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# Kaleidoscope

Gogledd Cymru / North Wales

## SOCIAL RETURN ON INVESTMENT (SROI) EVALUATION REPORT OF THE KALEIDOSCOPE SERVICE IN ANGLESEY – AFFINITY PROJECT

Part of the Social Value Cymru project

“The groups brings people together and stops you getting stuck in your thoughts”



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## Executive Summary

This report details the Social Return on Investment (SROI) evaluation conducted on the Affinity Project in Anglesey, managed by Kaleidoscope North Wales. The results demonstrate that significant social value is created through the project's activities, with a **SROI result of £5.76:1** – meaning that for each £1 invested, £5.76 of value is created.

Fundamental to the success of the service is the holistic support programme they offer individuals who access the service either through the statutory route or non-statutory route. By using a combination of one to one support, activities and opportunities to volunteer and access training they are able to support individuals to look at breaking down barriers and breaking the cycle of substance abuse and crime.

There is a growing need for an alternative in our communities to support the growing concerns around mental health, poverty and to improve community cohesion. This model offers individuals the opportunity to create changes in their own lives and to empower them to make positive decisions. Outcomes experienced by clients included **positive changes in their mental and physical health, feeling less isolated within their communities and also increased an increased sense of purpose.**

## Acknowledgements

This report would not be possible without involving key stakeholders that can help us to understand what changes and to establish the impact. We're extremely thankful to the participants who gave their time in order to help us understand what had changed in their lives as a result, as well as helping us to understand how to build on this impact in the future.

A huge thank you to the staff members who are clearly passionate about their work, and their commitment to embedding social value principles into the organisation was apparent.

A huge thank you to Kaleidoscope, who is clearly passionate about their work, and their enthusiasm and support to help the individuals was a crucial input in the chain of change. As they are part of the Social Value Cymru shows their commitment to both understand the impact of their work, but to also look at how they can maximise that impact.

Diolch yn fawr / Thank you

## 1.0 Introduction

This evaluation report will analyse the value of the Affinity project in Anglesey, managed by Kaleidoscope. The impact of this programme on service users will be considered, but also the value to other potential stakeholders.

Through engagement with the service users receiving the support and the organisation and examining the information and data that was available, appropriate estimations have been made supported by secondary evidence.

The report will initially set out the background of this programme, followed by a discussion of the Social Return on Investment (SROI) framework used to evaluate the service. The SROI results will then be discussed in detail to explain the 'story of change' and value for key stakeholders. The report will look at the social value created for activities from January 2019 until December 2019.

## 1.1 Background & Context

### Key Organisation

Kaleidoscope is a registered charity who supports people with drug, alcohol and mental health issues throughout all regions of Wales. They also provide a dual diagnosis hostel in Kingston London, and an older person's day care centre in Alfriston London, drug and alcohol services throughout Shropshire, and a residential detox unit in Birkenhead.

Purpose:

"Kaleidoscope supports people with Drug and Alcohol and Mental health issues so they can have a brighter future in their communities." <sup>1</sup>

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<sup>1</sup> <https://www.kaleidoscopeproject.org.uk/>

Kaleidoscope inspires people to achieve goals:

- That service users have skills and experience that brings about change for themselves, their Peers and communities.
- Investing in our people builds compassionate and pioneering teams
- In our places stability and creativity thrive.

## Project Outline

This evaluation is done as part of the Social Value Cymru project managed by Mantell Gwynedd and led locally through Medrwn Môn. The focus of the project is internal decision making, and therefore this report will mainly focus on the value to those who matter the most – our clients / beneficiaries / service users. These results will then be used as a baseline for trustees so they can start to embed social impact measurement to inform their decision making.

In North Wales Kaleidoscope are commissioned by Her Majesty's Prison and Probation Service and the office of the Police and Crime Commissioner to deliver an integrated Criminal Justice Substance Misuse Service. What this means is that they deliver interventions designed to support individuals to break the cycle of committing crime to fund substance misuse.

They will provide initial assessments, to determine the level of substance misuse and offending. These assessments are holistic in that they also look at all areas of a person's life and the assessment then is co-developed with a case manager into a recovery plan. Recovery plans are reviewed regularly and outcomes are measured using TOPS (Treatment Outcome Profile Score) scoring. The TOPS is a way of measuring substance misuse treatment and

measures the use of drink and drugs, criminal activity as well as work and volunteer activity and it measure psychological and physical health.

The Affinity project provides interventions in order to reduce substance misuse related offending. This is done in a variety of ways and specifically there are four main gateways to access the project.

- Arrest referral. Workers are based in three custody suites across North Wales. Wrexham; St Asaph and Caernarfon. The function of the workers within the custody suites is to identify and engage with individuals who may be using class A substances (Heroin; Crack Cocaine) and committing crime in order to fund their substance use. Typically arrest referral workers operate 'assertively' to actively motivate and encourage people detained in the custody suites to engage with treatment and the programme that we offer.
- Conditional Cautions. They deliver the psycho social aspect of the conditional caution on behalf of North Wales Police. Conditional Cautions are given to individuals as a means to divert them away from the Criminal Justice system. Therefore, these are usually very low level offences or simple possession of substances. The individuals, once given the caution are then contacted by our staff and an assessment is conducted and a plan of engagement or brief intervention is then delivered.
- Prison release. The programme offers support and guidance to newly released prisoners returning to Wales from prisons across the UK. The service will be notified in advance of a prisoners release date and appointments and any other referrals can be made on behalf of the person returning to the community. Workers will write to

individuals whilst they are serving their sentences or on remand in order to establish a rapport with the individual and to support them prior to release.

- DRR. Otherwise known as the Drug Rehabilitation Requirement. This is a court mandated order for which the individual is given a determined time to engage with our programme. Typically these orders can be from 3 months up to 18 months. Regular drug testing is a part of the order, as is mandatory as is attending group sessions.

Recovery is a journey towards holistic wellness, so not only is it about stopping drug/alcohol use, but it is about living a life that is free from committing crime and becoming a responsible member of their community and contributing as such. The project has developed a fourteen week group work programme that educates, informs and involves individuals to become healthier, productive and resilient. They also help people to access the multitude of recovery support networks that are available in North Wales and signposting is an important part of the support workers role.

Health and wellbeing is at the core of everything they provide, whether it be a key work session a group work programme or involvement in one of the many external activities. This could take the form of volunteering or just participating and having fun, whilst also contributing to the environment or the community at the same time.

Harm reduction is also essential of the work they provide to people accessing service in North Wales. It is not untypical for people to come to the service in crisis, especially if they have been picked up via the custody suites or if they refer themselves via the community route. The service will ensure that their level of risk to themselves and others is minimised as much as possible. So this may mean helping them to access needle exchange provision or safer injecting advice. Harm Reduction is the first step on the road to recovery and they support

individuals to take positive steps and if they choose to use drugs then they use them as safely as is possible.

Interventions provide a range of support from one to one sessions through to group activities and voluntary activities which benefit the individuals and their communities. Examples include but not limited to National trust work, Beach cleaning and Snowdonia Society.

### Identifying the need

The data on substance misuse published by Welsh Government and NHS Wales Informative services in 2018-19<sup>2</sup> showed a slight increase in referrals with 24,679 referrals during this year but this figure includes some re-referrals. Some of the headline results were as follows:

Of the 24,649 referrals, 6,211 did not have an associated main problematic substance. Of the remaining 18,438 referrals:

- 52.4% of these referrals were described as having alcohol as the main problematic substance and 47.4% had drugs as the main problematic substance; in 0.3% of cases had an assessment date but the main problematic substance was not recorded.
- Males accounted for 63.2% of alcohol referrals and 71.8% of drug referrals.
- Median age for alcohol referrals was 42, whilst median age for drugs was 33.
- 16.5% of alcohol referrals (where age was reported) were for clients aged under 30 – the comparable figure for drug referrals was 37.5%.
- Heroin referrals accounted for 16.6% (3,059), Cannabis referrals accounted for 10.5% (1,926) and Cocaine accounted for 6.2% (1,138) of all referrals, an increase from 9.4% (781) in 2014-15.

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<sup>2</sup> <https://gov.wales/sites/default/files/publications/2019-10/treatment-data-substance-misuse-in-wales-2018-19.pdf> accessed 14/05/2020

In this report, North Wales had the biggest number of referrals with 6,232 referrals.

One of the fundamental principles of the Social Services and Well-being (Wales) Act 2014 is prevention and early intervention. With the focus on empowering individuals and supporting individuals to be more resilient, there is a focus on preventing from developing further mental health illnesses, but also will have an impact on other stakeholders such as friends, family, community and the employment sector.

In 2012, the Welsh Government published a ten year Together for Mental Health Delivery Plan with an aim to improve mental health services for those needing support and their families. Since this was first published the Well-being of Future Generations (Wales) 2015 Act also came in to force which aims to get public bodies to think more about;

- Think more about the long-term
- Work better with people and communities and each other
- Look to prevent problems and take a more joined-up approach

These priorities, as well as those identified under the Social Services and Well-being (Wales) Act 2014 promotes a way of working which has the individual at the heart of decision making, and these principles will be considered when evaluating the Kaleidoscope project.

In the BCUHB three-year strategy it is stated,

“Mental well-being is concerned with how people feel about their lives and whether their lives are worthwhile. It is not just the absence of mental health problems – it is broader than that.

It is about how much control someone feels they have; resilience and support networks; participating and being include.”<sup>3</sup>

In the 2017 Population Needs Assessment, it was recognised that the figures in North Wales of those reporting mental health illnesses are slightly under the rate for the whole of Wales. However, it was also anticipated that this figure is likely to increase, and their needs are much more complex. One of the recommendations from this model was as follows;

“Services for people with mental health needs must take a person-centred approach that takes into account the different needs of people with protected characteristics. The move towards the recovery model, which shifts the focus from treatment of illness towards promotion of well-being, should support the identification of and appropriate response to address barriers being experienced by individual.”

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<sup>3</sup><http://www.wales.nhs.uk/sitesplus/documents/861/Together%20for%20Mental%20Health%20in%20North%20Wales.pdf>

## 2.0 Social Return on Investment (SROI) Framework

By explicitly asking those stakeholders with the greatest experience of an activity, SROI is able to quantify and ultimately monetise impacts so they can be compared to the costs of producing them. This does not mean that SROI is able to generate an 'actual' value of changes, but by using monetisations of value from a range of sources it is able to provide an evaluation of projects that changes the way value is accounted for – one that takes into account economic, social and environmental impacts. Social Value UK (2014) states;

*'SROI seeks to include the values of people that are often excluded from markets in the same terms as used in markets, that is money, in order to give people a voice in resource allocation decisions'*

Based on seven principles, SROI explicitly uses the experiences of those that have, or will experience changes in their lives as the basis for evaluative or forecasted analysis respectively.

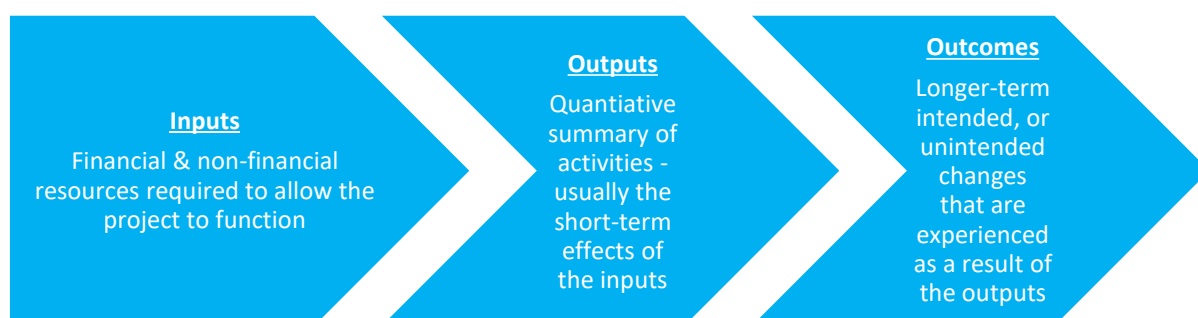
### Social Return on Investment Principles

1. **Involve stakeholders** Understand the way in which the organisation creates change through a dialogue with stakeholders
2. **Understand what changes** Acknowledge and articulate all the values, objectives and stakeholders of the organisation before agreeing which aspects of the organisation are to be included in the scope; and determine what must be included in the account in order that stakeholders can make reasonable decisions
3. **Value the things that matter** Use monetisations of value in order to include the values of those excluded from markets in the same terms as used in markets
4. **Only include what is material** Articulate clearly how activities create change and evaluate this through the evidence gathered

5. **Do not over-claim** Make comparisons of performance and impact using appropriate benchmarks, targets and external standards.
6. **Be transparent** Demonstrate the basis on which the findings may be considered accurate and honest; and show that they will be reported to and discussed with stakeholders
7. **Verify the result** Ensure appropriate independent verification of the account (socialvalueuk.org)

The guiding principles ensure that *how* value is accounted for remains paramount. To ensure a consistent approach is used, chains of change are constructed for each material stakeholder explaining the cause and effect relationships that ultimately create measurable outcomes. These chains of change create the overall Value Map (attached separately as appendix 2), and these stories of change are equally as important as the final result of analysis. In fact, SROI is best thought of as a story of change with both quantitative and qualitative evidence attached to it. Figure 2 summarises the different elements for each chain of change included within the SROI analysis (before the impact of outcomes is calculated).

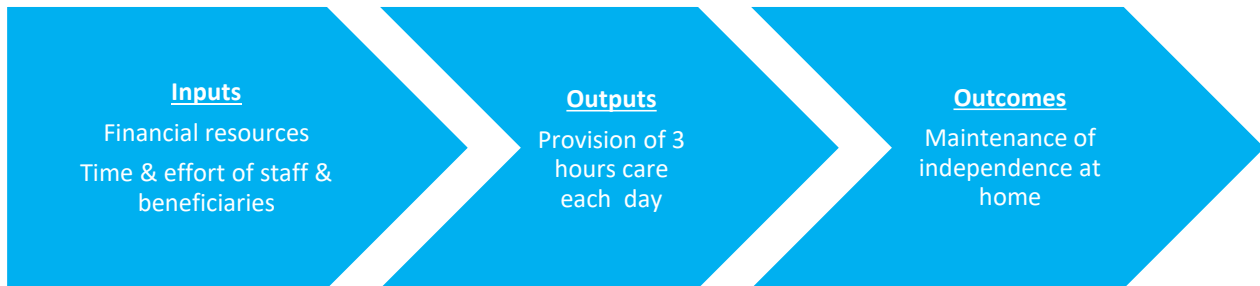
**Figure 2 – Outline of the Chain of Change**



SROI is an outcomes-measurement approach, and only when outcomes are measured is it possible to understand if meaningful changes are happening for stakeholders. To illustrate this idea, figure 3 displays a brief theory of change for a domiciliary care programme to assist people to remain in

their own home - only by measuring the final outcome, is it possible to understand the impact of the care-programme.

Figure 3 - Example Chain of Change –



As will be discussed at the point of analysis, SROI also incorporates accepted accounting principles such as deadweight and attribution to measure the final impact of activities that are a result of each particular activity or intervention. Importantly, SROI can capture positive and negative changes, and where appropriate these can also be projected forwards to reflect the longer-term nature of some impacts. Any projected impacts are appropriately discounted using the Treasury's discount rate (currently 3.5%). The formula used to calculate the final SROI is;



Overall, SROI is able to create an understanding of the value of activities relative to the costs of creating them. It is not intended to be a reflection of market values, rather it is a means to provide a voice to those material stakeholders and outcomes that have been traditionally marginalised or ignored. Only by measuring impacts are organisations able to not only demonstrate their impacts, but also importantly improve them. This thereby strengthens accountability to those to which they are responsible, which in the third sector is fundamentally the key beneficiaries of services.

## CASE STUDY - DIP

D walked into the Bangor Kaleidoscope office and asked for help to address his alcohol issues. D was known to the office as he had previously made use of the service as a DIP service user for a period in 2017 with alcohol issues but he was also dabbling with smoking heroin and pretty much anything else that he was offered.

A triage was completed with D where it became apparent that since “finding his feet” last year D had once again returned to his ex-partner who is alcohol dependant and their abusive and chaotic relationship. Through doing this D had lost his home due to the sheer number of police call outs to the address, in addition to this because he worked for his landlord he lost his job also.

D was immediately assisted in making a benefit claim as well as referrals to the St Marys’ and Pen Dinas Hostels as well as to the Gwynedd Homeless Team for housing. These referrals were paramount as D had disclosed that without any income he was having to beg to fund purchasing alcohol and when there was no money to be made from begging he disclosed that he would shoplift alcohol from local supermarkets.

At the WIISMATT stage D made the staff aware that neither he nor his ex-partner had had contact with their four children who are in a foster placement under the care of Anglesey Count Council for six months when they should see them every three months. We contacted Anglesey County Council but the Social Worker holding the case was off on long term sickness – we requested that D be contacted once the case had been appointed to another Social Worker.

In the interim myself and D continued with our 1-1 therapeutic sessional work to reduce and control his alcohol intake through ITEP Mapping working specifically on D`s self-esteem which had been extremely low and was recognised as a trigger to his binge drinking.

Contact was made with the newly appointed Social Worker to D`s case and after discussing with D a three way meeting was set up at the Kaleidoscope office for the following week. D was advised to write down all the questions and concerns he had with regards to the care of his children to put to the Social worker at the meeting, which he did and he is currently awaiting another meeting with the Social Worker where he hopefully will be given the answers to all his questions.

D has since been given a room at St Marys` Hostel and is currently making use of all the diversionary interventions available in the local area through the Abbey Road Centre, Penrhyn House and of course our in house Health & Well-being group and Cook & Eat sessions. D also uses the Bangor Kaleidoscope office to attend weekly three way meetings with his Offender Manager and case worker.

D is currently abstinent from alcohol, engaging well with all Kaleidoscope, CRC Probation Service and Social Services alike. D engages well in activities and is actively seeking employment.

### 3.0 Stakeholder Engagement & Scope of the Analysis

Including stakeholders is the fundamental requirement of SROI. Without the involvement of key stakeholders, there is no validity in the results – only through active engagement can we understand actual or forecasted changes in their lives. Only then can SROI value those that matter most.

In order to understand what is important for an analysis, the concept of materiality is employed. This concept is also used in conventional accounting and means that SROI focuses on the most important stakeholders, and their most important outcomes, based on the concepts of relevance and significance. The former identifies if an outcome is important to stakeholders, and the latter identifies the relative value of changes. Initially, for the evaluation of the Kaleidoscope Affinity project, a range of stakeholders were identified as either having an effect on or being affected by the project – table 1 highlights each stakeholder, identifying if they were considered

#### Materiality

**If a stakeholder or an outcome is both relevant & significant, it is material to the analysis. Being important to stakeholders and of significant value, means that if the issue was excluded from analysis it would considerably affect the result.**

Table 1 – Stakeholder List & Materiality

Stakeholder	Material stakeholder?	Explanation
Service users	Yes	As key beneficiaries of the service these are the most important stakeholders and some changes experienced will be both relevant and significant.
Family members	Yes – however is beyond the scope of this analysis	Family members are likely to experience some positive impact and changes experienced will be both relevant and significant.
Kaleidoscope	Yes	Provides material inputs of finance, skills and other resources to ensure the strategic direction of the project, so must therefore be included.
Local Authorities	No	Some of the changes are likely to have an impact on the Local Authority; however, this was beyond the scope of this report.
NHS	No	Some of the changes are likely to have an impact on the Local Health Board; however, this was beyond the scope of this report.
Criminal Justice System	Yes – however their value will not be included as it is	Some of the changes are likely to have an impact on the Criminal Justice Department;

	<b>beyond the scope of this analysis</b>	however, this was beyond the scope of this report.
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Having identified the material stakeholders for analysis, table 2 highlights the size of the populations, the sample size engaged with and the method of engagement.

Initial discussions were held with the Project Manager to understand the scope and potential list of stakeholders. Further activities were held as part of the Social Value Cymru project to do further stakeholder mapping and to start to identify any potential characteristics that can possibly provide some insights in the results.

Engaging with the individuals themselves is essential to ensure we adhere to the principle 1 of SROI which is involving stakeholders and then through them we can get a better understanding about the outcomes. All qualitative data was gathered by either a focus group or one to one interview depending on the appropriate method. There are different ways of engaging with stakeholders and gathering qualitative data, and each option offers different advantages and disadvantages.

Although a great deal of thought was given to the questions being asked to the individuals about their experiences, in order to adhere to the SROI principles and to understand what had changed, a loosely structured approach was taken that allowed them to tell us what happened as a result of the support given by the organisation. The added flexibility of semi-structured probing questions, such as asking people what they now do differently because of the change they had experienced, how long they believe the change will last, and importantly if they had any negative experiences allowed them to tell their story from their own perspective. The focus group lasted approx. 60 minutes. The service users were extremely

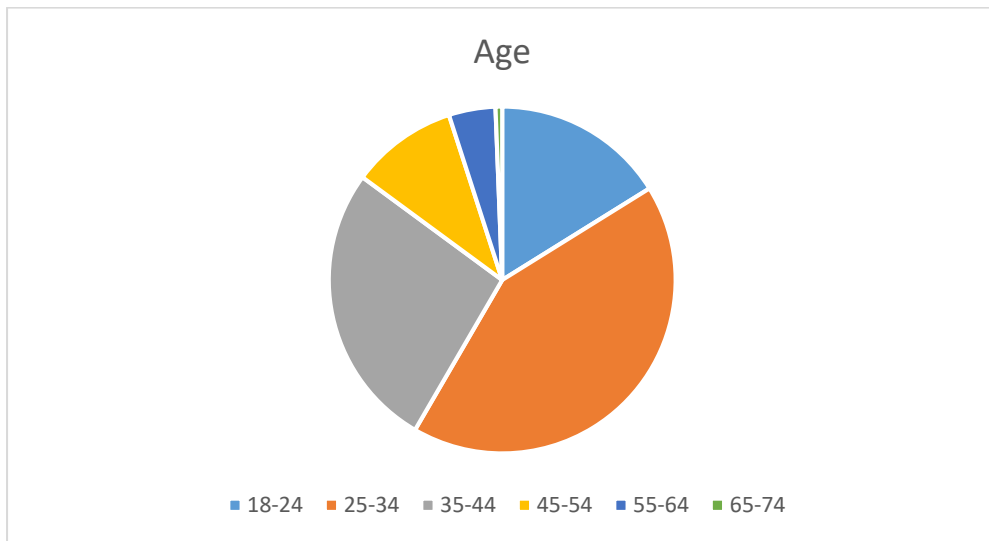
open and were eager to speak about their experiences. They were also able to provide an insight into what had changed for them, but also what they think might have happened without the service and the possible difference it would have. Questions were also asked around impact such as who else contributed to any changes, and would they have support from somewhere else if this service wasn't available.

Unlike quantitative methods, qualitative interviewing does not have a statistical method for identifying the relevant number of interviews that must be conducted. Rather, it is important to conduct sufficient numbers until a point of saturation is reached – this is the stage at which no new information is being revealed.

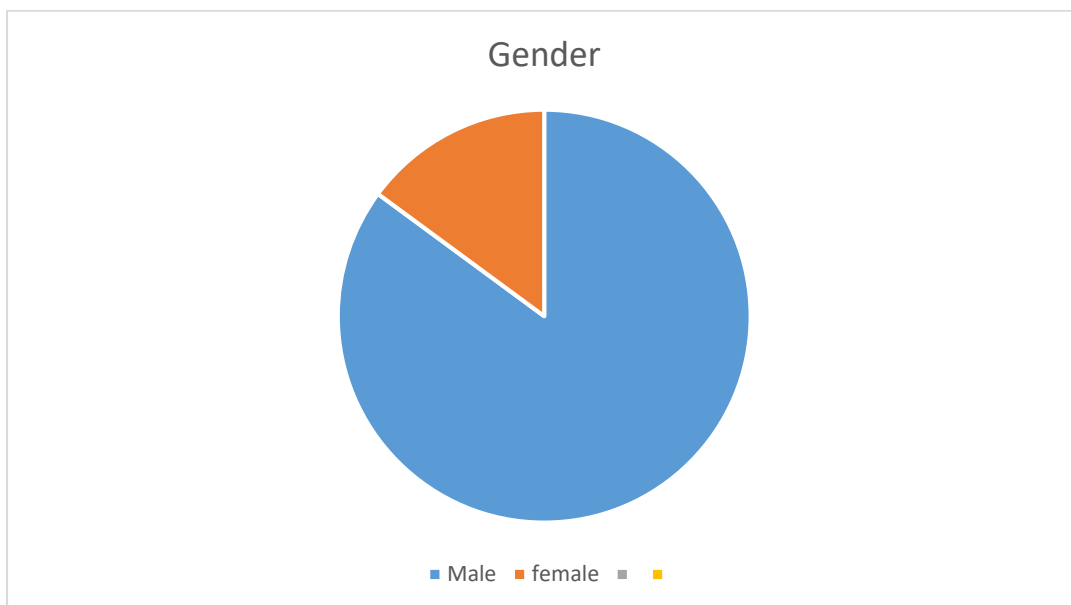
### Potential Subgroups of Stakeholders

It's important to recognise that not all individuals are the same. Understanding if different characteristics have an impact on the data can help us to manage and inform decision making. Consideration is therefore given to the different characteristics below, which are age, gender, and if they were receiving service as part of a court order, or were they attending support voluntarily.

## Age



## Gender



## Statutory / Non –statutory service users

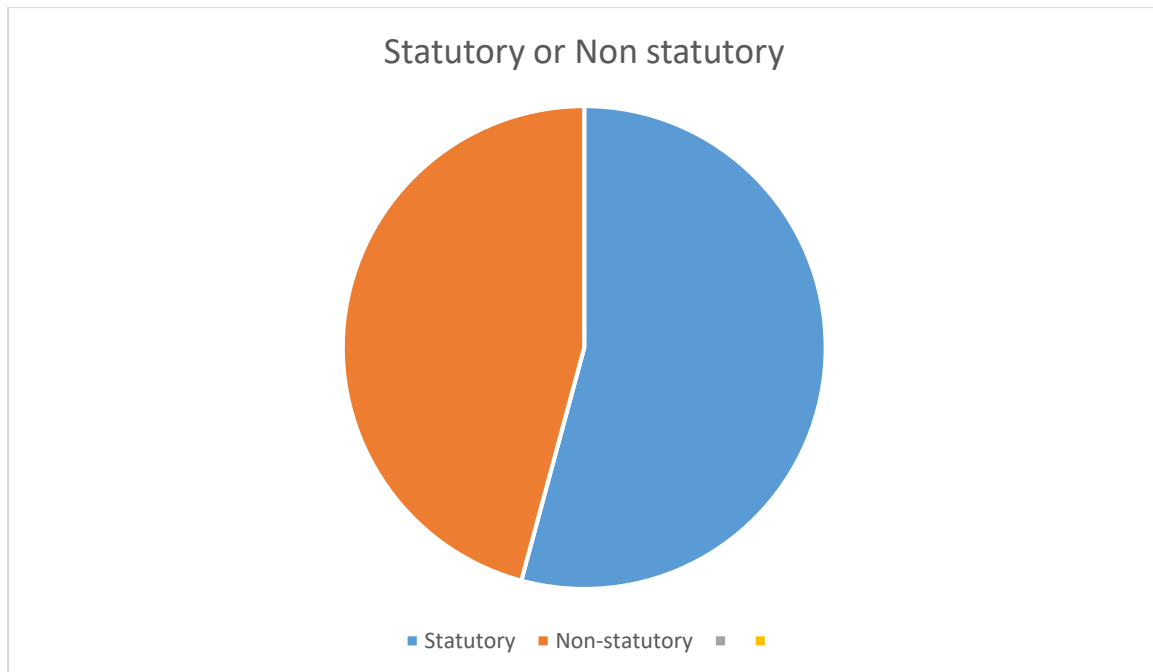


Table 2 provides a summary of the stakeholder engagement process. There are 6 service users who were representative of the different subgroups in the qualitative stages as well as 24 individuals who took part in the survey.

**Table 2 – Stakeholder Engagement**

Stakeholder	Population size	Method of engagement
Service users	131	2 x focus groups 1 x one to one interview 24 of individuals completed the survey
Kaleidoscope	1	Many meetings with the Social Value Champion, Project Manager, and other staff members.

## 4.0 Project Inputs

This section of the report describes the necessary inputs from multiple stakeholders. Some inputs are financial, whereas others are not – yet where possible inputs are monetised.

### Service users

This service is free to those that receive it, but some non-financial inputs are also necessary to ensure any changes. It's important to consider the difference here for statutory service users (those who are required to attend as part of a court order) and non-statutory service users (those who attend voluntarily). All service users will be living with alcohol, drugs or mental health issues, or likely a combination of these. Attending sessions will cause some initial anxiety, and trusting the support workers might take some time to establish. For many they will need to face their problems perhaps for the first time, and again this could be extremely difficult. Taking actions after group will require motivation but also likely to result in a lot of adjustment. As many mentioned in the focus group also, to experience change they might need to stay away from some of their current social circles, and again this take a lot of time.

For those there with a court order, some drug testing will be mandatory therefore compliance with this is important.

The support workers will support them with some practical support such as form filling or attending some appointments. However, there needs to be some willingness to engage and trust by the participants in order for any change to happen. Many will need to face their anxieties also by going to group settings or attending course and therefore some trust is needed in the service.

## Kaleidoscope

The financial input is managed by Kaleidoscope and funded by the HMPSS and the Police and Crime Commissioner, and the financial input for the period was £179,615.

This income pays for the salary of the Kaleidoscope management team and coordinators, costs of activities, administration costs and overheads. The costs were given for April 2018 – March 2019, however, we were advised to use the same figure. An additional 5% was added to the sum given also as expenses for stationary, postage, printing etc. was not included.

## Total monetised inputs

The total inputs for the project over the one-year period have been calculated as £179,615. created by both financial and non-financial inputs from the range of stakeholders above. This information is displayed in table 3 and is compared to the costs per individual supported (whatever the key stakeholder is you can identify the input value per key stakeholder).

Table 3 – Total Monetised Inputs for Kaleidoscope Anglesey service

Stakeholder	Financial input	Non-financial input	Cost per individual
<b>Service Users</b>	N/A	Willingness to engage, trust, time.	N/A
<b>Kaleidoscope</b>	£179,615	Strategic management, time, expertise	£1,371
<b>Totals</b>	<b>£179,615</b>		

## 5.0 Outputs, Outcomes & Evidence

The immediate outputs for the Affinity project by Kaleidoscope in Anglesey is the number of referrals made to the service and how many hours of support each person received from the programme. From January to December 2019 there were 131 service users referred to the service in Anglesey, of which 71 were statutory service users and were there as part of a court order, and 60 were there voluntarily. A small percentage will also continue to receive support after their court order comes to an end. The average time in treatment for all is 165 days, however, those who are statutory clients tend to stay longer with an average of 227 days.

Referrals to the service for all statutory service will all be made through the probation service as part of their court order. The purpose is to try and reduce the criminal cycle many are in due to their substance misuse. There are four main ways to enter the service:

- Arrest referral with workers based in three custody suites across North Wales. Wrexham; St Asaph and Caernarfon. The function of the workers within the custody suites is to identify and engage with individuals who may be using class A substances (Heroin; Crack Cocaine) and committing crime in order to fund their substance use. Typically arrest referral workers operate 'assertively' to actively motivate and encourage people detained in the custody suites to engage with treatment and the programme that we offer.
- Conditional Cautions. Deliver the psycho social aspect of the conditional caution on behalf of North Wales Police. Conditional Cautions are given to individuals as a means to divert them away from the Criminal Justice system. Therefore, these are usually very low level offences or simple possession of substances. The individuals, once

given the caution are then contacted by staff and an assessment is conducted and a plan of engagement or brief intervention is then delivered.

- Prison release. The DIP programme offers support and guidance to newly released prisoners returning to Wales from prisons across the UK. The service will be notified in advance of a prisoners release date and this way appointments and any other referrals can be made on behalf of the person returning to the community. Workers will write to individuals whilst they are serving their sentences or on remand in order to establish a rapport with the individual and to support them prior to release.
- DRR. Otherwise known as the Drug Rehabilitation Requirement. This is a court mandated order for which the individual is given a determined time to engage with our programme. Typically these orders can be from 3 months up to 18 months. Regular drug testing is a part of the order, as is mandatory attendance at keywork and group sessions.

Each service user will have an initial assessment to determine the level of substance misuse and offending, these assessments are holistic in that they also look at all areas of a person's life and the assessment then is co-developed with a case manager into a recovery plan. All progress will be looked at using the TOPS (Treatment Outcomes Profile Scoring) to monitor drug use or alcohol use as well as criminal activity.

Interventions provided range from one to one support through to group activities and voluntary activities which benefit the individuals and their communities.

People who attend the service through a court mandated orders can be with the service for up to two years and these are subject to a structured program of interventions and group

work to equip them with life skills and the ability to make healthy choices and to be able to cope with basic life changes and emotional processes.

Table 4 below summarises all the stakeholders, their outcomes, and considers their materiality. Consideration is given to what will be included and excluded and can then be seen in the Theory of Change.

A full Theory of Change can be seen in Appendix 1, and those that are highlighted in green are those included in the value map. To ensure we are not over claiming, it is only those final four outcomes that are given a value. However, this section will look at each stage to understand the importance of every step in the client journey, and to recognise what are the indicators for these changes. Consideration will also be given to potential negative outcomes.

Stakeholder	Outcomes	Included / Excluded	Materiality test	Indicator
Service Users	Improved skills	Excluded	This was relevant to most stakeholders; however, this is an intermediate outcome that leads to the well-defined outcomes	
	Increased reassurance that support is available and of on-going support to support recovery	Excluded	This was relevant to most stakeholders; however, this is an intermediate outcome that leads to the well-defined outcomes	
	Improved self-belief	Excluded	This was relevant to most stakeholders; however, this is an intermediate outcome that leads to the well-defined outcomes	
	Feeling better about the future	Excluded	This was relevant to most stakeholders; however, this is an intermediate outcome that leads to the well-defined outcomes.	
	Improved confidence to communicate with others	Excluded	This was relevant to most stakeholders; however, this is an intermediate outcome that leads to the well-defined outcomes	

Feeling less alone in their situation	Excluded	This was relevant for many stakeholders; however, this is an intermediate outcome that leads to the well-defined outcomes	
Improved self-esteem	Excluded	This was relevant to most stakeholders; however, this is an intermediate outcome that leads to the well-defined outcomes	
Reduced isolation	Included	This was relevant to all stakeholders and many explained how the service had helped them integrate more within their communities. The questionnaires also should a significant change for those who took part.	Qualitative: Participants explaining that they are engaging with the service and others in the drop in. Quantitative: Questionnaire results
Improved mental well-being	Included	This was relevant to all stakeholders during the qualitative stages, and the quantitative data demonstrated a lot of change	Qualitative: Service users making changes such as new work positions, taking on more responsibilities, dealing better with their anxieties. Quantitative: Questionnaire results

	Improved sense of purpose	Included	This was relevant to all stakeholders during the qualitative stages, and the quantitative data demonstrated a lot of change	Qualitative: Service users felt more ready to look for work. Some had moved into employment. Quantitative: Questionnaire results
	Improved physical well-being	Included	This was relevant to all stakeholders during the qualitative stages, and the quantitative data demonstrated a lot of change	Qualitative: Through the qualitative work many spoke of their recovery and maintaining recovery. Quantitative: Questionnaire results

## Material Outcomes for each stakeholder

As highlighted, it is only by measuring outcomes that we can be sure that activities are effective for those that matter most to this project. This section of the report highlights the outcomes experienced for each material stakeholder, and also examines those outcomes that represent end-points in the chains of changes for each stakeholder (and are therefore included on the Value Map). Identifying specific outcomes is essential to understand what has changed as a result of activities, yet it is not always an easy task to identify the causal links between the various stakeholders and their outcomes.

Considering the results of the qualitative and quantitative data, the service users were segmented into two groups which are:

Segment A – Service users referred to the service through a court order, therefore statutory service users.

Segment B – Service users who accessed the service voluntarily, therefore non-statutory service users.

All results are discussed below but difference between segments will be discussed.

### 5.1 Service Users

#### Outcome 1 – Improved mental well-being

Service users are referred to the service either as part of a court order, or they self-refer but all service users will have problems with substance misuse. Many studies show a close link with substance misuse and anxiety, stress and depression and illnesses such as post-traumatic stress

disorder or Bipolar<sup>4</sup>. The charity Rethink Mental Illness<sup>5</sup> also discusses how substance misuse can have a negative impact on mental health and some of the key symptoms are shared below:

- Feeling like you must use the drug or alcohol ('dependence').
- Withdrawal symptoms including feeling sick, cold, sweaty or shaky when you don't take them.
- Having sudden mood changes.
- Having a negative outlook on life.
- Loss of motivation.
- Doing less well at work, school, college or university.
- Problems with relationships.
- Borrowing or stealing money from friends and family.
- Being secretive.
- Having episodes of drug-induced psychosis.

The service users that took part in the qualitative stages of this analysis explained how they had suffered with substance misuse and their mental health for a long time. Some had “been through the system” many times previously but had relapsed. One service user explained he was on an 18 month probation order and explained he had been in and out of trouble as a result of his drinking. The difference for many now with this service was the variety of services and activities that they were able to take part in and that the service focused on all aspects of their lives. Some services

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<sup>4</sup> <https://www.drugabuse.gov/publications/research-reports/common-comorbidities-substance-use-disorders/part-1-connection-between-substance-use-disorders-mental-illness>

<sup>5</sup> [https://www.rethink.org/advice-and-information/about-mental-illness/learn-more-about-conditions/drugs-alcohol-and-mental-health/?gclid=Cj0KCCQjwncT1BRDhARIsAOQF9Lk4vD592v5WSSs3raqHixvQJ7VCFfIb6l03bHjAKf9GvFAhpxwh1wEaAvITEALw\\_wcB](https://www.rethink.org/advice-and-information/about-mental-illness/learn-more-about-conditions/drugs-alcohol-and-mental-health/?gclid=Cj0KCCQjwncT1BRDhARIsAOQF9Lk4vD592v5WSSs3raqHixvQJ7VCFfIb6l03bHjAKf9GvFAhpxwh1wEaAvITEALw_wcB)

they had been with in the past was repetitive and didn't ensure any motivation. By having their own recovery plan, they felt more motivated to take action.

“It's different, I am here now and want to learn and achieve things for myself’.

This service user explained the well-being course has given him tasks and gives him a focus. He was currently looking at trying to get a bursary to go to University on a music course. He explained the variety of activities including outdoor activities helps him to clear his mind and relax and that they motivate him to take action.

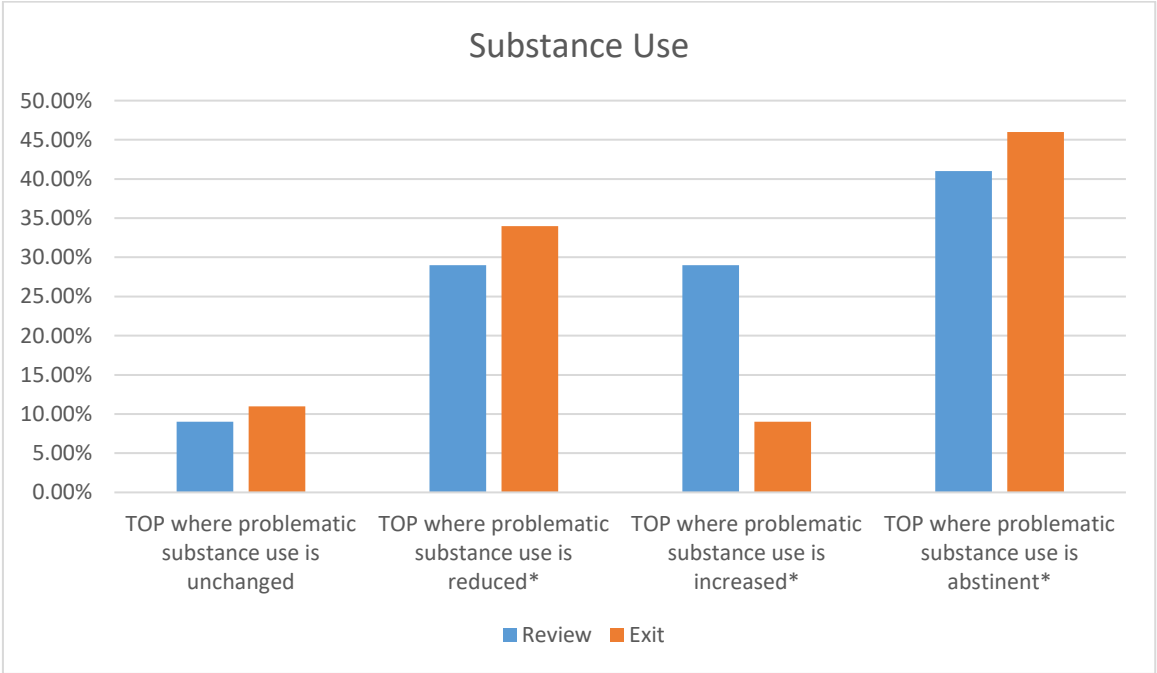
For those who took part in the survey, 87% said they had experienced some positive changes with their mental health. For segment A (statutory) for those who accessed service as part of a court order, there was a slight smaller percentage that for those who were there voluntarily. The amount of change for the statutory group was 28% and for the non-statutory group there was a bit more change with 42%.

### **Outcome 2 – Improved physical well-being**

The majority of the changes related to physical health was due to them living a healthier lifestyle and for those who did have problems with substance misuse, over time they saw improvements in their health. Service users also explained how having a routine and focus helped, as well as some activities that meant spending more time outdoors such as beach cleaning. One service user explained how he spent hours cleaning rubbish from areas where he used to sit and drink. For him this helped motivate him but also meant some physical activity. Many had also been helping with some DIY work including painting the room where they had their meetings.

There was a focus here on reducing substance over time, but also a focus on reducing harm as much as possible and therefore for those who did still use substances that they did so in a safer way.

Kaleidoscope measures change by using the Treatment Outcomes Profile (TOP) which is a validated tool for monitoring the changes that occur during treatment for service users<sup>6</sup>. The chart below shows the amount of change in their substance use both at review and at exit from the service. In exit 11% demonstrated no change, and 9% had increased their use. 34% had reduced their intake and 46% were abstinent.



91% of those who took part in the survey said their overall health had improved, with 37% seeing quite a lot or a lot of change. Also 91% had said that they had been able to reduce their alcohol and / or drug intake. Again there was more change for those who were non-statutory with an average distance travelled of 44% and statutory group the average distance travelled was 22%.

<sup>6</sup> [https://www.corc.uk.net/media/1263/top\\_form.pdf](https://www.corc.uk.net/media/1263/top_form.pdf)

In the value map we included 50% of statutory clients had received a positive change and 60% of non-statutory clients had experiments had experienced positive change. The TOP demonstrates that 80% had made a positive change on exit, however, embedding the principle of over-claiming we considered a lower percentage as the number who took part in the social value surveys were low.

### Outcome 3 – Improved sense of purpose

During the qualitative interviews, many explained how having a recovery plan and a routine had helped them to focus better, but also feel better about the future and feel like they have a purpose. By taking part in training and various activities, they felt more motivated and some explained feeling more positive about returning to employment.

“if you’re stuck in a rut and need to get out this gives you something with meaning”

One service user in the focus group explained how initially she did not want to attend the groups but as it was part of her court order she had to attend or risk going back to jail. She was in a bad place at the time as she had just lost a partner who had overdosed. She hadn’t connected socially with anyone for months prior to attending the sessions, however, she now felt these activities have her structure and she enjoyed the activities which gave her a reason to leave the house. Her time on her order was coming to an end but she felt she wanted to stay on, which her family members were very happy about.

“I’m staying on voluntary- I **DON’T** want to go back to how I was before”

Some had been able to go back into employment and the changes in the survey relating to this outcome is noted below:

91% said they felt more in control of their own life

91% said they felt a better sense of purpose

83% said they had developed new skills

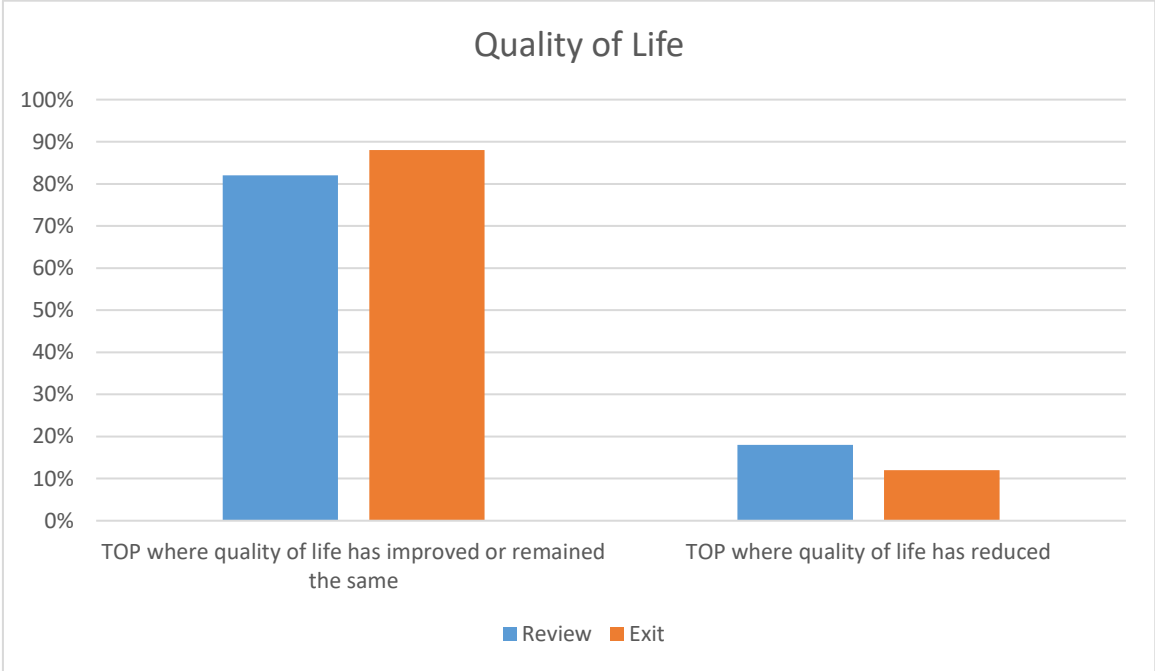
33% said they had gone back to employment

37% said they were taking part in volunteering activities

The amount of change for both segments here were similar, and both groups had weighted this outcome as being the most important change to them.

The TOP results for quality of Life score at bot review and exit could also be considered here.

88% in the exit scores demonstrated that their quality of life had improved or remained the same. It is not clear how many here had improved, and therefore to ensure we don't over-claim a lower percentage was used here more in line with the findings of the social value results.



#### Outcome 4 – Reduced loneliness

During the focus groups, some of the participants explained how little support they have outside of the project. For some, the drop in was the only time in the week where they are able to engage

and communicate with others. Many had lost contact with family members due to their troubled past. Many had also had to distance themselves from previous social circles to avoid relapsing.

“The groups brings people together and stops you getting stuck in your thoughts”

“I can use the network, I need it or I’d let myself down”

“Things are fun- ‘group had livened up since T started coming!”

“Brilliant group – we are always laughing!”

Both groups had a similar amount of change here, with an average of 44% distance travelled.

Again, a few more of the non-statutory group had experienced this change.

## Potential Negative Outcomes

All clients who took part in interviews were asked about any negative changes or were there anything that the service could improve or learn from. All clients were keen to stress how positive the whole experience was, but some did reveal some changes that needs to be managed.

### Dependency

It was apparent that for some they were dependant on the service as it offered them a routine.

For many being to stay on voluntarily afterwards was seen as a great benefit. Some explained

how the only interaction they had in their week was with the service which implied their

confidence hadn’t yet been developed enough for them to interact with other services. Other

explained how if they had any problems arising that they would call their support worker.

Although this helped them to maintain a positive mental health and feel less isolated, some

resilience and coping tools could be further developed to help ensure they can face some

problems on their own.

### **Statutory v Non –statutory**

Result did demonstrate that more of the clients who accessed the service the voluntarily had experienced greater change than those who were there as part of their probation. This would imply that for them they were more ready to make changes in their lives. Although some did stay on voluntarily, many would not attend groups once their order had come to an end. Further research is needed to see how many of the service users continue these positive change once they have left service.

By managing social value, further insights can be gained on their needs and expectations, and how much change happens.

## 6.0 Valuing Outcomes

The difference between using SROI and other frameworks is that it places a monetary value on outcomes. By using monetisation, it allows us to not only give the story of what's changed in people's lives, but also allows us to put a value on those changes so we can compare costs and outcomes. This is not about putting a price on everything, but it allows us to demonstrate what impact the service has on other stakeholders, and the possible savings an intervention can create. It also goes beyond measuring and allows organisations to manage their activities to ensure the best possible impact is created for those that matter to them the most: the service users receiving support from Kaleidoscope in Anglesey.

### Impacts of Kaleidoscope

SROI analyses use accepted accounting principles to calculate the overall impact of activities. Taking into account any deadweight, attribution, displacement and drop-off factors, means that SROI analyses will avoid over-claiming value that is not a result of the Kaleidoscope service in Anglesey. The boxes below outline each of the impact factors.

#### Deadweight

This asks the likelihood an outcome could have occurred without an activity taking place. So for example if it is believed that there was a 10% chance that someone could have found work without a training programme, the value of that outcome is reduced by 10%.

#### Attribution

Considers what proportion of an outcome is created by other organisations/individuals, so can therefore not be legitimately claimed by the SROI analysis. For example, if external agencies also support someone receiving training, that organisation is responsible for creating some of the value, not just the training organisation.

#### Displacement

This asks if an outcome displaced similar outcomes elsewhere. This is not always a necessary impact measure yet must be considered. For example, if a project reduces criminal activity in one area, which results in increases in other locations, there is a need to consider the displaced outcomes.

#### Drop-off

Outcomes projected for more than one year must consider the drop-off rate. This is the rate at which the value attributable to the focus of the SROI analysis reduces. For example, an individual who gains employment training may in the first year of employment attribute all of the value to the training organisation, but as they progress in their career less value belongs to the initial initiative owing to their new experiences.

## Service Users

There are a range of approaches to monetise outcomes including using financial proxies – that is using a market-based alternative as an approximation of a stakeholder’s value. However, some would argue that these do not represent the value that the particular stakeholder with experience of the change would attribute to it. Therefore, where possible, this analysis has applied the first SROI principle to involve stakeholders as much as possible. In the questionnaires, following an understanding of the changes and the outcomes gained, service users were asked to rank and rate their outcomes. Therefore, they were asked to put their outcomes in order of importance, and then to rate their importance out of 10. This is where we stopped with their involvement in valuing their outcomes and when it comes to placing a monetary value of their outcomes it was decided to use other techniques other than the value game. The value game identifies their material outcomes, and asks them to prioritise, and subsequently value them against a list of goods or services available on the market to purchase. The value game was played with one group in Holyhead, however, only one service user had attended on this occasion and therefore results were not representative of the group. It was decided that using well-being valuations was more appropriate for this analysis.

The weighting of the values is summarised below;

**Table 5 – Weighting of the outcomes**

Stakeholder group	Outcomes	Average Weighting
Segment A – Statutory service users	Improved sense of purpose	9.5
	Improved physical well-being	9
	Improved mental well-being	7

	Improved social interaction	7
<b>Segment B – Non-statutory service users</b>	Improved sense of purpose	8
	Improved physical well-being	8
	Improved mental well-being	7
	Improved social interaction	7

All segments had ranked their outcomes the same but with some variances in the weighting, which is the average score of how important these changes were for them. For Segment A, who were statutory service users, the most valuable outcome for them was an improved sense of purpose. Some clients explained how they had reservations initially when accessing the service, but found that the service had helped them to have a routine and a greater focus in life when working through their recovery plan. This was closely followed by the outcome of improved physical health. The main reason for referral is their problems with substance misuse which has an impact on them physically. Many had identified changes here as they went through their recovery.

Segment B was those who accessed the service voluntarily. They also agreed that the improved sense of purpose and improved physical well-being was the most important changes. However, all outcomes were seen as almost equally important.

The valuations for the outcomes identified to the individuals were taken from HACT'S Social Value Calculator (version 4)<sup>7</sup> that identifies a range of well-being valuations. However, the data

<sup>7</sup> Community investment and homelessness values from the Social Value Bank, HACT and Simetrica ([www.hact.org.uk](http://www.hact.org.uk) / [www.simetrica.co.uk](http://www.simetrica.co.uk)). Source: [www.socialvaluebank.org](http://www.socialvaluebank.org). License: Creative Commons Attribution-NonCommercial-NoDerivatives license([http://creativecommons.org/licenses/by-nc-nd/4.0/deed.en\\_GB](http://creativecommons.org/licenses/by-nc-nd/4.0/deed.en_GB))

from the questionnaire results and provided a distance travelled on how much change had been experienced, therefore a proportion of the wellbeing valuations were used accordingly.

Much consideration was given as to what best well-being valuation reflected the changes identified by the stakeholders. Many explained how the programme had helped them to deal with anxieties and stresses in their lives and therefore consideration was given to use the well-being evaluation from HACT social value calculator -Relief from depression and anxiety (adult) was used which has a value of £36,766 per individual. However, it was decided that the well-being value valuation for Relief of Drug / alcohol problems valued at £26,124 per individual was more appropriate as the main reason for referral was substance misuse, and that physical well-being was weighted as more important by both segments. Following the principle of not over-claiming, we only took the amount of value that represents the amount of change. So, for segment A, for those with a positive change, there was a distance travelled of 26%, and therefore that percentage of the value was used in the value map, which gave a value of £6,792 and for segment B there was a distance travelled of 44% and therefore the value of £11,494 was used for the outcome of improved physical health.

This value is our anchor value, and from here the weighting of the outcomes was then used.

## CASE STUDY - DRR

Client X was referred after being assessed for a DRR at Mold Magistrates Court. X was facing multiple charges including assault and theft. There had been previous attempts to engage X through the DRR process, the T.O.A procedure and on a voluntary basis but all met with limited engagement. X has dual diagnosis of substance use and mental health issues and can be very wary of engagement with support services.

X agreed that further support would be beneficial and the recommendation was given to the Probation Court team so that it could be presented to the Court. It was clear from undertaking the assessment that X was showing signs of motivation to change her substance use and current lifestyle.

Engagement was crucial with the client both with Kaleidoscope, but also with mental health services and other support agencies such as SMS and Probation. Weekly appointments were scheduled in order to assist establish a routine.

Client X was very upset at one session. X was sat down in a private and quiet room and provided with a drink. We went through some calming techniques, and breathing exercises, which helped, and X reported feeling much better. X was facing eviction from her home and therefore support was given to find out more details and speak to Shelter Cymru.

Although drug testing results are still showing as positive, engagement is regular, which has historically never happened! X presents in a more stable manner, and Key work sessions are recovery focussed and positive life changes are now starting to present in the way X is taking responsibility and understanding for the choices she makes.

The benefit of attending a Rehab was also discussed during the last key work session, and X stated that this is something she would now find very beneficial – again, another positive step in the way X is thinking and feeling. X left the building feeling more positive.

X's DRR has only been running for a short time but significant progress has already been made. The levels of engagement and motivation to change drug use and associated behaviours shown, so far, have been beyond any previous engagements. Although drug testing results are still showing positive drug use has been reported as significantly reduced and no further criminal offences have been recorded. SMART goals have been discussed and plans are being formulated and action taken to achieve them.

**Table 6 – Examples of Outcome Valuations**

Outcome	Weighting	Identified value	Value of average distance travelled	Quantity of stakeholders experiencing outcome
<b>Segment A – Statutory service users Outcome improved physical health</b>	<b>9</b>	Used HACT well-being valuation, relief from drug / alcohol problems (adult) valued at £26,124 for unknown area. Took 26% of this value based on the distance travelled, therefore £6,792 per service user	Taking the lowest point for our questionnaire scale – asking individuals to rate against measures (not applicable / no change =0%, little change = 25%, some change = 50%, quite a lot of change = 75%, a lot of change = 100%). The average movement was equals 26%. Although based on a sample size the results were in line with the tone of interview comments – this was cited as an extremely significant change.	From the data in second review, 91% had experienced change here, however, as the sample was low, a decision was made to only include 50% of participants registered on the project to avoid over-claiming, so 36 individuals.
<b>Segment B – non- statutory Outcome Improved social interaction</b>	<b>7</b>	Used HACT well-being valuation, Relief from drug / alcohol problems valued at £26,124 for unknown area was used for the anchor value of improved physical health. Took 44% of this value based on the distance travelled, therefore £11,494 per individual. However, as this was valued at 7, lower than the value of ‘physical health at 8 and therefore 70% of the value was used.	Taking the lowest point for our questionnaire scale – asking individuals to rate against measures (not applicable / no change =0%, little change = 25%, some change = 50%, quite a lot of change = 75%, a lot of change = 100%). The average movement was equals 44%. Although based on a sample size the results were in line with the tone of interview comments – this was cited as an extremely significant change.	From the data in second review, 87.5% had experienced change here, however, as the sample was low, a decision was made to only include 60% of participants registered on the project, so 36 individuals.

## 7.0 Establishing Impact

In order to assess the overall value of the Affinity project by Kaleidoscope outcomes we need to establish how much is specifically a result of the project. SROI applies accepted accounting principles to discount the value accordingly, by asking;

- What would have happened anyway (deadweight)?
- What is the contribution of others (attribution)?
- Have the activities displaced value from elsewhere (displacement)?
- If an outcome is projected to last more than 1 year, what is the rate at which value created by a project reduces over future years (drop-off)?

Applying these four measures creates an understanding of the total net value of the outcomes and helps to abide by the principle not to over-claim.

### Deadweight

Deadweight allows us to consider what would happen if the service wasn't available. There is always a possibility that the individuals would have received the same outcomes through another activity or by having support elsewhere.

All stakeholders were asked during the stakeholder engagement process and in the quantitative data collection to consider what could have happened anyway. Many commented in the interviews about how they had struggled for years with substance misuse and many had taken part in criminal activity as a result.

Many explained how this service and project had offered them a different support to what some had experienced previously,

“The groups brings people together and stops you getting stuck in your thoughts”

For all stakeholders, it is possible that they could have accessed another programme that would offer similar results or attended other activities that could help them to identify changes.

However, many commented on how unique the programme was, and in many cases helped them to deal with longer term problems. For those who suffered from both mental health concerns and substance misuse, the support targeting both issues and working towards employment was seen as something unique.

To have a consistent approach, the different levels of deadweight and attribution will be considered using the rates below;

**Low = 25%**

**Medium = 50%**

**High = 75%**

Through the interviews with individuals and other stakeholders, and the results of the questionnaires, a reasonable estimate is given in Table 7 below.

**Table 7 – Deadweight**

Stakeholder	Outcome	Deadweight	Justification
Segment A – Statutory service users.	All outcomes	50%	Many stakeholders explained how the changes in their lives was because of the support available who was able to give a person centred support package. Having the group support and various activities gave them some routine and allowed them to make changes and increase their confidence over time. However, this segment were receiving support due to a court order, and it’s likely that if they were not referred here they would still access other services as would be required.

<b>Segment B – non statutory</b>	All outcomes	25%	For this outcome for all segments, a low deadweight percentage of 25% is used. This segment had entered the service voluntarily meaning that they had identified the need for support. Some explained they had struggled for a long time and that this service locally had helped them to identify positive changes.
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## Attribution

Attribution allows us to recognise the contribution of others towards achieving these outcomes.

There is always a possibility that others will contribute towards any changes in people’s lives, such as family members or other organisations. Attribution allows us to see how much of the change happens because of the support of this project.

Considering the results of the survey and the qualitative work, the majority explained how many of the changes were the result of Affinity project. 25% said that all result were because of the project, 20% said a small amount of the change was down to others, and 33% said some of the changes were the result of others.

In the survey results, those who are on non-statutory support had a slightly lower attribution rate than those on statutory. Consideration was also given to the service users who were statutory as they would have a package of support available to them as part of their order such as probation case workers, and other courses. A medium rate was therefore used for segment A and a lower attribution rate for those who were non-statutory.

## Displacement

We need to consider if the outcomes displace other outcomes elsewhere. For example, if we deal with criminal activity in one street, have we just moved the problem elsewhere? This programme is innovative and fairly unique in that it offers both mental health and substance misuse support locally and therefore does not displace anything.

## Duration & Drop-off

As this programme is evaluated as part of the Social Value Cymru project, the evaluation considered 12 months of value only, and therefore no drop-off rate is needed. Many of the service users are involved with the project for many months and some of the intermediate outcomes as well as the well-defined outcomes will be apparent. The majority of the stakeholders that engaged with us were still having support. However, once the service users have left service there wasn't any follow-up by the service and therefore the sustainability of the changes needs to be considered. Looking at 12 months of value helps us to avoid over-claiming here.

## 8.0 SROI Results

This section of the report presents the overall results of the SROI analysis of the Affinity project by Kaleidoscope in Anglesey, north Wales. Underpinning these results are the seven SROI principles which have carefully been applied to each area of this analysis. The results demonstrate the positive contribution that Kaleidoscope makes through the dedication of support workers to create a positive change in the lives of those who need support to create positive changes in their lives.

By supporting participants to overcome some barriers in their lives initially, it then provided them with more opportunities to increase their confidence, gain skills and to start integrating back into community. Some were there as part of their order, but had then stayed on voluntarily so they could continue to identify positive changes. For many, their road to recovery was a long journey, but the service allowed them to take small steps as part of their recovery plan which helped them to focus and have a routine.

The results in Table 8 indicate a positive return for participants who were supported by the Kaleidoscope Affinity project. This is based on current data but also secondary research.

**Table 7 - Present Value Created per service user**

<b>Stakeholder</b>	<b>Average value for each individual involved</b>
<b>Service user</b>	£6,527

The overall results in Table 8 highlight the total value created, the total present value, the net present value, and ultimately the SROI ratio.

**Table 8 – SROI Headline Results**

<b>Total value created</b>	<b>£</b>
<b>Total present value</b>	£1,034,692
<b>Investment value</b>	£179,615
<b>Net present value (present value minus investment)</b>	£885,077
<b>Social Return on Investment</b>	<b><u>£5.76:1</u></b>

**The result of £5.76:1 indicates that for each £1 of value invested in Affinity Project in Anglesey, a total of £5.76 of value is created.**

## 9.0 Sensitivity Analysis

The results demonstrate highly significant value created by the Affinity project in Anglesey managed by Kaleidoscope and is based on application of the principles of the SROI framework. Although there are inherent assumptions within this analysis, consistent application of the principle not to over-claim leads to the potential under-valuing of some material outcomes based on issues such as duration of impact.

Conducting sensitivity analysis is designed to assess any assumptions that were included in the analysis. Testing one variable at a time such as quantity, duration, deadweight or drop-off allows for any issues that have a significant impact on the result to be identified. If any issue is deemed to have a material impact, this assumption should be both carefully considered and managed going forward. To test the assumptions within this analysis, a range of issues were altered substantially to appreciate their impact. A summary of the results is presented in table 9.

Although some of the sensitivity tests indicate changes to the result, owing to the scale of the amendments made and the verification of assumptions and data with stakeholders, the results still indicate that if a single variable were significantly altered, the overall results remain highly positive.

As seen in section 8, different steps were taken to support the assumptions for the deadweight and attribution percentages. If all of the stakeholder segments were to have a 75% deadweight and attribution percentage, the results still demonstrated a positive result of £2.12 for every £1 invested. From the sensitivity analysis table on the following page, the social value evaluation can be estimated to be between £2.12 and up to £6.17 for every £1 invested. The assumptions used in the value map estimate the social value is £5.76.

Table 9 – Sensitivity Analysis Summary

Variable	Current assumption	Revised assumption	Revised SROI	Proportion of change
Segment A – Statutory Outcome – improved sense of purpose	Quantity: 36	Quantity: 20	5.60	2.7%
	Deadweight: 50%	Deadweight:75%	5.58	3.1%
	Attribution: 50%	Attribution: 75%	5.58	3.1%
	Value: £7,169	Value: £4,000	5.60	2.7%
Segment A – Statutory Outcome – Improved physical well-being	Quantity: 36	Quantity: 16	5.57	3.3%
	Deadweight: 50%	Deadweight: 25%	5.93	2.9%
	Value: £6,792	Value: £3,000	5.57	3.3%
Segment B – Non – statutory Improved mental well-being	Quantity: 36	Quantity: 50	6.17	7.1%
	Deadweight: 25%	Deadweight: 50%	5.51	4.3%
	Value: £10,057	Value: £5,000	5.23	9.2%

## 10.0 Conclusion

This report has demonstrated that the Affinity project in Anglesey managed by Kaleidoscope has created over £1,034,000 of value and for each £1 invested, £5.76 of value is created;

**What that means in practical terms is that people's lives have been positively changed.**

The Affinity project provides a person-centred service for individuals in Anglesey who have struggled with substance misuse. Many of the service users were referred to the service as part of their court order, but many also accessed the service on a voluntary basis also having identified the need to access support.

The service users explained how the service had helped them to make positive changes in their lives. For some there was resistance initially to access the service as it was part of their order, and not something they were ready for yet. However, some of the users explained how over time they had seen the benefits and wanted to continue to access support after their order time was over. Many were living complicated lives and had many health concerns as well as living in a life of criminal activity.

Key finding includes;

- For every £1 invested there £5.76 of social value created
- Participants demonstrated some positive changes in both their mental and physical health, as well as an improved sense of purpose which both segments felt was most important for them.

- 91% had reduced their drug and alcohol intake according to the survey results. In the TOPs score results it also demonstrated that 80% had their substance use either reduced or was abstinent.
- The findings are aligned with that needed for a 'Healthier Wales' in the Well-being of Future Generations (Wales) Act, "A society in which people's physical and mental well-being is maximized and in which choices and behaviors that benefit future health are understood."

## 10.0 Recommendations

- 1) **Data collection** – in order to realise how much change and impact the programme is having on all stakeholders we need data to understand if there is any change, but also how much change, and whether there are differences in the needs of different individuals. It is therefore recommended that any continuation of this scheme, needs to **invest the time and finances into ensuring suitable systems and processes are in place to measure social value**, and also to extend this to include other important stakeholders. When such data is collected over a period of time, the potential to use the resultant information to inform decision making is possible. Ultimately, this means that value is not just being measured, but it is being managed to improve the impacts of the project. Kaleidoscope are part of the north Wales Social Value Cymru project, and therefore will be moving on to having their own impact management system and putting these changes in place.
- 2) **Managing dependency**– it's important that Kaleidoscope also looks at any potential negative outcomes and use this information to inform their decision making. Ensuring that service users are able to continue to sustain any positive changes identified is recommended by keeping in touch with service users after they have left service. As discussed above, the impact management system will support them to do this.
- 3) An impact management system can also support the organisation to further identify specific segments of service users to identify different needs and level of support needed. In this report, the data identified difference in results based on statutory and non-statutory service users. Further data can help to identify other potentially important

characteristics that has an impact on results such as gender, age, and support networks.

This information can help the organisation to make decisions based on social impact information.

11.0 Appendices

Appendix 1 – Theory of Change for service users

