



Social Return on Investment

Report:

The YSS Worcestershire

Young Carers' Project



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1. Executive Summary

This report presents a study of the social return on investment (SROI) created by the YSS Worcestershire Young Carers' Project. The primary objective of the study is to review and evaluate the economic, social and environmental impact of the project during a one year period of operation (January 2013 to January 2014).

The study has been conducted by an associate of Planning for Real who is trained as a SROI practitioner and experienced in the field of working with young people, employment and training support and supported housing provision. It is focused on the findings from a number of in-depth interviews with the Young Carers Project (YCP) Team, young carers and their families and cross-referenced with other research reports and data gathered by YSS on clients.

Key findings to emerge from the study to date reveal that the SROI for the current service based on actual costs and outcomes achieved by the project for the period is **£8.69** for every £1 of investment.

The main themes and recommendations to emerge from this research are:

- The clubs and activities play an important part in providing a respite as well as the opportunity to gain and share information about caring issues. The frequency and structure of the clubs have been reviewed.
- Key workers and volunteer mentors play a significant role in supporting young carers. It is important to re-clarify with key workers and volunteers the aims of the service, intended outcomes and model of delivery.
- The needs of young carers remains the priority of the project but not at the total exclusion of support for the young carers families.
- The initial assessment of young carers using the PANOC tool has been invaluable in helping the key workers to assess needs and signpost young carers to the appropriate service.
- The one-to-one support offered by the key workers has been critical to improving the confidence and self-esteem of young carers.
- The flexibility on offer in terms of meeting young carers at convenient venues and times has made a significant contribution in ensuring the project exceeds its targets.
- Dealing with the full range of issues facing young carers is a vital aspect of the support service.
- The user-friendly approach of support workers was vital in building trust
- Partnership working with statutory service providers has been valued by all stakeholders.

The input (costs of running the project - £121,733) and outputs (224 current cases) have been provided by the data collected by YSS. On the basis of this data and the findings from the research, the following has emerged: That for the period, out of a sample of 224

- The health of 113 young carers has been affected by their caring responsibilities.
- 74 young carers experience feelings of stress.
- 48 young carers feel depressed with their lives at present.
- 74 young carers resent their parents for putting them in their present situations.
- 48 young carers feel their education has suffered as a result of their caring responsibilities
- 62 young carers are concerned about further education and employment prospects.
- Only 8 young carers had been given a carer's assessment leading to financial support.
- 88 young carers had virtually no other respite other than through the project, from their caring duties.

As a result of the project:

- 132 will experience an increase in self-confidence.
- 55 are less-likely to miss school.
- 55 feel more confident in finding employment.
- 22 are less-likely to need treatment for stress.
- 5 are less likely to have teenage pregnancies
- 4 are less likely to be taken into local authority care.
- 44 have more stable home lives.

2. Introduction

This report presents an evaluative view of the social return on investment created by the YSS Young Carers Project. It is a snapshot of the support activity taken from a 12 month period. The study was undertaken by Dr. Bob Bates. Bob is an associate of Planning for Real (PfR). PfR are a well-established community engagement agency that has an international reputation for developing pragmatic solutions to socially based issues.

Bob has a PhD in Health Sector Management, Masters Degrees in Public Sector Management and Education and 40 years' experience of issues related to employment, education and training. He is Managing Director of the Arundel Group and co-author of the international best-selling *Little Book of Big Management Theories* and follow-up books on coaching and learning theories. He has completed the SROI practitioner training from NEF and has now undertaken 13 SROI studies. Bob's multi-disciplinary and sensitised approach has enabled the effective application of the SROI framework for understanding and managing the value of the social, economic and environmental outcomes created by the project.

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.
- Explain why we selected SROI over other tools for measuring social impact and describe its practical application in terms of fulfilling the six prescribed processes.
- Analyse the context in which the Worcestershire Young Carers' Project supports the work of young carers.
- Provide a detailed evaluation of the experiences of a number of beneficiaries of the project, including findings and recommendations to help inform its future design and delivery so that YSS are able to maximise the service's impact to achieve the highest level of return on investment.

3. Background to Social Return on Investment (SROI)

The Public Services (Social Value) Act 2012 requires, for the first time, all public commissioning bodies in England and Wales to consider how the services they commission and procure might impact on the wider economic, social and environmental well-being. The Act has the potential to significantly impact on the wellbeing of communities for whose benefit services are procured.

Understanding and managing this broader measure of value is becoming increasingly important for public 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 the public sector is 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 here 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 social or environmental factors 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. SROI is the application of a 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 journey 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.

3.1 What is Social Return on Investment (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, environment and economic 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, environmental and economic 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 SROIs however 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 address this criticism.

3.2 The SROI Framework

There are a number of established, and some less well known, 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. We chose the SROI approach above tools such as the Social Impact Measure for Local Economies (SIMLE), the Social Accounting & Audit (SAA) and the Social Impact Measurement Index (SIMI) because:

- it was endorsed by both the Cabinet Office and Office for the Third Sector;
- it had wider national and international recognition and;
- NEF offered a much better practitioner training and support service than what was being offered elsewhere.

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. Carrying out the SROI analysis of the project involved the following six stages:

1. **Establishing scope and identifying key stakeholders:** Meeting with the YSS management 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 (YSS staff and clients) to develop an impact map, or theory of change, 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.

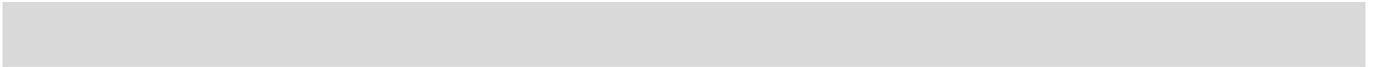
3.3 Research Limitations

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 degree of space for personal judgement. Adopting a team approach has reduced this risk as every decision and assumption made has been challenged and agreed by a number of individuals all of whom have undertaken intensive SROI training.

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 such as YSS. This is in light of the space for personal judgement which 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 with other services offered by YSS, as factors such as the use of volunteers, the nature of the clients and service provision 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. SROI 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.



4. The Study

4.1 Background to YSS Ltd

YSS is an independent, voluntary organisation set up as a multi-agency project in 1986. It was established as a Charity and Company Limited by Guarantee in 2000. Its overarching aim is to support young people, adults and families who are at risk of social exclusion through delivering a range of support services that allow individuals to “reach their potential and lead positive lives within society”.

YSS currently delivers a number of projects from offices across the West Midlands. They provide support to approximately 2000 people per year. They employ 50 permanent staff, 20 casual staff and have 200 trained volunteers. Approximately three-quarters of their funding is through statutory contracts awarded through local, regional, national and European funded streams. The remaining funding is through donations from individual, group and charitable sources. YSS have been delivering support to young carers aged up to 18 in Worcestershire since 2003 and to young adult carers aged 18-24 since 2010.

Partnerships are the hallmark of YSS work recognising that YSS does not offer a single solution and that to be truly effective they need to develop and work in partnership with: individuals; local communities; voluntary agencies; statutory agencies and with funders. In order to ensure that young carers are identified, YSS has a protocol in place with the Worcestershire Association of Carers (WAC) for the reciprocal referral and signposting of young adult carers. They also work closely with organisations such as; Early Help Providers, Childrens Social Care, Schools and colleges, Worcestershire Young Carers School Nurse Champion. The project also has links with other community groups and voluntary services, to meet the needs of young carers; an example of this is Two Pennies which helps families manage their debt problems.

4.2 The Research Phase

Prior to commencing the study, desk-based research was undertaken into recent studies relating to the experiences and issues facing young carers. Reports covered included: The Children’s Society: *Hidden from view*, The Princess Royal Trust: *My care; the challenges facing young carers of parents with a severe mental illness*, The Social Care Institute for Excellence: *Think child, think parent, think family*, Carers Scotland: *Sick, tired and caring: The impact of unpaid caring on health and long term conditions*. Wordsworth: *Young carers’ report*. Crossroads Caring for Carers: *Economic Evaluation of Young Carers’ Interventions*. The NHS Centre for Health & Social Care: *Survey of Carers in Households*. The Cabinet Office’s: *Families at Risk Review*.

This study is, as far as we are aware, one of a small number of studies that attempt to calculate cost ratio in terms of the amount of social return against the cost of the delivery of a young carers' service. From that point onwards we set out the study's primary objective to review and evaluate the economic, social and environmental impact of the project with the intent of producing a report that can demonstrate the potential return on investment of funding projects that address the issues and barriers facing young carers seeking to lead positive lives outside of their commitment as carers.

The study was focused on the results of interviews conducted with members of YSS staff and information from young carers and their families who have been supported. Interviews with key workers and their managers explored how the service was delivered, how the referral process worked for them and what it did for their clients. Interviews with staff were conducted at the YSS offices in Worcester and Elmley Lovett. Interviews with young carers and their families were conducted in the service users' homes. Further information from the young carers was gathered during a focus group meeting. Findings from the study were then triangulated with data from YSS and previous SROI reports conducted on support services offered by YSS and other young carer projects. The data was then transferred onto the *Impact Map* and outcomes converted into financial values using accredited proxies obtained from verified sources.

As we didn't want the report to just reflect financial returns, we have highlighted a number of case studies that reflect the work of the project. This research confirms the findings of a number of reports that young carers in inappropriate caring roles are at risk of "falling between the cracks of society". It further endorses the view that support should be given to those most vulnerable and at risk of becoming isolated. The report will now explore the extent of this risk.

4.3 The Effects and Cost of Family-Based Caring Services

The Cabinet Office's *Families at Risk Review* estimated that around 2% of families in England face multiple and complex problems such as stress due to poor housing, debt or worklessness, disability, harmful family relationships, substance misuse or poor mental health. The review also concluded that existing support for many of these families failed to result in positive outcomes because of a lack of coordination between supporting agencies and a failure to account for the wider problems faced by family members.

In 2007, in response to these issues, the government launched the *Family Pathfinder* programme in 27 Local Authority areas across England. The aim of the programme was to develop local responses to the needs of families facing multiple and complex problems. Fifteen LAs received funding to test intensive family-focused models of support and 6 of the LAs received additional funding to address the needs of families with young carers. In 2009, a further 12 LAs received funding under the *Young Carers' Pathfinder* programme to support the work of young carers.

The issues facing families was not just confined to England. According to the Carers Scotland report:

- 96% of carers report a negative impact of caring on their health and well-being.
- 70% of carers reported suffering with lower back or shoulder pain.
- 86% of carers reported suffering with stress, anxiety and depression.
- 42% of carers reported that they developed specific health conditions after they began caring.
- 45% of carers experienced difficulties due to low income.

In a study of carers providing less than 20 hours of care per week, the London-based NHS Centre for Health & Social care confirm many of the concerns raised by Carers Scotland with over 50% of carers reporting their physical and mental well-being had been affected by caring. This included:

- 34% feeling tired
- 29% experiencing stress
- 25% with disturbed sleeping patterns
- 22% feeling short-tempered and irritable
- 19% suffering with depression
- 11% with back or shoulder damage

In terms of employment, the report indicated that:

- 26% felt that their caring responsibilities had affected their ability to take up paid employment.
- 39% had given up employment altogether and a further 32% had reduced their hours.
- 18% had negotiated flexible working arrangements with their employers.
- 4% had been given a carer's assessment, which could have led to the provision of mobility aids or benefit entitlements.
- 42% had not taken a break of two days or more since they began caring.

The York Consulting review of the Pathfinder programme presented a compelling case for Local Authorities and their partners to develop and implement a programme of intensive support for families with multiple and complex needs. Their review demonstrated that family-focused support led to significant improvements in outcomes for 46% of families supported by the *Family Pathfinder* programme and 31% of families supported through the *Young Carers' Pathfinder* programme. A further 41% of *Family Pathfinder* families and 56% of *Young Carers' Pathfinder* families experienced a reduction in the range and severity of risk factors associated with caring. The review indicated that for every £1 spent on the pathfinder projects, a financial return of nearly double that amount was generated.

4.4 Young Carers in Context

According to the 2011 Census data, there are over 150,000 young carers in England. The census data for Worcestershire shows that the numbers of young carers aged 0-24 has risen by 18% from 2961 in the 2001 Census data to 3490 in 2011. The Children's Society estimate that the figures for England is the "tip of the iceberg", with many young carers choosing not to broadcast the fact that they have a caring responsibility for other members of their family. They base this statement on a BBC documentary on the issue suggested that there could be in excess of 600,000 young carers in England and the then Department for Children, Schools and Families (DCSF) 2010 survey of over 15,000 young people aged 13-14, which revealed that 4.5% of respondents indicated that they looked after someone in their household who were disabled or sick..

The Children's Society cite the following reasons for young carers remaining anonymous as:

- Family loyalty: Not wanting to betray their parents and a fear that the family will be split up and them or their siblings taken into care.
- Fear of peer-group bullying: Worry about people who have no appreciation for what they do picking on them for *being different*.
- Avoidance of being ridiculed by their peers: They don't want to be seen as any different from their peers and often feel stigma or shame as a result of their parents' incapacity or substance abuse.
- Lack of awareness of the support they can access. A belief in their school's lack of interest in what they do and a lack of compassion if they miss lessons due to caring commitments.

Case Study: Amy is 15 and cares for her father who has a physical disability and mother who suffers from depression. She told me that, "my best friend asked me to go to a concert with her. When I told her that I couldn't go because I had to look after mom and dad, she got angry and we fell out. We haven't spoken to each other since".

To understand the scope and scale of the issue we need clarification of what constitutes someone being classified as a young carer. The Government define a young carer as someone under the age of 18 who provides "regular or on-going care and emotional support to a family member who is physically or mentally ill, disabled or misusing substances". The government also recognise that when the level of support expected from the young carer becomes excessive or inappropriate, their emotional, physical well-being, educational and employment prospects become seriously compromised.

Case Study: Billie is 17 and looks after her mother who has multiple sclerosis. She told me that, "Someone recommended I go to a carers' group for support. They were all getting on a bit and looking after really old people. I'd got nothing in common with them. There was no-one there anywhere near my age. I couldn't speak to anyone about college, work or things like that".

Based on the DCSF's survey, the Children's Society has suggested that in respect of young carers:

- One in 12 are caring for more than 15 hours per week.
- Around one in 20 will miss school because of their caring responsibilities and many will suffer from concentration problems due to late night or early morning caring duties.
- They are 1.5 times more likely to be from black, Asian or minority ethnic communities.
- They are twice as likely to not speak English as their main language.
- They are 1.5 times more likely to have a disability or special educational need.
- They are likely to have significantly lower educational attainments at GCSE level than their peers, with over a quarter leaving school with no qualifications.
- They are more likely than their peers to be not in education, employment or training (NEET).
- They are likely to come from families whose annual income is £5000 less than the national average.

Other reports indicate that some young people assume caring responsibilities as early as 5 years of age and retain these responsibilities well into adulthood. Wordsworth reports that those carers that do progress on to Further Education often experience financial hardship as their caring responsibilities may preclude any form of part-time work.

Case Study: Cheryl is 23 and cares for her disabled father. She told me that, "I've been caring for him since I was 11. I have brothers and sisters but they have their own families and lives to live. It's making it difficult for me to find a job and I've got very little social life to speak of".

Despite this evidence and government recognition of the value of the support provided by young carers, there is no evidence to show that young carers are any more likely to receive support from statutory services than their peers.

4.5 The YSS Worcestershire Young Carers Project

The YSS Worcestershire Young Carers (WYC) project has been running in the county for 11 years. It was established in 2003 to work with young carers up to the age of 18 and extended in 2010 to work with young adult carers aged 18-24. The project is funded through Worcestershire County Council. In 2013/14, the grant from WCC was £121,733 (£86,733 for carers aged up to 18 and £35,000 for those aged 18-24). This included £25,112 contribution from Health.

The aims of the project are to:

- Reduce the impact that inappropriate caring roles have on the most isolated and vulnerable young carers.
- Increase the support available for young carers.
- Raise awareness of the issues facing young carers.
- Develop the knowledge and resources available for young carers.

There are currently 174 active users of the service, with around 25 young carers being referred to the project each quarter. Children aged 11 to 16 represent the largest group accessing the service (61%). 18.5% of those accessing the service are aged 10 or under and 20.5% between the ages of 17 and 25. About 70% of young carers are female and just over 5% of young carers are from black or minority ethnic groups.

In the year 2012 /13 a total of 87 young and young adult carers were referred to the project, this increased by 5.7% in 2013/14 to 92 and by a further 16.30% in 2014/15 to 107 referrals.

Year	Number of active cases
March 10	97
March 11	130
March 12	166
March 13	187
March 14	238

Over a third of young carers accessing the service care for parents with physical disabilities or terminal illnesses and a further 20% care for parents with mental health problems. The remainder care for siblings with disabilities or behavioural difficulties.

A key aim of the project has always been to respond to the needs of young carers and each new referral goes through an assessment programme to establish which areas they want the most support in. The support identified as needed by the majority of young people generally falls into one of three categories:

- People understanding what they do as young carers.
- Opportunities to socialise and make friends.
- Support with their caring role.

The project has responded to these needs through a combination of signposting & newsletters, one-to-one support and clubs and activities.

Examples of support provided by the project include:

- Information: Personalised and appropriate information to help them to improve the care they offer.
- Personal development: Programmes to improve the carer's confidence and self-esteem.

- Training: To help carers develop the skills they need in order to care as effectively and safely as possible.
- Health & Wellbeing: Encouraging young carers to consider their own health needs.
- Interventions: Making carers aware of their rights.
- Respite: Offering young carers a break from their caring responsibilities.

A major feature of the project is the one-to-one service provided by Key Workers. This is made available for young carers considered to be most vulnerable and mostly in the 11-16 age range. The basic process for appointing a one-to-one key worker is:

- Initial meeting with young carer to assess needs.
- Develop an action plan to address the needs.
- Follow-up meetings to review progress leading to case closure or a recommendation to continue.

The key workers interviewed indicated that most of the young carers receiving one-to-one support had low self-confidence, feelings of being isolated and were victims of bullying. Some were dealing with other issues such as poor health, inadequate accommodation or were failing at school. Key workers stressed the importance of them being someone, other than family or teachers, that the young carer could talk to and providing the support or intervention to help them address these issues.

Case Study: Harriet is an YSS key worker. She has been Josie's one-to-one support for six months. She told me that, "I have built up a relationship with Josie through the one-to-one sessions to help her deal with issues of anger towards her peers at school and also towards her mother. We have been working to identify situations which triggered her anger and how to develop strategies for dealing with these".

Case Study: Kelly is an YSS key worker. She has been Lynne's one-to-one support for six months. She told me that, "The decision to refer Lynne for one-to-one support came about following family meetings with the mental health development worker. It was clear that the family were falling apart and this was affecting Lynne's relationship with her fiancé. We agreed that we would have one-to-one sessions every fortnight but that Lynne could contact me between these sessions if she needed support".

Case Study: Lynne is 17 and a young carer who, with her 15 year old sister, cares for her father with a physical disability, her mother with a depressive illness and 11 year old sister with epilepsy. Kelly is her YSS key worker. She has been Lynne's one-to-one support for six months. Lynne told me that, "Our

lives were changed dramatically after my dad's accident. He had a good job and never moaned when we needed him to take us places. He can hardly move now and we're in debt. My mom takes tablets for her moods and I have a partner with a drink problem. A bit of a mess eh? If I didn't have Kelly to talk to, I'd probably have topped myself by now. I'm trying to balance my life between commitments at home, wanting a baby and studying at college. Kelly's a great listener and never judges me. I know what I have to do".

Not every referral to the project is offered one-to-one support. Many get the help they need through voluntary mentors, focus group meetings and club activities.

Case Study: Marie has a mental illness. Her daughter Naomi is 16 and is her carer. Marie's illness often results in her physically and mentally abusing Naomi. Marie told me "I have a bipolar disorder. I know that I'm extremely controlling. When I'm bad, I tell Naomi what to wear, where to go and who to talk to. I can't stop myself. I love my daughter and wish I could stop being so controlling. I have another daughter and I can see things going in the same direction. I wasn't sure when she asked me if she could go to the Worcestershire young carers club, but it's the best thing she could have done. She has friends now and is more confident about standing up to me".

Case Study: Pat organises the young carers' club activities. He told me that, "Naomi had been attending the clubs for over two years now. She has also become a participating member of the Worcestershire Young Carers Focus group. Her mom took some persuading to let her join the club. We're now working with Naomi's 10 year old sister to help her prepare for the caring role she may have to take over from Naomi when she goes to college. Both girls will need extra support as they progress to college and secondary school".

Case Study: Naomi is 16 and has been caring for her mom since the age of 12 when her mom's mental health illness was diagnosed. She told me that, "My life is a nightmare at times. I love my mom and when she's well, she's great but at other times I can't do anything without her wanting to know what I'm doing. She even tells me what I should be wearing. I want to go to college but can't let my sister go through what I've gone through. We both go to the focus group meetings. Mom knows where we are so she doesn't kick off". I asked Naomi if she resented her mother for what she'd been through. She said "yes, but she's my mom".

Young carers have also participated in community events to raise the awareness about the service they provide as carers and in May 2014 organised a Young Carers' Conference to raise the profile of what

they do with other professional services. Over 70 delegates from a range of agencies attended the conference. The conference was organised by young carers.

Case Study: David is the father of 15 year old Elicia. He is severely disabled and needs constant care. He told me that, "If you would have told me a year ago that Elicia would have the bottle to stand in front of an audience and talk about what she does, I would have said you were mad. She has come on so much since joining the Worcestershire young carers' project".

Research undertaken by Manchester Metropolitan University indicates that young carers' projects have:

- An 11% impact on reducing truancy among the young carers they work with (with an estimated cost saving of £47,931 per person).
- A 1% impact on reducing the risk of the young carers they work with being taken into local authority care (with an estimated cost saving of £50,574 per person).
- A 2.5% impact on reducing the risk of the young carers they work with becoming teenage parents (with an estimated cost saving of £130,405 per person).

The value of young carers' projects can be summed up with an extract from the Carers Scotland report that suggests that projects of this nature, "provide information, at the right time, so that carers can access financial and practical support to manage caring better thus reducing poverty, disadvantage and ill-health". The report concludes by claiming that prevention, early intervention and anticipatory care will have greater impact in reducing the negative effects of caring on young people.

4.6 The Young Adult Carers' Transition Service

The Young Adult Carers Transition Service (YACTS) was established in 2010 after it was estimated that there was over 2000 carers aged 16-24 in the county and recognition by YSS and Worcestershire County Council that many were often not making it to adult services after they had outgrown the young carers service. The project featured in the 2010 Young People in Focus study, Made to Measure, which looked at bespoke services for young adults. The study looked at promising practices that were working with vulnerable young adults.

In 2013, Carers Trust commissioned the University of Nottingham to undertake research examining the experiences and aspirations of young adult carers in the UK. A total of 362 people viewed the survey and responses from 295 young adult carers aged 14–25 were analysed. Bringing these findings together, this report highlights the difficulties young adult carers experience in their education, employment, health and socialisation. They are not being identified and supported so they face multiple barriers that will have significant and lasting impact on their future.

The research (Sempik, J and Becker, S, 2013, 2014, 2014a) found that young adult carers:
Miss or cut short an average of 48 school days a year because of their caring role.
Were four times more likely to drop out of college or university than students who were not young adult carers.
Miss work an average of 17 days per year, with a further 79 days affected because of their caring responsibilities.
Have higher rates of poor mental and physical health than the average young person.
Rarely receive the assessments they are entitled to, with only 22% of those surveyed receiving a formal assessment of their needs by the local authority.
Experience high rates of bullying – one quarter reported bullying and abuse in school because they were a carer. (Time to be Heard)

The YACTS runs alongside the young carers' service to provide a seamless service for those carers who had already been accessing the service and for young adult carers who were newly referred. Although there are many aspects of the YACTS that are similar to the young carers' service there is a more mature theme to delivery with drop-in facilities where young adult carers are able to meet socially with their peers, participation in conferences on the subject and weekend trips. The YSS key workers work with the young adult carers on a range of issues and offer more age appropriate support to meet their needs. Young adult carers, for example are supported with issues such as unemployment, housing, education and training. They are also very keen to give back to the project in whatever way they can and often assist with awareness and fundraising events and activities

Case Study: Ed is 17 and cares for his disabled father. He told me that, "I've been caring for him since I was 13. I'm going to college in September. It's going to be a big shock for both of us. I've been able to talk to Ellie (another young carer) at the young carers' focus group. She's going through the same thing as me and we've been able to talk about how we're all going to cope. I'm not as worried as I was before talking to Ellie. Just knowing you're not on your own has been great for me".

There are currently 57 young adult carers receiving a service of which:

- 35 are 16-17 year olds and 42 are female.
- 20 live in single-parent households.
- self-harm on a regular basis
- 3 have made serious suicide attempts

Case Study: Fiona is the mother of 16 year old Georgie. She has a mental health illness. Georgie is her carer. She told me, "Georgie's a real angel, she has to put up with so much. When I'm low, I can be a real pain. I don't know how she puts up with me. Until we heard about the project, Georgie had no

social life: She never went out anywhere and I know she was hurting herself. She gets so excited now when the taxi pulls up to take her to the club”.

A key aspect of the YACTS has been involving young adults in the planning and provision of the service which has allowed them to build up their confidence and self-esteem as well as providing them with transferable skills that will be useful when they enter further education, training or employment.



5. Stakeholders

5.1 Stakeholder Involvement

Stakeholders are defined as 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 has allowed us to understand more about the strengths and weaknesses of the project and provided useful information which will help improve the service in the future.

It is crucial to involve stakeholders at a number of stages in the SROI process. It is however important to be sensitive to the amount of time and resources stakeholders can give to this process and to make the most efficient use of time by collecting data for several stages at once. For this SROI study we involved 6 staff members of YSS, 11 young carers, four families of young carers and data collected on service delivery and impact from previous SROI reports.

5.2 Scoping & Identifying

All stakeholders of young carer support and the reason for their inclusion and exclusion in the financial calculations are outlined below:

Key Stakeholders	Reason for Inclusion in the SROI calculations
Clients of the service	Primary beneficiaries of the service. Likely to be experiencing significant outcomes if intervention is successful. The families of primary beneficiaries
The State	Potential for reduction in NHS and LA Care costs due to improvements in health, well-being and behaviour.
Key Stakeholders	Reasons for Non-Inclusion in the SROI calculations
Project Staff	YSS staff would not otherwise be employed. This is a significant change to their life.
Stakeholders	Reason for Non-Inclusion in the SROI calculations
Statutory Services	Although a number of additional agencies and support groups had direct or indirect contact with service clients, it was difficult to quantify the impact in financial terms.

For the purpose of this pilot we have taken the pragmatic view to only consider those stakeholders directly affected by the service: service users directly supported by the project and the State.

6. Outcomes and Evidence

6.1 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 inputs refer to the contributions made by Worcestershire County Council to make the project possible and the cost of delivering the service. In this instance the total financial input for the project to date is £121,733.

6.2 Outputs & Outcomes

This section is divided into those stakeholders (staff) who derived benefit from the project but for whom there have been no calculations in terms of financial impact and those (service users & state) where a financial value has been calculated.

6.2.1 Staff

There is one programme manager, one part-time project manager and four key workers (one full-time and three part-time) delivering the project in the Worcestershire area. A number of volunteer mentors also provide valuable support for young carers. Additional support is available from YSS Head Office in terms of management and administrative services. Key workers have benefitted from their involvement in the project with heightened awareness of the issues relating to family-based caring. All feel that their ability to work with families with multiple and complex issues, and their potential to move on to other paid positions or higher education, has improved considerably as a result of experiences gained on the project.

6.2.2 Clients

In terms of the client group and in order to establish the outcomes for the Impact Map, we had to understand the changes that occurred for each stakeholder. We gathered this evidence through interviews with clients, their families and staff and cross-referenced it with existing SROI reports and data held by the project.

6.4 Indicators and Data Sources

Indicators tell us whether the outcome (change) has occurred and to what extent. In some instances such as the change in progress towards employment outcome we have opted to use more than one indicator. We have also tried to balance subjective (or self-reported) indicators with objective indicators to make our analysis as robust as possible.

Demonstrating and valuing outcomes, particularly where they are less tangible or have no easily identifiable market value, relies on the identification of indicators which express how the outcome is experienced in a way that is measurable.

Outcome	Indicator & Source	Duration	Drop Off	Proxy	Source
Improved schooling	Reduction in truancy among young carers	2 years	50%	£47,931 per person	Manchester Met Study (http://static.carers.org)
Better health & wellbeing	Young carers interviewed reporting increase in levels of confidence and self-esteem	2 years	50%	£1711 per person	Emagister.co.uk (NEF used for Cov LEGI)
Savings in costs of Local Authority care services	Young carers not taken into local authority care	1 year	75%	£50,574 per person	Manchester Met Study (http://static.carers.org)
Savings in costs of NHS	Avoidance of teenage pregnancies	1 year	75%	£130,405	Manchester Met Study (http://static.carers.org)
Improved personal circumstances	Improvements in relationships between young carers and their families.	2 years	75%	£12,733 per person	Aviva report: Value of stable family living

6.5 Duration of Outcomes

For each outcome we have added a duration figure to the Impact Map which relates to the length of time over which the outcome is expected to last or against which the outcome will be attributed to YSS. The effect of some outcomes 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 outcomes. Where we have claimed for 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.

6.6 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 we have opted 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. As with all of the outcome calculations, we have not attributed this outcome solely to the work of the project. We have made deadweight, attribution and displacement calculations informed by recent SROI reports and interviewees' comments to rationalise the financial impact.



7. 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 supervision 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 support workers.

Establishing impact is important as it reduces the risk of over-claiming 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 spreadsheet allows us to input these percentages and calculates the monetary values to be deducted.

7.1 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 jobs gained and personal well-being improved by clients if some of those people would have got jobs or become more self-confident anyway. We ought to count only those changes that occurred over and above what would have happened in the absence of the project.

In establishing deadweight, and through exploring deadweight during the interviews, it was considered that in most cases the clients would have done very little without some form of intervention. There is

little else available to help young carers. The interviews identified that having the personal support provided by the key workers was also a key factor to helping to build motivation and personal well-being in terms of self-confidence.

7.2 Attribution

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

Attribution was difficult to judge as details of the support offered to the client outside of the project were limited. For this reason, we chose to attribute only 40% of the impact factor to the direct intervention by the key workers with the 224 clients that made up their direct caseload.

7.3 Displacement

Displacement is an assessment of how much of the outcome displaced other outcomes.

Because this project is unique, there are no displacement considerations.

7.4 Drop-Off

Drop-off accounts for the decline in impact of the outcome over a period of time.

For outcomes that last longer than one year, it is likely that the effect of the outcome will diminish over time. The outcome 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 outcome. These percentages are detailed on the Impact Map. We have been fairly conservative in the duration of outcomes and purposefully generous in the drop-off rate's we have applied in order to avoid over-claiming.

We needed to account for the percentage of young carers who do not face health or social exclusion issues as a result of their caring responsibilities and go on to lead independent lives as a result of the project. To identify the drop-off for these outcomes we have looked at similar young carer studies and used a 50% drop off rate. For the change in well-being (self-confidence) outcome we have a three year benefit period and have opted for a 50% drop-off rate. The rationale for this is that, without exception, the young carers that we interviewed who had used service felt in a considerably better position personally with increased confidence and motivation going forward.

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 attributes a value to the influence that the project workers have had on the circumstances of the clients. Improvements are measured in terms of housing, health, employment, financial stability and offending.

The Impact Map itself is a complex set of formulae that takes into account impact measures such as Deadweight, Attribution, Displacement and Drop-Off. Highlights from the Impact Map indicate that out of a sample of 224 young carers:

- 132 will experience an increase in self-confidence.
- 55 are less-likely to miss school.
- 55 feel more confident in finding further education, training or employment.
- 22 are less-likely to need treatment for stress.
- 5 are less likely to have unwanted teenage pregnancies.
- 4 are less likely to be taken into local authority care.
- 44 have more stable home lives.

The total cost of project delivery is £121,733 and the total social value of the project is calculated at £1,057,775

This gives a Social Return on Investment of £8.69 : £1

9. Summary of Key Findings and Recommendations

It was evident from the feedback from the young carers and their families how much they valued the project and its activities. Young carers in particular indicated how much they respected their key workers and looked up to them as role models. The sections that follow summarise some of the general points to emerge from the research and recommendations for developing the service.

Clubs for the 7-11, 13-15 and 16-24 year olds meet monthly with activities varying from social, recreational and information sharing. Club members are asked about what activities they would like at the club and the clubs' organiser responds well to this. All of the young carers interviewed would like to meet on a more regular basis. Taxis are used to ferry young carers to the club. Whilst the cost of the taxi service represents a significant chunk out of the project's budget and therefore restricts the frequency of the clubs meeting, the service is important to allay any fears that the parents of the young carer have about their children's safety. Some of the young carers meet up socially outside of the clubs and most maintain contact through texting, emails and facebook, but the geographical spread of the county makes regular face-to-face contact for many difficult if not impossible. There is not an easy answer to this dilemma. Options that may be worth considering include having more localised clubs (over 70% of the young carers live in one of 4 boroughs: Bromsgrove, Kidderminster, Redditch and Worcester) or investing in a minibus to transport young carers to activities. Both options will impact on the project's personal and financial resources, which may be beyond the capacity of the project.

Some concerns were expressed early on about the age breakdown of the two clubs. Users were concerned that there is a big difference in maturity and outlook between 15 year olds and 7 year olds and likewise between 16 year olds and 24 year olds. A decision was made to separate the 7-15 year olds into two groups (7-12 and 13-15) and run two separate clubs. This has required organising three, instead of two clubs, but the payback in terms of what young carers get out of the clubs has been worth the extra investment of staff time.

The number of young carers on the caseload is high. I found one similar project with a greater budget working with one quarter of the number of young carers that the Worcestershire project has. The number of new referrals during 2013-14 is almost double the number of case closures. The project needs to develop a planned approach to rationalising the processes for young carers joining and leaving the project including more data analysis on why young carers exit the project.

Young carers talked enthusiastically about the impact that the project had on improving their lives. Many indicated that they had difficulty visualising a positive future before coming into contact with the project and how much their key worker and other young carers had influenced them. The relationship that key workers have developed with their clients is a key factor in the success of the project. Key workers were not specific about how long they work with a young carer; the only parameter being the

upper age limit of 25. The general guideline appears to be an average of 6 sessions for one-to-one work with no limit on the number of times a young carer can attend club activities. Having a limit on the number of one-to-one sessions is useful in that it focuses attention on achieving elements within the young carers' action plans and doesn't overstretch resources but can be damaging to the young carer if a level of expectation fails to materialise due to withdrawal of support. It is important therefore to maintain a degree of flexibility to allow support for young carers with more long-term needs. The use of volunteers to work alongside the young carers as mentors is critical in this respect and the opportunity to recruit mentors from existing young carers needs to be investigated. This will only work if a volunteers and peer mentors are given adequate training to enable them to function effectively

The families of young carers who were interviewed were clearly very appreciative of the project and the impact that it had on their children and subsequently the standard of care they were able to offer. A number were also appreciative of the support that they had received personally from the key workers. There is almost a *Catch 22* situation here. The project wants to support the development of the young carer to be more effective carers but, in doing so, may encourage the young carer to be more independent and have greater expectations for themselves. It is not difficult therefore to expect some reluctance on the part of wary parents to allow their children to be part of the project. Those parents who show the greatest reluctance are often the most vulnerable and socially isolated. All of the key workers interviewed expressed the view that it was the interests of the young carer that was their prime concern, with one key worker indicating it was their sole concern; however this did not preclude sign posting other family members to appropriate and relevant services if the need arose. With limited resources, this of course has to be the priority and spending too much time on family support work will detract from this. Families however can have a massive influence on whether or not the young carer gets the most they can out of the project and some development work with them is necessary. To this end Worcestershire Young Carers works with the wider early help provision and where appropriate referrals are made to the relevant provider. Any Safeguarding concerns are raised with Children Social Care via the access Centre. One of the projects researched have recruited a Family Support Worker to work alongside the key workers with the families of young carers. It was unclear in the project's report whether this was a position paid for out of the project's budget or a secondment. This is an option worth exploring.

I had to press members of the focus group to suggest areas for development. With some reluctance, they indicated that communication could be improved, citing some instances where late cancellations and missed meetings had been a problem. Although they were keen to point out that this wasn't a major issue, the project may wish to review how young carers are notified about activities. *As part of ongoing developments the project has looked at various ways of keeping young carers informed about its activities, this include the use of emails and text messaging along side its newsletters and standard mail-outs.*

Throughout the research, a number of young carer projects in other areas were identified. It is beyond the scope of this study to fully evaluate each but a number of key points relating to young carer support began to emerge from a number of them. These include:

- The duration of the young carer project and the time spent with the key workers is an important factor in ensuring young carers are encouraged to develop positive outlooks.
- Having a strong support system in place for the key workers is essential to ensure a positive impact on outcomes.
- The key workers are more likely to achieve positive results when they are used as a component within a wider programme of support for young carers.
- It is vital that young carers with additional or exceptional needs are referred to the appropriate services and that the key workers are not expected to fulfil these functions.

The main themes to emerge from this research are:

- The clubs and activities play an important part in providing a respite as well as the opportunity to gain and share information about caring issues. The frequency and structure of the club meetings needs reviewing.
- Key workers and volunteer mentors play a significant role in supporting young carers
- The needs of young carers remains the priority of the project but not at the total exclusion of support for the young carers families.
- The initial assessment of young carers using the PANOC tool has been invaluable in helping the key workers to assess needs and signpost young carers to the appropriate service.
- The one-to-one support offered by the key workers has been critical to improving the confidence and self-esteem of young carers.
- The flexibility on offer in terms of meeting young carers at convenient venues and times has made a significant contribution in ensuring the project exceeds its targets.
- Dealing with the full range of issues facing young carers is a vital aspect of the support service.
- The user-friendly approach of support workers was vital in building trust
- Partnership working with statutory service providers has been valued by all stakeholders.

YSS has delivered the young carers project in a very complex arena, where there is the interplay of many children and caring services and agencies, many of which are going through a period of uncertainty over funding and re-organisation issues. This SROI analysis demonstrates the difference that agencies such as YSS can make, and there is the potential and opportunity for the government to play a valuable role in this arena. With increased and more sustained funding and guidelines for a more measured and integrated approach to the process of caring in the community, the current fragmentation and isolation in aspects of the service could be avoided.

YSS clearly has a number of strengths in working with young carers. Some of these are:

- YSS staff can act as advocates for young carers who need the support of the statutory services.
- YSS can widen the range of services available to young carers, including using volunteers and peers as support workers.
- The diversity of staff offers a much more diverse range of skills and experiences and therefore more responsive to the needs of the young carers.
- Clients welcome the supporting, not controlling ethos that YSS key workers apply.
- Through networking with various child support and social care agencies, they have promoted the role that the third sector can play in supporting young carers.
- They are a 'safe pair of hands', having built a good reputation for working with a range of disaffected clients and understanding the importance of reaching performance targets whilst being able to account for every penny spent.
- They are known and valued by a number of funding bodies as a preferred service supplier.
- They are pro-active and innovative in their design and delivery of products and services.
- They have quality staff that understand the needs of their clients and work with them in an approachable and trusting manner.

The project is solely reliant on support from Worcestershire County Council to cover the costs of programme delivery. YSS have estimated that it costs around £1,500 to provide a young carer with one-to-one support for a period of 4 months and £120 a year to provide a place for a young carer to attend regular club activities with an additional £8,000 per annum to cover the costs of transporting young carers to and from the clubs. The case for continued funding is simple: On its current performance, over £1m worth of public, private and third sector spending will be saved each year as a result of an investment of just over £120k in the project.

The project therefore demonstrates excellent value for money and uses support workers effectively to add social value and localism to working with young carers. This report suggests that the services offered to young carers by YSS can make a significant contribution to improving their lives. The SROI analysis has demonstrated that the key workers and volunteer mentors have been highly effective and brought about substantial positive changes for the young people who have used the service. Overall the project has created a substantial social value of £8.69 for every £1 of investment.

By demonstrating their capacity to be more responsive to the needs of their clients, whilst maintaining the professionalism expected of a public funded organisation, YSS are well-located to position themselves as a key player in the delivery of support for family-based caring services.

Appendices

Appendix 1: Audit Trail - Stakeholders

Stakeholder and how they effect or are affected by the activity	What we think happens to them, positive and negative	Included/ Excluded?	Method of involvement?	How many?
Young Carers (users of the service)	Increased confidence, more effective as carers.	Included	Service evaluation interviews	11 interviews
The families of Young Carers (users of the service)	.	Included	Service evaluation interviews	4 interviews
Staff	Greater employment stability and job satisfaction.	Included (but not in the SROI calculations)	Interviews	6 interviews:
The state	Potential for reduction in costs of having to deal with young people facing social issues.	Included	Secondary data and intelligence	

Appendix 2: Glossary (adapted from 'A guide to SROI' – The SROI Network p85)

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