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Government improvement in Scotland*



Access to Welfare Advice in Schools

“Poverty takes different forms one size won’t suit all”



Contents

Introduction	3
Welfare rights advice in schools	4
Evaluative Social Return on Investment analysis of the Maximise! project	5
Executive summary	6
1. Introduction	8
1.1 Background	8
1.2 Subjects of the analysis	10
1.3 Strategic considerations	12
2. Scope and stakeholders	16
2.1 Scope	16
2.2 Stakeholder identification and consultation	16
3. Theory of change from the perspective of stakeholders	17
3.1 Parents/carers	17
3.2 Children and young people	19
3.3 Staff	20
3.4 Funders	22
4. Inputs and outputs	24
4.1 Investment (inputs)	24
4.2 Outputs	24
4.3 Quantities	25
5. Outcomes and valuation	27
5.1 Outcomes evidence	27
5.2 Valuation	28
6. Social return calculation and sensitivity analysis	29
6.1 Duration and drop off	29
6.2 Reductions in value to avoid overclaiming	29
6.3 Calculation of social return	30
6.4 Sensitivity analysis	30
6.5 Materiality Considerations	31
7. Conclusion and recommendations	34

Appendix 1: Audit trail and value map information	35
1.1 Stakeholders identified who were included or excluded	35
1.2 Engagement methods for 'included' stakeholders	36
1.3 Outcomes identified but not measured	36
1.4 Financial proxies	36
1.5 Deductions to avoid over-claiming	37
1.6 Calculation	39
Appendix 2: The Principles of SROI	41
Appendix 3: Examples of welfare rights advice in schools	42



Introduction

For the past five years the Improvement Service has worked with partners to highlight effective models of good practice in relation to the delivery of advice services. Funding from the public sector has supported innovative models of service delivery that offer person centred approaches to accessing money and welfare rights advice in schools, primary and secondary health care settings and community buildings.

There are increasing numbers of primary and secondary schools in which a welfare rights worker is located. This worker offers advice and support and connects parents and carers to other services, either directly or through some form of referral process. The worker is embedded in that they are based in the school and are part of the school team although they are usually employed and managed by an organisation that provides dedicated advice or support services.

Welfare rights advice in schools

In 2016, in partnership with the Scottish Public Health Network, the IS carried out a [social value](#) analysis of the benefits of providing access to money and welfare rights advice in GP practices in Edinburgh and Dundee. A similar exercise has now been carried in relation to the provision of welfare advice in schools. This report provides a detailed social value analysis of one approach, alongside examples at the end of two other service delivery models.

This detailed social value analysis relates to the Maximise! Project in Edinburgh, which offers access to welfare and money advice, family support and employability services in the area covered by the City of Edinburgh Council.

It should be noted that there are other approaches to delivering access to welfare rights advice and wider services in schools. Whilst each may vary in relation to the details of the delivery model, all aim to offer improved access to welfare advice and wider services in a non-judgemental way that best addresses local people's needs. The drivers for developing each unique service are based on addressing poverty and inequality.

There are similarities in the outcomes for parents, children and schools in all approaches so although the findings from Maximise! are not directly transferable to other projects– they are relatable. Whilst it is not possible to include details of all the work that that is ongoing, to illustrate the diversity of approaches in delivering welfare advice in schools two examples have been provided. The Improvement Service would be pleased to add further examples if that would be useful. .

The approach to advice provision adopted in relation to schools has been adjusted to meet local needs and priorities, but all are based on the same core principles:

- Services are person centred and developed using co-production methods.
- There is flexibility and adaptability to meet individual needs.
- Services are accessible and non-judgemental.
- Access and referral routes are simple and facilitate engagement.
- Staff providing services are able to build effective relationships and have the right attitude.
- Staff are embedded in the school team.
- Services are connected to the local community.



Evaluative Social Return on Investment analysis of the Maximise! project

“It was a light at the end of the tunnel”

Author: Karen Carrick

Key Contributor: Jude Currie

This report was only made possible by the support received from staff at CHAI and Children First who deliver the Maximise! Service.

Thanks also to the Maximise! steering group and Capital City Partnership, City of Edinburgh Council and NHS Lothian

Executive summary

The report provides an evaluation of the social return from the investment in the Maximise! service in Edinburgh.

The Maximise! service is based in schools across Edinburgh and seeks to promote the financial resilience, health and wellbeing of families and to contribute to increasing the attainment of children and young people. It supports individuals, particularly those experiencing health, social and economic inequality, to reach their potential in a way that enables them to meet their aspirations. Delivered by staff employed by Children 1st (Edinburgh Family Wellbeing Service) and Community Health and Advice Initiative (CHAI), parents and carers are able to gain wide ranging support which includes money and welfare rights advice, family welfare support and access to employability services

The benefits that are measured are those that are made possible by the investment of £426,500 by Edinburgh City Council Education Service 'Care Experienced Attainment Fund' and schools in Edinburgh. This is a stakeholder informed process and the benefits have been identified, wherever possible, following consultation with those who were most directly affected.

The analysis was undertaken during 2019 and 2020 by the Improvement Service.

Social Return on Investment (SROI) provides a principled approach that can be used to measure and account for a broad concept of value. It enables the social and economic benefits a service or activity delivers to be calculated and monetised. It is a stakeholder informed process and consultation is an integral part of the methodology.

The analysis identified those who derive benefits from Maximise! and values some of the changes to which participation in services supported by Maximise! has contributed:

- **Improving children's' engagement with school** which will ultimately contribute to improved attainment.
- Supporting both parents and children to enjoy **improved family relationships in a safe and secure environment** and to **have better health and wellbeing**.
- Enabling parents to **feel more positive about the future** and to be able to **work towards attaining goals**.
- **Increasing the skills and job satisfaction** of staff members.
- **Saving the public sector costs and resources** through earlier intervention.

It was found that every £1 invested would generate around £24 of benefits. By applying a sensitivity analysis, or varying any assumptions made in the calculation, the value of the benefits derived ranges from between £20 and £28.

1. Introduction

This analysis describes and quantifies the social return from investing in the Maximise! Project in Edinburgh.

The Maximise! service is based in schools across Edinburgh and seeks to promote the financial resilience, health and wellbeing of families and to contribute to increasing the attainment of children and young people. It supports individuals, particularly those experiencing health, social and economic inequality, to reach their potential in a way that enables them to meet their aspirations. Delivered by staff employed by Children 1st (Edinburgh Family Wellbeing Service) and Community Health and Advice Initiative (CHAI), parents and carers are able to gain wide ranging support which includes money and welfare rights advice, family welfare backing and access to employability services. The initiative is funded by City of Edinburgh Council, and Edinburgh Health and Social Care Partnership.

This analysis has been prepared by the Improvement Service. To provide direction and support a reference group was established which include representatives from City of Edinburgh Council, NHS Lothian, Capital City Partnership, Children 1st and Community Health and Advice Initiative (CHAI).

The period that is considered in the analysis is a duration of one year.

1.1 Background

Co-ordinated by the Public Health Practitioner in the South East Locality, officers from Edinburgh Health and Social Care Partnership, City of Edinburgh Council, CHAI, Children 1st and Capital City Partnership (CCP) formed a partnership whose objective was to produce '*a long term, holistic model for assisting families out of poverty*'.

This resulted in the establishment (August 2018) of the Maximise! model. An advice worker (full-time), a family support worker (full-time) and an employability worker (part-time) were each employed to provide advice and support to families attending six schools in the Liberton Cluster¹ in Edinburgh. Although the workers operated on a day to day basis within the cluster, they were employed by the two organisations who acted as delivery partners- Advice and Employability workers were employed by CHAI and Family Support Workers were employed by Children 1st. The initiative was supported through public sector funding and Pupil Equity Funding provided by participating schools.

¹ In City of Edinburgh Council services are organised into four localities. In each locality there are 'cluster'; in which primary schools are organised or clustered around a secondary school.

Project activities focussed on delivering a family centred approach to address the wider issues that can impact negatively on families affected by poverty. Support and advice were provided in relation to debt; income maximisation; welfare rights; employability and housing.

In 2019, further sector funding was secured from Edinburgh City Council Education Service 'Care Experienced Attainment Fund' which supported the service to be delivered on an Edinburgh-wide basis. Covering all four localities this was based on four school clusters and was again supported by Pupil Equity Funding from participating schools.

To support the expansion additional staff were employed based on the model outlined above (i.e. three staff members for each cluster), and in addition a team leader, employed by Children 1st, was appointed.

Even when there are a number of advice services across a city or town, evidence suggests that there are particular advantages to an advice worker being co-located in a familiar community setting such as a GP practice or school. The reasons for this are because schools and GP Practices are:

- more accessible and convenient to parents and carers as they are located close by, are in familiar surroundings and are visited regularly
- more accessible for people who have difficulty in attending more 'centralised' services due to poor health, poverty, lack of transport or psychological barriers
- more likely to be used if recommended by a trusted professional such as a GP, health professional or teacher

The Maximise approach

"The Maximise! model is made up of a strong, integrated team of three staff in each locality cluster offering advice, employability and family wellbeing support. Families can select the areas of support they require and can move through and engage with the model of support in a manner and pace which suits their situation.

The school-based cluster model in Maximise! facilitates flexibility and network building. Every practitioner in the Maximise! Team identifies '**building relationships with families**' as central to their practice. Being based within a school cluster, offers a whole family, trauma-informed and person-centred approach via one single gateway to address the complex issues that often impact families who are affected by poverty."

Fig One; Image of Maximise delivery model

More recently (2021) funding was secured to develop Maximise! Early Years. This service will work with families who have a child aged between 0-5 years and will be offered within the following early years centres: Moffat, Greendykes, Craigmillar, Fort and Granton.

1.2 Subjects of the analysis

This analysis measured the social and economic benefits of providing parents and carers with access to a range of family support services provided by specialist workers attached to the school of the child whom they look after.

Access to Maximise! was provided in the localities and school clusters listed below. Each cluster supports different socio-economic groups, and hence there is some variation in the issues which families identify as those needing greatest support.

South East Locality: Liberton Cluster

- Liberton High School
- Liberton Primary School
- Gilmerton Primary School
- Prestonfield Primary School
- Gracemount Primary School
- Craighour Park Primary School

North East Locality: Leith Cluster

- Leith Academy
- Leith Primary School
- Lorne Primary School
- Hermitage Park Primary School
- Craigentinny Primary School

North West Locality: Craigroyston Cluster

- Craigroyston Community High School
- Craigroyston Primary School
- Pirniehall Primary School
- Forthview Primary School

South West Locality: Wester Hailes Cluster

- Wester Hailes Education Centre
- Clovenstone Primary School
- Canal View Primary School
- Sighthill Primary School

The core services listed below were provided in each location. As has been highlighted, there were differences in the type of support sought depending on the demographic composition of service users in each of the clusters. The service offered was based on the self-identified needs of individuals.

- Family Support
- Welfare Rights Advice
- Money/Debt Advice
- Housing Advice/Tenancy sustainment
- Support with / Representation at appeals or tribunals
- Employability Advice/Support (Including training, volunteering, vocational or work placement)

As well as support to individuals, advice staff provide training and briefings for school staff on relevant topics.

Impact on service delivery of COVID-19

As was the case with many other projects, in light of the requirements of COVID-19 Maximise! had to review both the nature of the service it offered and the way in which

it was provided. There were periods when schools in the City of Edinburgh² could only open to in-person learning for the children of key workers and vulnerable children, with limited remote learning on offer for all other children and young people. Face to face service provision was only possible in exceptional circumstances and most advice had to be accessed digitally or by telephone. In addition, many advice workers had to work from home.

Maximise! sought to continue to work collaboratively, participate in virtual networks and to secure additional financial support and resources for vulnerable individuals. Research by Edinburgh University has highlighted how the Maximise! approach facilitated engagement and connectivity with both communities and individuals. With the shift to remote access for many key services, such as education and health appointments, and support networks, (including contact with family members), those families who did not have digital access were at a disadvantage and were excluded. Maximise! staff helped with the provision and distribution of devices to vulnerable families to enable essential activities to take place on- line or at a distance.

It should be noted that the unavoidable adjustments to service delivery that took place have not been valued in this analysis. It is important to take this into account for two reasons.

Firstly, the additional benefits that are likely to have resulted for vulnerable families and local communities have not been fully identified and valued. Secondly, the project was not able, through circumstances out with its control, to deliver the intended outcomes over a full school year. Both these factors are likely to have resulted in an underestimation of the value of Maximise! In 2019-20.

1.3 Strategic considerations

(i) Addressing inequalities

It has been recognised for many years that social and economic deprivation has an adverse effect on the health and wellbeing of individuals and reduces their life chances.

In August 1980, the '*Report of the Working Group on Inequalities in Health*', also known as the Black Report (after chairman Sir Douglas Black, President of the Royal College of Physicians),³ was published. Written over 40 years ago, the report demonstrated that health inequalities could not be addressed solely by improving access to health care but existed as a result of the influences social and economic inequalities exerted on life opportunities and chances.

Some 30 years later, in 2010, Michael Marmot carried out a Strategic Review of Health Inequalities in England. The report, '*Fair Society , Healthy Lives*', demonstrated that social and economic status, is inextricably linked to quality of health.

2 <https://www.edinburgh.gov.uk/schools-learning/returning-school-august-2020/1>

3 DHSS (Black Report) (1980) *Inequalities in Health: Report of a Research Working Group*. Department of Health and Social Security, London.

“Health inequalities arise from a complex interaction of many factors - housing, income, education, social isolation, disability - all of which are strongly affected by one’s economic and social status.”

The report also stressed that there was not just “a strong social justice case for addressing health inequalities, there is also a pressing economic case”. It estimated that the annual cost of health inequalities was between c £36 billion to £40 billion as a result of lost tax income, welfare payments and costs to the NHS.

A further report, ‘Counting the cost of UK poverty’ by Heriot Watt and Loughborough Universities,⁴ illustrated how much poverty across all age groups costs the public purse. It found that c£69 billion, or £1 in every £5 of all spending on public services, was needed because of the impact and cost poverty had on people’s lives.

Whilst the causes and costs of inequalities have been highlighted for many years, they have still not been addressed. There are compelling arguments both in terms of equity and economic prudence to invest in initiatives that reduce social and economic disadvantage.

(ii) Targeting disadvantage

Advice services have been identified as being used most frequently by the most financially vulnerable individuals in communities. In 2019-20, 58% of clients accessing local authority funded money and welfare rights advice services had a household income of £10,000 or less.⁵

Almost a third of households in Scotland have reported a drop in income since March 2020.

“The low paid have already suffered the worst of the economic effects of this crisis; they are more likely to have lost their job, or hours and pay, or to have been furloughed. They also suffered the greater health risks – they were less likely to be able to work from the safety of their homes”.

Although employment remains the best route out of poverty, gaining a job is not in itself sufficient. In many households that are considered to be in poverty at least one adult is in employment. A report by the Equalities and Human Rights Commission found that

*“Four million workers live in poverty, an increase of more than half a million in the last five years. In-work poverty is rising faster than employment and is higher than any time in the last 20 years. Almost 60 per cent of those in poverty in the United Kingdom are in families where someone works, and 2.8 million people are in poverty in families where all adults work full-time.”*⁶

4 <https://www.jrf.org.uk/report/counting-cost-uk-poverty>

5 https://www.improvementservice.org.uk/__data/assets/pdf_file/0011/23213/capmrf-annual-report-2019-20.pdf

6 <https://undocs.org/pdf?symbol=en/A/HRC/41/39/Add.1>

Almost a third of households (31%) across Scotland have reported a drop in incomes since March 2020.

“The low paid have already suffered the worst of the economic effects of this crisis; they are more likely to have lost their job, or hours and pay, or to have been furloughed. They also suffered the greater health risks – they were less likely to be able to work from the safety of their homes.”⁷

Children living in poverty are particularly adversely affected. Children and young people growing up in disadvantaged families experience poorer physical and mental health, and more disabilities than their counterparts in wealthier households.⁸

As well as having immediate adverse effects there are implications for their long term future. As the Child Poverty Action Group found

“children from higher income families significantly outperform those from low income households at ages 3 and 5. By age 5 there is a gap of ten months in problem solving development and of 13 months in vocabulary.”⁹

COVID-19 has further worsened the poverty related attainment gap.¹⁰

The Edinburgh Poverty Commission recognised how the holistic approach taken by Maximise! was able to contribute to addressing health, economic and social inequality in both the short and long term.

“The Maximise! team is one of the best examples we have encountered during our inquiry of a project finding innovative ways to collaborate across sectors, to break down barriers, and to help struggling families in Edinburgh improve financial resilience and health and wellbeing.”¹¹

At a time when local authority budgets are reducing and demand for services is rising¹² new methods of providing and sustaining essential services that reduce inequalities need to be adopted.

1.4 Social Return on Investment

Social Return on Investment (SROI) provides a principled approach that can be used to measure and account for a broad concept of value.

SROI measures social and economic change from the perspective of those who

7 <https://www.resolutionfoundation.org/publications/low-pay-britain-2020/>

8 http://www.donaldhirsch.com/unhealthy_lives.pdf

9 <https://cpag.org.uk/scotland/child-poverty/facts>

10 <https://www.audit-scotland.gov.uk/report/improving-outcomes-for-young-people-through-school-education>

11 https://edinburghpovertycommission.org.uk/wp-content/uploads/2020/09/20200930_EPC_FinalReport_AJustCapital.pdf

12 <https://www.audit-scotland.gov.uk/report/local-government-in-scotland-financial-overview-201920>

experience or contribute to it. Through the use of financial proxies, it is possible to identify and apply a monetary value to represent each change that is measured. The resultant financial value is then adjusted to take account of other influential factors. In this way the overall impact of an activity can be calculated and the value generated compared to the investment in the activities. This enables a ratio of cost to benefits to be calculated. For example, a ratio of 1:3 indicates that an investment of £1 in the activities has delivered £3 of social value.¹³

Whilst an SROI analysis will provide a headline costs to benefits ratio, it will also deliver a detailed narrative that explains how change is created and evaluates the impact of the change through the evidence that is gathered. A SROI analysis is based on clear principles and progresses through set stages. SROI is much more than just a number. It is a story about change, on which to base decisions, and that story is told through qualitative, quantitative and financial information. The principles of the SROI approach are set out in Appendix 2.

There are two types of SROI analyses: a forecast SROI predicts the impact of a project or activity and an evaluative SROI measures the changes that it has delivered. This report is an evaluative SROI analysis.

1.5 Purpose of the analysis

There is a body of evidence supporting the multiple benefits of providing advice in community based settings, particularly schools, to which this analysis will contribute. It is recognised that providing advice in this way is more likely to provide a way of offering earlier intervention and to be non-stigmatising. This analysis seeks to add to the findings by examining two areas that have not been fully considered -the benefits from a stakeholder perspective and the social return on investment. Strategically, it is hoped that this analysis can provide, at least in part, the evidence requested by the Scottish Government's Education and Skills Committee in relation to the financial benefits of '*using schools as hubs for income maximisation advisory services*'.¹⁴

The findings from this analysis may assist local authorities, funders and providers of advice and family support services to consider how they can improve the way these services in Scotland are delivered to ensure a preventative, rather than crisis, intervention which takes into account the holistic needs of individuals and families. Taking services into communities in this way improves accessibility for individuals, supports organisational integration and promotes person centred approaches to service design and delivery.

¹³ In SROI, 'social' is taken as a shorthand for social, economic and environmental value

¹⁴ *What support Works? Inquiry into attainment and achievement of school children experiencing poverty*. July 2018

2. Scope and stakeholders

2.1 Scope

This is an evaluation of the social return from investing in a service which provides parents and carers with access to wide ranging support which includes money and welfare rights advice, family welfare assistance and access to employability services provided by specialist workers attached to the school of the child whom they look after. The findings it contains are based on the duration of one school year - from August 2019 until June 2020.

2.2 Stakeholder identification and consultation

All those who were likely to experience change as a result of the project (the stakeholders), were identified, the nature of any changes that might be experienced considered and how such changes might be measured explored. This resulted in drawing up a list of those organisations or individuals whom it was believed would be significantly affected (the 'included' stakeholders). Details about the rationale for including these stakeholders are provided in Appendix 1.1.

A list of those whom it was thought would not experience significant change, and hence it was not considered appropriate to contact for further discussion, was also identified (the 'excluded' stakeholders). More details on this group and the reason for not considering them further in relation to the analysis can be found in Appendix 1.1.

A consultation plan was established for each of the identified stakeholders using methodologies that best suited their individual needs. Consultation was carried out by the Improvement Service with support from Maximise! staff. Appendix 1.2 sets out the engagement methods used for each stakeholder.

Stakeholders were consulted initially to confirm possible outcomes that had been identified by the reference group. Stakeholders were consulted, in a variety of ways, at all stages of the process.

3. Theory of change from the perspective of stakeholders

By engaging with stakeholders this analysis has identified, from the perspective of each, the changes that have taken place as a result of the advice and support provided by Maximise! Within each stakeholder grouping not all individuals experienced the same change and this is reflected in the quantities used to calculate the return on investment. The quantities used are drawn from survey results and questionnaire responses and are considered further in section 4.3.

The outcomes reported by stakeholders are described in the following sections and are illustrated by direct anonymised quotes.

3.1 Parents/carers

Outcome: Improved wellbeing

As a result of having contact with advice workers in Maximise, parents/carers experience improved wellbeing. This includes feeling less stressed and being more able to understand and deal with emotions. As a result of being supported to start to address their socioeconomic problems, parents/carers start to regain control over their lives, and many experienced a reduction in the level of stress-related illnesses. Individuals have more time to focus on other aspects of their life as they are no longer consumed with worry about debts, having money for food, paying their rent or other such challenges. They also begin to develop a more optimistic outlook towards the future.

Being able to access services delivered by approachable, knowledgeable and non-judgemental staff in a familiar setting was critical. Individuals found out about the service in a variety of ways- at parents' nights, leaflets, coffee mornings and by recommendation from school staff and parents. The referral route is flexible, simple and supports engagement.

"Sorted my benefits out – I had been chasing them for months. My day to day life is now in order"

"Helped make my case, they listened to me ...and believed me"

"Talked in a way I understood"

"No judgements- just helped"

"I just couldn't find the money to keep phoning. When you are struggling to buy food how can you find £16 for phone calls?"

“Really glad I met them- made a huge difference”

“I was just too stressed to think about anything”.

“It’s going well just now but I would go and get help if I ever needed it.”

Outcome: Better family relationships in a safe and secure setting

Families who need some extra assistance are able to access support from Children 1st and as a result experience better family relationships in a safe and secure setting. Whilst open to all, many care experienced families in Edinburgh have benefited greatly from Maximise. As well as helping improve family relationships the team can help families attain or retain safe and secure accommodation. Parents stated that as they became more confident and less stressed their relationships with others improved.

“I feel safe – first time in a long time”

“I would be totally lost without them”

“ For the first time in ages we could do things as a family”

“ Just having some to listen to me helped so much”

Outcome: More positive about the future and able to reach goals

As Maximise! adopts a person centred approach the support provided is tailored to meet the needs and aspirations that are important to the individuals who use the service. This varies from individual to individual. In some cases, it may be getting support or assistance to find employment but for many it is about having the support they need to tackle issues that have become overwhelming - such as worries about money or losing their home. Getting these issues addressed enables individuals to have the time and confidence to think about their future and what it might involve. What individuals need to feel more positive about their future depends very much on their needs and aspirations and Maximise! provides the support to realise this in a non-judgemental supportive way.

“I had buried my head in the sand and couldn’t think about the future- but now I’m feeling more positive”

“I’ve got back control of my life”

“Employability workers offered support - just not ready yet but will be in the future”

“I don’t wake up and roll over because I can’t face the day- I get out of bed. For me that’s major”

“I wanted to get a job, but my English isn’t good. The worker encouraged me and helped me with the cover letter. I didn’t get the job, but she suggested I volunteer in the local community. centre kitchen. I got training and my PVG and a reference.”

“I might have got there in the end but it would have taken me much longer”

3.2 Children and young people

Outcome: Improved engagement with school

Teachers reported that attendance levels seemed to be improving and that in class children were more comfortable and engaging better with others. As has been stated, the period under consideration in the analysis was the school year from August 19 to June 20. The interruptions to education provision and the demands placed on schools as a result of the pandemic meant that the data it was hoped to collect in relation to improved attendance was not possible. Given that schools closed in March 2020 and shifted to on-line learning their priority was to ensure that children received some form of education. Even if it had been possible to find the time and resources to collect the data it would have been incomplete and not reflective of a typical school year. However anecdotally in the course of interviews teaching staff reported that engagement had improved.

“The children were often late or missed class but that has improved”

“Children appear happier and more settled- probably too early to see improvements in attainment but signs are there”

Outcome: Improved wellbeing

There was indirect evidence of children having improved wellbeing, both parents and teaching staff commented that children seemed happier and engaged better with their classmates and teachers. It was also suggested that some children had experienced improved physical health.

“In some cases, particularly where families had been living in damp or poor quality housing, children have less absences.”

“We have had children who can’t shower and who smell because there’s no hot water in their home. That needs to be addressed before they can feel comfortable in school”

“So far we have just seen the results of the groundwork – the real success is that Maximise! Offers a long term solution”

Outcome: Improved family relationships in a safe and secure environment

Teachers reported that some parents were reluctant to engage with schools because of negative experiences they might have had in their own education - for these parents it was important that Maximise! was viewed as part, but independent of, the school environment. Conversely other parents saw accessing advice in a school setting as being less stigmatising - for these parents school staff operate as 'trusted intermediaries'. Maximise! Is able to operate in a way that addresses the needs of both sets of parents. Whilst the primary driver for many parents in seeking support might be to get help with financial problems it also provides a route to enable parents to access family support.

There is a robust body of evidence that demonstrates that parental income affects educational outcomes.

*'Lack of money can limit the availability of resources for learning as well as adversely affect the family social environment through the impact of financial vulnerability on parental mental health. Strong family relationships and supportive parenting can help mitigate the effects of living in disadvantaged circumstances on educational outcomes.'*¹⁵

"All I seemed to do was shout at the kids or say no. I just couldn't go."

"Talking to the worker helped me deal with my problems. It's not straight but I'm getting there."

"We've got a new flat and aren't all on top of each other. There's a wee play park for the kids at the top of the road."

"The worker helped a disabled mum get access to benefits and a bank account- this helped the whole family. Attendance improved and the children started to engage with staff and their peers"

"They can get to problem through the child and identify the issue and provide support. Its's a 'soft' start but it's effective"

"The children are more settled in school"

3.3 Staff

Maximise staff work together in a 'cluster' supporting schools on a geographical basis. This enables strong relationships to be developed both within local communities and in the staff team. For most of the staff involved this provided a new way of working which was very positively received.

¹⁵ <http://www.healthscotland.scot/media/2049/childrens-social-circumstances-and-educational-outcomes-briefing-paper.pdf>

Outcome: New skills and increased job satisfaction

“Trust is easier to achieve as you are not an outsider- you are part of the community”

“Maximise! Allows us to spend time in the community”

“There is a general understanding of different roles but we each have our own responsibility”

“You know that when you refer someone to a colleague you can feel satisfied that the client is getting the support they need”

“We are embedded in the community and school we work with”

“Being able to make the connections for a vulnerable person makes such a difference, there’s much less chance of them disengaging”

“People often have a range of issues by working together and drawing on our individual areas of knowledge we can support them better”

Workers welcomed the opportunity to learn new skills.

“We learn from and with each other”

“It’s challenging but I am supported by the team and I learn new things”

“We are a tight team and we all work together”

“I am much more confident and comfortable talking to people because I know that another member of the team can quickly get me information if I need it”

Whilst there was appreciation of being part of a supportive team, concerns were expressed that workers often, by the nature of their roles, had to work alone. Having opportunities to come together benefited not only the workers but also the clients they supported. One trio described how each had their own skills but the ‘added value’ or as they described it ‘power’ came from their shared knowledge and experience.

Although the Maximise! model of service delivery was universally welcomed, some concerns were expressed. It was suggested that working with parents sometimes meant the child was not at the centre of the process.

“The worker can struggle to build a relationship with the child due to the need to address the needs of the parents”

Although once established relationships with schools were generally good, it could be difficult to make the initial contact. In some the instances the size of the area covered, or the personalities involved, could make engagement challenging.

“Engaging with the schools was difficult`

“It’s a big area to cover”

“We have to rely on school staff members to engage with workers and allow access to those in need.”

“Each school is unique – they all have a different culture”

“It takes time....”

“Schools need to be willing – schools should be more like communities”

3.4 Funders

As well as receiving a grant from City of Edinburgh Council Education Service’s ‘Care Experienced Attainment Fund’, the project attracted Pupil Equity Funding from participating schools.

Whilst accessible to all parents, the programme was funded on the basis that it would actively seek to engage with care experienced families. Notwithstanding the significant benefits parents, carers and children experience, the approach has generated costs savings to the public sector by assisting families to support and care for their children and hence avoid the need for costly state intervention.

Whilst the approach adopted in each school was based on the same principles, there was sufficient flexibility to ensure the service reflected the culture of each school. Some schools offered and encouraged universal access whilst others preferred to target those families most in need. Adopting a person centred approach meant that the different needs could be addressed in each school. For example, in Leith Academy support for housing was identified as a priority, whilst in Liberton Primary School it was recognised that some families were really struggling financially. Although the schools could help with uniform banks and supporting access to free school meals in some cases greater expertise with benefits was needed.

“The service is flexible and able to meet needs – there was little demand for employability support from parents, so the worker engaged with young people about to leave school. This had great results two pupils went onto work, two enrolled in college and two are taking part in the ‘Business in a Box’ scheme”

“We see the end results- and they are so positive”

“The worker is affiliated with school but not a teacher”

All schools praised the strength of the Maximise! team and their ability to connect and engage with parents and to support individuals to become more confident.

“Right approach and right person”

“Maximise! staff have good local knowledge and are embedded in the school and wider community”

“Maximise! Has a skilled multifaceted team”

“They have empowered women in community- giving them a voice”

“Parents can be reluctant to talk about debt, but they will share information with the worker.”

“Maximise! has really helped with accessing funding for trips and sorting out the process to get free school meals”.

“We tell them that the service is free and nothing to do with the school”

Schools appreciated the efforts Maximise! staff made to engage with parents through a variety of routes from attending parent’s evenings to offering ‘coffee and a cake’ drop ins.

“The worker attends parents’ nights and is active in school life”

“Word about the service spread through word of mouth and a presence at parents’ nights”

“Referral process is speedy - no lengthy application forms or barriers to access”

Schools recognised the value offered by the service, indeed in some cases several school staff sought advice themselves. Several spoke about how, as a result of the service, they had realised the extent of the need for the support it provided.

“Her sessions are always full.

“Demand greater than anticipated- hidden needs that weren’t being addressed.”

“Can be mistrust between families and professionals - with the service any stigma is removed”

“Invaluable service to school”

“Need is so great we are trying to get another day”

“People don’t want to go to offices”

“Sometimes parents refuse help at first as they are too proud – the service is an open door and parents can drop in and get confidential advice- and keep this to themselves”

4. Inputs and outputs

4.1 Investment (inputs)

The money invested by the stakeholders below was used to meet staffing and associated costs. 13 members of staff were employed, and associated costs include: marketing, transport, training, administrative costs, etc.

Table One: Investment levels by stakeholder

Stakeholder	Description	Amount (£)
Edinburgh City Council Education Service 'Care Experienced Attainment Fund'	Staff and associated costs	358,500
Schools (Pupil Equity Funding) (Each cluster committing around £16k each).	Staff and associated costs	68,000
Total inputs for August 2019 to July 2020		426,500

It is necessary to caveat the inputs as the figures used were based on the predicted income at the time the analysis was carried out. It is likely that not all this income was secured and hence the input might have been slightly less. This would have resulted in a slightly higher social return for the investment.

4.2 Outputs

The outputs describe, in numerical terms, the activities that took place as a result of the inputs. It is these activities which resulted in the changes (or outcomes) for each of the identified stakeholders. The outputs reported below are the sum of activities in all four clusters.

Table Two: Outputs by stakeholder

Stakeholder	Relevant outputs ¹⁶
Children/ Young People	901 children/ young people were cared for by adults accessing Maximise! services
Parents/Carers	301 parents or carers accessed Maximise! services
Staff	13 staff delivered or supported Maximise! services in 16 schools in 4 clusters

4.3 Quantities

It is important to clarify the number in each stakeholder group who actually experienced the outcome that has been identified. In many cases, not all of the stakeholders involved experienced change, or indeed may did so to varying degrees. For example, whilst over 300 individuals have been able to access Maximise! services not all experienced improved family relationships or felt more positive about the future.

(i) Parents/carers

The chart below details the numbers of the cohort of parents/carers who have experienced the reported outcomes. The findings have been scaled up based on the responses received from the sample surveyed.

Number reporting improved relationship and feeling safe and secure	213
Number reporting being more positive about the future and having an increased ability to attain goals	210
Number reporting a reduction in stress and worry	222

As well as carrying out focus groups and one to one interviews, a SMS Survey was sent to all Maximise! contacts of which 286 were successfully delivered. Of the 286 , 54 were completed (with some opting out at certain questions). The responses from each question have been scaled up to represent the whole cohort.

Responses were received from almost a sixth of the cohort who used the service. The sample size and responses were sufficient to ensure that there can be a 95% confidence level with a low margin of error. At a 95% confidence level with a sample size of 54 out of a population of 301 the margin of error is >10+/-.

(ii) Children/young people

It was not possible to interview children young people and parents/carers were used as proxies. As a result, there is much less confidence in the results.

¹⁶ It should be noted that the activities provided by Maximise! Have been described in some detail on Page7

Number recording improved chances by better engagement with school (this includes things like attendance, concentration, attainment, etc.)	220
Number reporting better family relationships in a secure and safe setting	504
Number reporting improved wellbeing (this includes things like child feeling less stressed, more able to understand and deal with their emotions, feeling more positive about the future, etc.)	549

(iii) Staff

All of the staff members providing services reported achieving all outcomes recorded.

5. Outcomes and valuation

Detailed results from the stakeholder engagement and information collection are represented in the impact map information in Appendix 1.

5.1 Outcomes evidence

The changes (or outcomes) which were identified, following consultation with each stakeholder, are detailed below along with information on how the outcome was measured (indicator). All of the outcomes reported were positive. The outcomes which were identified in the course of the analysis but could not be measured and the reasons for this are listed in Appendix 1.3.

Table Three: Outcomes Evidence

Stakeholder	Outcome	Outcome Indicator	Source
Children/Young People	Improved engagement with school	Number of children reaching reading and numeracy levels for stage	Consultation with schools/parents as proxy
	Improved family relationships in a safe and secure environment	Number reporting improved relationship and feeling safe and secure	Consultation with schools/parents as proxy
	Improved wellbeing	Number reporting improved wellbeing	Consultation with schools/parents as proxy
Parents/Carers	Improved family relationships in a safe and secure environment	Number reporting improved relationship and feeling safe and secure	Focus group/ One to one interviews/ Survey of service users
	Feeling more positive about the future and able to work towards attaining goals	Number reporting being more positive about the future and having an increased ability to attain goals	Focus group/ One to one interviews/ Survey of service users
	Improved wellbeing	Number reporting a reduction in stress and worry	Focus group/ One to one interviews/ Survey of service users

Stakeholder	Outcome	Outcome Indicator	Source
Staff	Increase in skills and job satisfaction	Number reporting an increase in skills and job satisfaction	Interviews with individual staff
Public Services	Potential cost savings through earlier intervention	Cost Calculation	Council reports/ Staff interviews

5.2 Valuation

Financial proxies have been identified which allow a monetary value to be placed on the changes experienced by individual stakeholders. In each case stakeholders, or their proxies, have been consulted on the appropriateness of these measures and given the opportunity to make suggestions on potential financial proxies. These were taken into account in the final selection. In identifying the value given to a financial proxy attempts have been made to link the financial amount to the level of importance placed on the change by individual stakeholders.

Further information on how each outcome is valued is provided in Appendix 1.4.

Further explanation is required in relation to the financial proxy chosen for the outcome for parents/carers and children 'improved family relationships in a safe and secure environment'. The proxy reflects the benefit gained by all the users of Maximise! some of whom did not access the family support services offered by Children 1st. If it had been possible to divide, or segment, the users into those who had received more intensive family support from those individuals who hadn't, then a financial proxy of a much higher value would have been selected for those individuals experiencing the sustained benefits of family welfare support.

6. Social return calculation and sensitivity analysis

6.1 Duration and drop off

Before the SROI calculation can be finalised, the period of time the changes produced by the activity will last must be considered. This is so that their future value can be assessed. The question to be answered is *'if the activity stopped tomorrow, how much of the value would still be there?'*

To predict the length of time changes will be sustained stakeholder opinion and independent research are both taken into account. There will be variations in the length of time benefits last according to the nature of the change and also the characteristics of individual stakeholders. If significant assumptions have been required about the likely duration of changes then these will be tested in the sensitivity analysis.

In the absence of relevant research or stakeholder views that would suggest the time period the benefits are likely to last, the duration of all outcomes has been set at between one and three years. It is likely that several outcomes will endure for a longer period but, at this stage, in the absence of robust evidence to support this hypothesis, a conservative approach has been adopted.

Outcomes lasting several years cannot be expected to maintain the same level of value for each of these years. This is dealt with by assuming that the value will reduce or 'drop off' each year. Outcomes relating to improved skills and better family relationships are predicted to last for three years and hence will be affected by 'drop off'.

6.2 Reductions in value to avoid overclaiming

As well as considering how long the changes a service or activity delivers will last, it is necessary to take account of other factors that may be influential. The recorded change might have happened regardless of the service, something else may have made a contribution to it or the service may have displaced changes taking place elsewhere. In considering the extent to which each of these factors have played a part in the total impact, a realistic approach should be adopted. The aim is to be pragmatic about the benefits actually provided by the ability to access advice and/or support in a school setting. The SROI methodology does this by taking all these factors into account in calculating the actual impact a project or activity delivers. In this case there is limited existing research that can be drawn on to support the predictions made and hence these are tested in the sensitivity analysis.

6.2.1 Deadweight

A reduction for deadweight reflects the fact that a proportion of an outcome might have happened without any intervention. For example, parents may well have gained access to advice in some other way. The assumptions about deadweight are contained in Appendix 1.5.

6.2.2 Attribution

Attribution takes account of external factors, including the contribution of others that may have played a part in the changes that are identified. For instance, it is likely that other factors, such as participation in support groups or medication may have contributed to the cost savings reported as a result of the improved health of parents. The assumptions about attribution are contained in Appendix 1.5.

6.2.3 Displacement

Displacement applies when one outcome is achieved but at the expense of another outcome, or another stakeholder is adversely affected. In the analysis this is not considered to have occurred.

6.3 Calculation of social return

Appendix 1.6 details the values for each outcome that a stakeholder experiences and takes into account deductions to avoid over-claiming. These individual values have been added together then compared with the investment in the service provided at section 4.1 above.

The results show a social return on investment of around £24 for every £1 invested based on the assumptions set out above.

6.4 Sensitivity analysis

Sensitivity Analysis

In calculating the social return on investment it has been necessary to make certain assumptions which may include the use of data which is either not subject to universal agreement or which cannot be adequately evidenced. To assess how much influence this has had on the final value that has been calculated a sensitivity analysis is carried out and the results recorded. By doing this the value of the benefits can be expressed within defined limits. The base level for testing is £24.29.

The most significant assumptions that were made were tested in the sensitivity analysis as detailed below:

Factor	Variation	Result
Attribution	Increase by 10%	£20.44
Attribution	Decrease by 10%	£28.11
Deadweight	Increase by 10%	£21.50
Deadweight	Decrease by 10%	£27.05
Quantities of children/young people	Decrease by 25%	£20.72
Quantities of children/young people	Increase by 25%	£27.85

Varying the numbers of children and young people does not have a major impact on the investment ratio. Given that this is the area of least confidence in the analysis a particularly robust approach to testing was adopted.

Attribution considers the contribution made by others to the changes recorded. There is limited research available that can be used to support the findings and in line with adopting a conservative approach the level of attribution has been set highly. Not surprisingly as a result of this attribution has the greatest impact on the ratio. .

As many stakeholders reported that the outcomes identified would not have happened if the activity had not taken place it is suggested that levels of deadweight are either non-existent or very low. Varying the levels of deadweight does not impact greatly on the result.

High value financial proxies have not been tested as those used are derived from work published by Housing Associations' Charitable Trust (HACT) and the London School of Economics and are incorporated as a new evaluation approach in the Government's Green Book. The numbers reporting achievement of the outcomes are based on stakeholder surveys that align with those used by HACT and scaling up the results.

For the reasons outlined above there can be a degree of confidence that between £20 and £28 of social and economic benefits are likely to be created for every £1 that is invested.

6.5 Materiality Considerations

At every stage of the SROI process judgements have to be made about how to interpret and convey information. Sometimes the rationale behind the decision is obvious and fully evidenced, on other occasions additional explanation or information may be required. SROI demands total clarity and complete transparency about the approach that is taken so that there is no possibility of confusion or misinterpretation. Applying a concept of materiality means that explanations must be offered for information that can be interpreted in different ways and which can exert influence on the decisions others might take.

The concept can be of particular importance in ensuring that outcomes for

stakeholders are relevant, are not perceived as being duplicated and that the different values individual stakeholders may ascribe to the changes they experience are understood.

In assessing issues that are material SROI requires that various factors are taken into account. Stakeholder view is of paramount importance and from the outset, and throughout the preparation of this analysis stakeholders were invited to comment on the interpretation of data and the inclusion of information. Engagement took various forms including e mail requests for comment, telephone interviews and one to one meetings.

Financial proxies for parents/carers

To determine the financial proxies to be used to monetise the outcomes for parents/carers, in line with SROI principles, stakeholder consultation took place. The direct approach had limited success as individuals were reluctant to engage in this aspect of the analysis. The most common response was ‘priceless’ – which would suggest that a high value was placed on the service. To provide a more robust and consistent measure, reference was made to the Housing Associations’ Charitable Trust Wellbeing Valuation approach¹⁷ and Value Calculator.

The Wellbeing evaluation approach is included in HM Treasury’s Green Book¹⁸ and *“measures the success of a social intervention by how much it increases people’s wellbeing. To do this, the results of large national surveys are analysed to isolate the effect of a particular factor on a person’s wellbeing. Analysis then reveals the equivalent amount of money needed to increase someone’s wellbeing by the same amount.”*¹⁹

The Value Calculator provides average values for the outcomes identified and the evidence that is needed to support their use. The content of the surveys used in stakeholder engagement and the corresponding changes reported by stakeholders were used to select the most appropriate financial proxy.

Proxies

It was not possible to engage directly with children and young people, so parents/carers and teachers were used as proxies. Potential outcomes were identified in focus groups, one to one interviews and this was cross referenced with information collected by Children 1st and CHAI.

It is acknowledged that the sample size of the proxies used for scaling up the findings is small but there can be confidence that the group are representative of children/young people, and there is evidence of this in the consistency of the responses that

17 <http://www.hact.org.uk/measuring-social-impact-community-investment-guide-using-wellbeing-valuation-approach>

18 <https://www.gov.uk/government/publications/the-green-book-appraisal-and-evaluation-in-central-government>

19 Ibid 17

were received. Nevertheless, it is acknowledged that this is a weakness and it has been tested in the sensitivity analysis.

Unexpected outcomes.

In the course of the analysis, some outcomes were identified which were not included in the final impact map. Potential outcomes were identified through focus group discussion and by the Reference Group.

The potential outcomes identified formed the basis of structured questionnaires/ surveys designed to quantify the benefits, which were distributed to the wider sample of stakeholders.

Both questionnaires and surveys included open ended questions and it was through the answers given to these that it was possible to identify unanticipated outcomes. As there is some uncertainty about the number (or quantity) of the stakeholder cohort who are likely to experience these outcomes they have not been valued and included in the calculation.

One of the teachers spoke about the need for young people to have the confidence to overcome the generational poverty that existed in the community and to see that employment could provide both a source of income and a sense of achievement and fulfilment. This was echoed by several parents who said that their attitude to employment had changed and they felt more comfortable in considering opportunities beyond the zero hours contracts they had been offered.

The response to COVID -19 as described on page 9 is likely to have resulted in additional outcomes which have not been fully identified and valued.

7. Conclusion and recommendations

The purpose of this analysis was to consider the benefits of Maximise! and by monetising them to calculate the social return on investment.

Maximise! provides parents and carers with access to wide ranging support which includes money and welfare rights advice, family welfare assistance and access to employability services provided by specialist workers attached to the school of the child whom they look after.

The outcomes identified, measured and valued have been as a result of stakeholder engagement, and represent the benefits they actually experience. The analysis provides compelling evidence of the multiple benefits this approach delivers for parents/carers, children and young people, schools and public expenditure. Using an accessible, person centred model for service delivery supported by a collaborative approach to service design has resulted in significant impacts.

For an investment of c£420,000 funders are able to deliver benefits for parents/ carers valued at a little over £4 million. The potential value for children/young people is significantly more and equates to c£6 million.

However investment is not justified solely on the 'best value' or the economic advantages that it delivers in the short term. The nature of the outcomes experienced by families will result in earlier intervention and reduced inequalities which research shows in the long term reduces health costs and lowers demand for welfare benefits.²⁰

This approach provides a practical and cost effective way of addressing social, economic and health inequalities.

Recommendations

This analysis demonstrates the effectiveness of providing parents and carers access to wide ranging advice and support in the school of the child they look after from workers who are 'embedded' within the school community.

It should be widely disseminated, and consideration given to drawing on the principles of this approach to service delivery on a Scotland wide basis whilst taking account of local needs and priorities.

For more information about Maximise! Contact: maximise@children1st.org.uk

²⁰ http://www.euro.who.int/_data/assets/pdf_file/0009/278073/Case-Investing-Public-Health.pdf

Appendix 1: Audit trail and value map information

1.1 Stakeholders identified who were included or excluded

The reference group identified and considered potential stakeholders and outcomes.

Table Four: Included and Excluded Stakeholders

Stakeholder	Included/ excluded	Rationale
Schools	Included as funder	Unlikely to experience outcomes directly but will contribute to outcomes achieved by children/ young people Contributed funding
Parent/ Carers	Included	Key stakeholders and likely to experience significant outcomes.
Children/Young People	Included	Key stakeholders and likely to experience significant outcomes
Staff	Included	Key stakeholders and likely to experience significant outcomes
Funders	Included	Key stakeholders and likely to experience significant outcomes
DWP/SSSA	Excluded	Long term benefits in relation to reduced demand/ cost savings are likely but are out with the scope of this analysis
Community Learning and Development	Excluded	Unlikely to experience outcomes directly but will contribute to outcomes achieved by families
Criminal Justice	Excluded	Long term benefits in relation to reduced demand/ cost savings are likely but are out with the scope of this analysis

1.2 Engagement methods for ‘included’ stakeholders

Table Five: Engagement methods for ‘included’ stakeholders

Stakeholder	Method	Number	Medium
Parents/ Carers	Structured Questionnaires	12	One to one interviews
	Survey	2 54	Focus Groups SMS Survey
Children/Young People	With teachers/ parents/carers as proxies	18	One to one interviews
Staff	Structured Questionnaire	6	One to one interviews
		1	Focus Group
Funders	Structured Questionnaire	6	One to one interviews

1.3 Outcomes identified but not measured

The reasons that it has not been possible to measure and value all outcomes have already been explained in s 6.5 on materiality.

No negative outcomes were identified in the analysis- a negative outcome is one which has an adverse effect on stakeholders.

1.4 Financial proxies

All of the outcomes that were included had a financial proxy assigned to them.

Table Six: Financial proxies

Stakeholder	Outcome	Financial Proxy	Value £	Source
Children/ Young People	Improved engagement with school	Future earnings differential expected to be realised by someone who completes an HND/ HNC qualification compared to having no qualifications	£2,400.00	http://www.socialvalueuk.org/social-value-tools/

Stakeholder	Outcome	Financial Proxy	Value £	Source
	Improved family relationships in a safe and secure environment	Counselling sessions (6)	£120.00	https://thenextchapter.org/sessions-costs/
	Improved wellbeing	Good overall health	£20,141.00	https://www.hact.org.uk/value-calculator
Parents/ Carers	Improved family relationships in a safe and secure environment	Counselling sessions (6)	£120.00	https://thenextchapter.org/sessions-costs/
	Feeling more positive about the future and able to work towards attaining goals	Feeling in control of life	£15,894	https://www.hact.org.uk/value-calculator
	Improved wellbeing	Good overall health	£20,141.00	https://www.hact.org.uk/value-calculator
Staff	Increase in skills and job satisfaction	New skills/ improved ability to perform role	£2,500.00	% of salary
Public Services	Potential cost savings through earlier intervention		£55,862	In 2017/18 CEC spent £4,889,000 on services to support 79,000 children and families, On average £62 per child

1.5 Deductions to avoid over-claiming

Table Seven: Deductions to avoid over-claiming

Stakeholder	Outcome	Deadweight %	Displacement %	Attribution %
Children/ Young People	Improved engagement with school	10%	0%	25%

Stakeholder	Outcome	Deadweight %	Displacement %	Attribution %
	Improved family relationships in a safe and secure environment	25%	0%	25%
	Improved wellbeing	10%	0%	40%
Parents/ Carers	Improved family relationships in a safe and secure environment	10%	0%	25%
	Feeling more positive about the future and able to work towards attaining goals	25%	0%	25%
	Improved wellbeing	10%	0%	40%
Staff	Increase in skills and job satisfaction	10%	0%	10%
Public Services	Potential cost savings through earlier intervention	0%	0%	0%

1.6 Calculation

The table below summarises the factors that have been taken into account in calculating the total impact.

Table Eight: Calculation

Stakeholder	Outcome	Quantity	Value	Less Deadweight	Less Displacement	Less Attribution	Drop Off	Impact
Children/ Young People	Improved engagement with school	220	£2,400	10%	0%	25%	0%	£356,400
	Improved family relationships in a safe and secure environment	504	£120	25%	0%	25%	25%	£34,020
	Improved wellbeing	549	£20,141	10%	0%	40%	0%	£5,971,001
Parents/ Carers	Improved family relationships in a safe and secure environment	213	£120	10%	0%	25%	0%	£17,253
	Feeling more positive about the future and able to work towards attaining goals	210	£15,894	25%	0%	25%	25%	£1,877,456
	Improved wellbeing	222	£20,141	10%	0%	40%	25%	£2,414,503
Staff	Increase in skills and job satisfaction	15	£2,500	0%	0%	0%	0%	£30,375
Public Services	Potential cost savings through earlier intervention	901	£55,862	0%	0%	0%	0%	£55,862

The SROI calculation is expressed as a ratio of return from investment. It is derived from dividing the monetised value of the sum of all the benefits by the total cost of the investment.

In this report the total present value is £10,357,625; the total investment figure in the same period to generate this value is c£ £426,500

The SROI ratio is calculated by dividing the present value by the investment.

The social return from investing in the Maximise! Project in Edinburgh was found to be in the region of £24 for every £1 invested.

Appendix 2: The Principles of SROI

Table Nine: Principles of SROI

Principle	Description
Involve stakeholders	Inform what gets measured and how this is measured and valued by involving stakeholders
Understand what changes	Articulate how change is created and evaluate this through evidence gathered, recognising positive and negative changes as well as those that are intended or unintended
Value the things that matter	Use financial proxies in order that the value of the outcomes can be recognised. Many outcomes are not traded in markets and as a result their value is not recognised
Only include what is material	Determine what information and evidence must be included in the accounts to give a true and fair picture, such that stakeholders can draw reasonable conclusions about impact
Do not over-claim	Only claim the value that organisations are responsible for creating
Be transparent	Demonstrate the basis on which the analysis may be considered accurate and honest, and show that it will be reported to and discussed with stakeholders
Verify the result	Ensure independent appropriate assurance

The SROI Network has published a comprehensive guide to SROI. This can be downloaded at www.sroinetwork.org.uk



Appendix 3: Examples of welfare rights advice in schools

Glasgow City Council

In 2019 Glasgow City Council responded to issues raised by residents with lived experience of poverty including issues raised in the Calton Ward, which has parts in which child poverty is c60%. Local parents wanted more information and support about grants related to education and welfare benefits - such as extensions to child benefit and educational maintenance allowance. It was agreed that the best way to achieve this would be by providing access to welfare rights advisors in local schools.

It was recognised that school support was essential and initial conversations took place at which the needs and wishes of parents were articulated and were supported by evidence from Council and DWP data. This approach highlighted that there were large numbers of parents not claiming benefits, such as free school meals, to which they were entitled. In turn schools shared data from SEEMiS (their education management information system).

The welfare rights advice service, which was developed in partnership with people with lived experience of poverty was piloted in four secondary schools in Glasgow. The schools selected to take part were in areas in which there were high levels of child poverty and/or members of black and minority ethnic groups.

The four participating schools all used different methods to contact parents. These included posting letters, social media, notes in school bags and targeted approaches. Perhaps somewhat surprisingly posting letter proved to be the most effective.

Glasgow Schools Financial Inclusion Support Officer Service.

The project has been running since November 2019 initially covering 4 high schools within Glasgow .The service was provided by GEMAP.

The aim initially was to offer up to and including type 3 welfare rights advice and debt reconciliation and to aim to ensure all parents and pupils were claiming key grants and allowances connected to education, free school meals, school clothing grants and educational maintenance allowance.

The design includes the local authority providing data and infrastructure, the schools themselves providing comms and connections with their families and pupils and a third sector advice provider providing staff to assist both in claiming the educational allowances and assisting families with wider financial matters including other benefits and other money issues.

The initial success of the service which generated income of £715 000 for families has seen the service extended to all Glasgow high schools from term 2021 till 2022.

In 2020 when schools closed GEMAP continued to provide services.

All participating schools have a dedicated named advice worker and this has been essential in establishing and sustaining engagement. The worker is embedded i.e. a part of the school team. The service, apart from when schools were closed, is not delivered on an outreach basis, although where appropriate referrals are made for expert advice.

When the service was initially delivered communications focused on the areas identified by the service users- education related benefits. However it became clear that there were other issues, such as debt and income maximisation. with which individuals needed support and the service was adapted to accommodate this.

As part of the response to dealing with the emergencies created by COVID -19 funding was provided to extend the service to all 30 secondary schools in the City Council area over a 12 month period. This is delivered by GEMAP, Money Matters and a partnership between Citizen Advice Bureaux.

As well as welfare rights and money advice the service has now been expanded and includes referral pathways to fuel advice, a choice of employability pathways and digital support. The latter was identified by feedback from service users and the third sector.

Future connections will include the Under 22 free travel scheme. The service seeks to improve continually and user feedback to enhance the support on offer.

Council officers believe that having support from Education services and GCC Child Poverty Governance Boards has contributed significantly to the reach and success of the initiative.

For more information contact: Gary Devine, gary.devine@glasgow.gov.uk

Stirling Council

The Council have adapted the Maximise! model used in Edinburgh to best meet the needs of an area that has rural and urban characteristics and pockets of poverty.

“Stirling Council’s Thrive to Maximise programme delivers multiple interventions targeted at the six priority family groups, with parents living in some of our most disadvantaged communities across Stirling. We have been working in these areas on a range of parental engagement and family learning initiatives and we know from that work that, with some further support, parents will be able to progress.

“The project allows us to extend access to the THRIVE to Keep Well programme, which aims to build the self-esteem and confidence of parents and support them to identify the triggers of stress in their lives and the resultant strategies to tackle these. THRIVE to Keep Well also supports participants to identify goals for positive life changes and introduces people to a range of other services which can support progression to further learning, volunteering and work.

“Our project has adopted elements of the MAXIMISE (Edinburgh) model and as such, family support and money advice elements are key to the programme, along with key-worker employability support. We have also enhanced the range of community based adult learning interventions which help to build the skills of local people. For those in work, we deliver a range of in-work learning and training opportunities, which build the skills of employees, offers access to qualifications, whilst supporting employers to retain staff as well as supporting people to move to improved job situations with different employers.”

For more information contact: Diane Connock, connockd@stirling.gov

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