Appendix B – consent form

The evaluation of “Changing Minds” programme

We are conducting an evaluation of the Changing Minds programme that you took part in. The evaluation is being conducted by London East Research institute at the University of East London.

To help us evaluate the programme, we would like to ask you some questions about your experiences on the programme, and how the this might have helped you to find employment, move on to other study, or had other benefits to your life.

These interviews will not take long, and if you do not want to answer a particular question, you do not have to, but we hope that you will find the interview interesting, and it will help SLAM to provide even better services and programmes.

Consent to Participate in a Research Project

The nature and purposes of the research have been explained to me, and I have had the opportunity to discuss the details and ask questions about this information. I understand what is being proposed and the procedures in which I will be involved have been explained to me.

I understand that my involvement in this study, and particular data from this research, will remain strictly confidential. Only the researchers involved in the study will have access to the data. It has been explained to me what will happen to the data once the experimental programme has been completed.

I hereby fully and freely consent to participate in the study which has been fully explained to me.

Having given this consent I understand that I have the right to withdraw from the programme at any time without disadvantage to myself and without being obliged to give any reason.

Participant's name (BLOCK CAPITALS):

.....

Participant's signature:

.....

Date:

Please feel free to contact the researchers for more information.

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Justine Cawley j.cawley@uel.ac.uk

Appendix C: SROI Impact Map

Stakeholders	Stakeholders' Objectives	Inputs		Outputs
Who changes? Who wants change?	What they want to change	What they invest (description)	What they invest (value £)	Summary of activity (quantified)
(START ON NEXT ROW)				
South London and the Maudsley Mental Health Trust	To train people to run mental awareness courses	To fund training organisations to run the training and manage the programme	£74,047.00	33 graduates of the programme and 55 starters
Graduates of the programme	To gain training	Time to attend the classes	£0.00	4 graduates obtained employment
National Government	N/A	N/A	£0.00	4 graduates came off benefits
National Government	N/A	N/A	£0.00	3 graduates increased their taxation
National Government	N/A	N/A	£0.00	3 graduates interviewed increased their NIC contributions
The volunteering organisations and the graduates	To volunteer for an organisation	The organisations time and the volunteers time	£0.00	5 graduates interviewed, volunteered
Local authorities, housing associations and the graduates	To be more independent and move off supported housing	N/A	£0.00	1 graduate left supported housing
NHS	To decrease medications	N/A	£0.00	4 of the graduates interviewed lowered or came off medication
NHS	To decrease, or stop visits to health professionals	N/A	£0.00	2 graduates decreased visits to health professionals
Graduates	To improve their sleeping patterns	N/A	£0.00	1 graduate improved their sleeping patterns
Graduates	To increase their physical activity	To find time to exercise	£0.00	4 graduates interviewed increased their physical activity
Graduates	To increase their social networks	To find time to socialise	£0.00	4 graduates interviewed increased their social networks
Graduates	To handle money more wisely	To get into the habit of budgeting regularly	£0.00	1 graduate interviewed handled money more prudently
Graduates	To gain more confidence	N/A	£0.00	8 graduates gained confidence
Total			£74,047.00	

The Outcomes							
Description	Indicator	Source	Quantity	Duration	Financial Proxy Description	Value	Source
Running of 4 training sessions	Costs to run the programme	South London & Maudsley Mental Health Trust	1	1 year		£74,047.00	SLaM
Employment outcomes of those interviewed	Employment outcomes, normed across the programme	Interviews and SLaM	1	1 year	Employment outcomes for those interviewed, see report	£139,966.00	Interviews with participants and information from SLaM
Decrease in benefit payments	The number of those that had a decrease in benefits, normed across the cohort	Interviews and SLAM	1	1 year	Average of decrease in benefits payments, normed across the cohort	£19,938.00	HMRC .gov and interviews
Increase in taxation	The number of graduates that paid increased tax, normed across the cohort	Interviews and SLaM	1	1	Average increase in tax across the normed cohort	£15,003.00	HMRC.gov and interviews
Increase in NIC contributions, both employers and employees	The number of graduates and employers paying NIC contributions	Interview and SLaM	1	1 year	Average increase in NIC across the normed cohort	£18,697.00	HMRC.gov and interviews
Increase in volunteering hours, normed across the cohort	The number of graduates volunteering	Interviews and SLaM	1	1 year	The national minimum wage	£28,582.00	www.businesslink.org
Those leaving supported housing, normed across the cohort	The number of graduates leaving supported housing	Interviews	1	1 years	The cost of housing and management, and other overhead costs	£17,333.00	DWP research report
Those lowering or ceasing medication, normed across the cohort	The savings in medication, normed across the cohort	Interviews	1	1 year	The cost of reduction in the medication	£300.00	A mixture of sources, including NICE and pharmacy costs
Decrease in visits to health professionals, normed across the cohort	The savings in visits to health professionals	Interviews	1	1 year	the cost of reduction in visits to health professionals	£22,276.00	NHS cost book and 'NHS Choices', see report
Improved sleeping patterns and less reliance on sleeping aids	Cost of a sleeping aid	Interviews	1	1 year	The costs of sleeping aids	£231.00	Boots and evaluations of other projects

Improved physical activity levels across the cohort	Costs of gym membership and tai chi classes	Interviews	1	1 year	The costs of gym membership and Tai Chi classes	£1,709.00	Average gym membership and Tai chi classes
Enhanced social networks, normed across the cohort	Cost of a social club	Interviews	1	1 year	Cost of a social club	£489.00	Cost of a social club
Better handling of money, normed across the cohort	Cost of debt counselling from a national charity	Interviews	1	1 year	The cost of debt counselling from a national charity	£322.00	Foundation for credit counselling
Number of graduates gaining confidence, normed across the cohort	Cost of a life coach.	Interviews	1	1 year	The cost of a life coach	£18,667.00	Cost of a life coach

Deadweight %	Displacement %	Attribution %	Drop off %	Impact
What would have happened without us?	What activity did you displace?	Who else contributed to the change?	Does the outcome drop off in future years?	Outcomes times proxy less attribution and deadweight
				£74,047.00
10%	0%	50%	25%	£62,984.70
10%	100%	58%	25%	£0.00
10%	100%	50%	25%	£0.00
10%	100%	50%	25%	£0.00
10%	0%	75%	25%	£6,430.95
10%	100%	50%	20%	£0.00
20%	0%	60%	25%	£96.00
20%	0%	63%	25%	£6,593.70
50%	0%	70%	50%	£34.65
35%	0%	65%	20%	£388.80
30%	0%	65%	20%	£119.81
30%	0%	70%	20%	£67.62
20%	0%	80%	20%	£2,986.72
				£153,749.94

Calculating Social Return				
Discount rate (%)			0.0%	
Year 1	Year 2	Year 3	Year 4	Year 5
£74,047.00	£74,047.00	£74,047.00	£74,047.00	£74,047.00
£62,984.70	£47,238.53	£35,428.89	£26,571.67	£19,928.75
£0.00	£0.00	£0.00	£0.00	£0.00
£0.00	£0.00	£0.00	£0.00	£0.00
£0.00	£0.00	£0.00	£0.00	£0.00
£6,430.95	£4,823.21	£3,617.41	£2,713.06	£2,034.79
£0.00	£0.00	£0.00	£0.00	£0.00
£96.00	£72.00	£54.00	£40.50	£30.38
£6,593.70	£4,945.27	£3,708.95	£2,781.72	£2,086.29
£34.65	£17.33	£8.66	£4.33	£2.17
£388.80	£311.04	£248.83	£199.06	£159.25
£119.81	£95.84	£76.68	£61.34	£49.07
£67.62	£54.10	£43.28	£34.62	£27.70
£2,986.72	£2,389.38	£1,911.50	£1,529.20	£1,223.36
£153,749.94	£133,993.69	£119,145.20	£107,982.50	£99,588.75
Total Present Value (PV)				£614,460.08
Net Present Value (PV minus the investment)				£540,413.08
Social Return £ per £				8.30

£153,749.94 £133,993.69 £119,145.20 £107,982.50 £99,588.75 Present value of each year
 £614,460.08 Total Present Value