Impact Report

SROI 2025

CONNECTED CARE
NETWORK

Impact Report

CONNECTED CARE NETWORK
A pioneering model of care for supporting children and integration of services in Solihull.

Working across the NHS, Education, Social, and Voluntary and Community sectors.

Enjoy reading our Impact Report.

We are extremely proud of this independently verified report, our team, our community, and the impact we've created together.

> I think this connected care network is a lifeline for a lot of these kids. **HEADTEACHER**
> ...and it goes back to that old saying 'it takes a village.' **YOUTH WORKER**

This Impact Report was independently prepared by Make an Impact CIC JULY 2025

make AN IMPACT CIC
CONNECTING IMPACT & GROWTH

Contents

Key achievements

The Connected Care Network (CCN) has achieved the following:

- Generated **total social value of over £30.7 million**, giving an average Social Return on Investment (SROI) of **£22.87** for every £1 spent on the service.
- For statutory sector agencies the SROI is £13.70 for every £1 spent on the service, generating total impact of **£18.4 million** based on the reduced need for statutory sector services and future costs avoided.
- For children and families, the SROI is £9.17 for every £1 spent on the CCN, totalling **£12.3 million** of wellbeing and social value for children and families.
- Supported **1,200 children** over the last 12 months.
- Identified, on average, **seven needs per child** (for example in November 171 referrals identified 1,213 needs), and made, on average, five referrals and signposts per child.
- **100% of children showed positive improvement** for all needs on the wellbeing scales.
- No child reported the severity of any need getting worse or staying the same.
- Where the CCN identifies children with no clinical improvement those cases are re-triaged, and this process adjusts or increases the level of interventions, ensuring that all children achieve the best possible outcomes.

Key impacts

The key impacts cover a wide range of areas beyond health and education highlighting the importance and relevance of delivering an integrated service, that also impacts the personal and social needs of children, wider family needs and the criminal justice system.

EDUCATION

48% for education (behaviour/support needs).

47% for neurodiversity needs.

ACCESS

90% for accessing food.

54% for accessing specialist services.

SOCIAL & PERSONAL

66% for loneliness/isolation.

54% for making friends.

HEALTH & MENTAL HEALTH AVERAGE REDUCTIONS

(indicating improvements)

68% for managing a long-term health condition.

52% for mental health.

50% for physical health.

FAMILY

46% for housing.

74% for financial difficulties.

CRIMINAL JUSTICE SYSTEM

46% for victim of crime.

46% for victim of abuse.

OUR **WHOLE SYSTEM** APPROACH

About us

The Connected Care Network (CCN) is a point of access for children who are working with a professional, and that professional feels that there is an unmet need or a difficulty finding the right service for the child.

CCN have access to a unique array of services available only to the Connected Care Network as well using existing services across schools/education, services commissioned by the NHS and Solihull Council as well the voluntary and community sector; providing a basis for true integrated working and throughout the process there is clinical support and supervision.

CCN currently have no other referral criteria other than there has to be a child involved who has a need. Where a professional feels they are unable to address a need that they have identified for a child and family, they should refer to CCN.

Examples of cases CCN have helped to manage include children struggling to attend school, children on a waiting list for mental health support, children on a waiting list for autism assessment, children suffering with urinary and bowel problems, parents concerned about their child's sleep and many more.

Dr Rafi is a GP working across Birmingham and Solihull.

He is the designated Clinical Lead for the Connected Care Network with responsibility for clinical oversight.

Integrated model

WHAT IS THE INTEGRATED MODEL OF CARE | The model is based around a premise that in order to make sure that the needs of children and young people are met in a local area that there needs to be less fragmentation of services, less silo working, and ease of access across professional and other boundaries; put succinctly combining horizontal and vertical integration (joined up care).

The integrated model of care is the interface through which CCN are co-ordinating, driving and enabling integration through planning and delivery across local health, social care and education, making the right care at the right time in the right place easier to deliver.

Through the use of integration there is less delay, confusion, repetition and duplication of services – regardless of who is delivering the services or where the services are being delivered.

CCN are making whole system changes without interfering with existing pathways that are working – making sure that the right people and professionals are involved when they are needed.

The whole system approach combines thinking about integrated working in whole of life, whole population approach with room for single condition integrated working when needed.

The aims of the model have been determined by co-production and co-design at a very local level with families, children and professionals across many sectors as well as consultation with stakeholders.

Integrated model

This has allowed CCN to amalgamate the needs of the community with system aspirations across the following areas:

PREVENTION

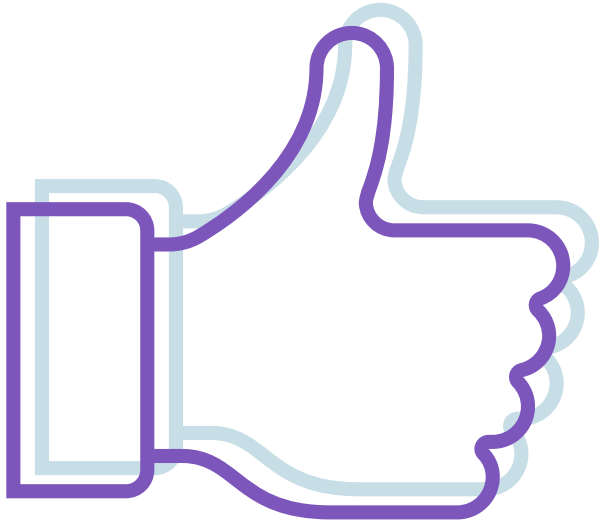
- Keeping children and young people healthy.
- Targeting the key determinants of ill health.
- Building greater resilience in children and young people.

PROMOTING INDEPENDENCE

- Supporting vulnerable children with social need.
- Empowering children, young people and families to self-manage.
- Supporting the provision of better and more integrated care closer to home.

DELIVERING EXCELLENCE IN HEALTH, CARE AND EDUCATION

- Ensuring that there is equity of access and care for children and young people.
- Delivering integrated pathways of high-quality care in order to ensure that children, young people and families receive the same level of care and education wherever they live.
- Reducing variation and maximising the use of resources to support the delivery of outstanding education and clinical care.



Measurement

HOW THE CONNECTED CARE NETWORK'S IMPACT WAS MEASURED | The report is based on data collected by CCN in 2024 including:

- Referral data from professionals referring into the CCN.
- Identification of needs data.
- Wellbeing scales (scoring the severity of the issue between 1-10 with ten being the highest severity), outcomes and impact data.
- Records of referrals and signposts made.
- Usage and activity data.
- Feedback and testimonials.
- Comparison to statistical neighbours for wider determinants of health and **CORE20Plus5** metrics where these areas do not have a connected care network for children, to identify any differences in patterns or trends.

This report was produced independently by Make an Impact CIC, who completed the scoping, data analysis and the preparation of this report as well as the social return on investment calculations. The SROI analysis has been carried out independently and in accordance with the principles of Social Return on Investment, ensuring that the findings are impartial and unbiased, and based solely on the evidence gathered by Make an Impact CIC.

About the children

DEMOGRAPHICS

The top three postcode areas the children accessing CCN live in are:

28%

B90 (including Shirley, Wythall, Majors Green, and Dickens Heath).

23%

B37 (including Chelmsley Wood, Marston Green, Kingshurst and Fordbridge).

18%

B92 (including Olton, Elmdon, Bickenhill, Hampton-in-Arden and Barston).

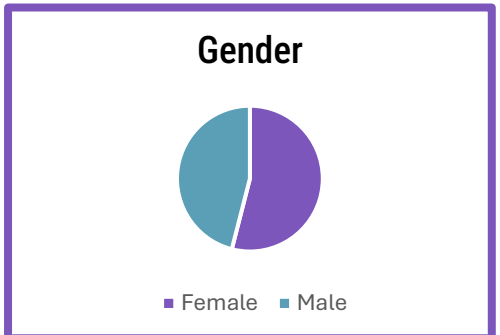


CHART 1 | Gender of children

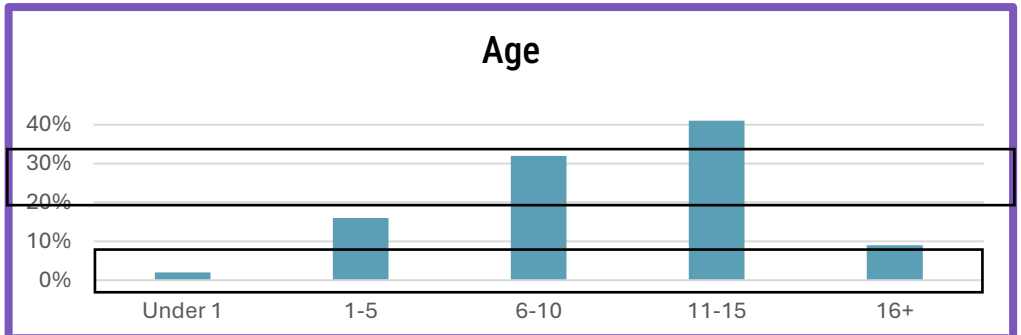


CHART 2 | Age of children

IDENTIFIED NEEDS

The children accessing the CCN have multiple needs – **on average each child has seven identified needs** – emphasising the importance of the CCN for effectively referring and signposting to multiple services to address these needs.

Unlike other services, the CCN is able to identify and address a multitude of needs through the referral and assessment stage. This includes needs at all levels including prevention, early identification, early intervention through to crisis. The only equivalent service is Children's Services where a specific child protection need has been identified.

Detailed analysis of the needs of the **171 children referred in November 2024, identified 1,213 needs**. This resulted in **847 referrals/signposts** being made to services. The top needs identified were:

- Mental health
- Emotional regulation/behaviour
- SEND

Full details of all the identified needs are shown in Chart 3.

About the children

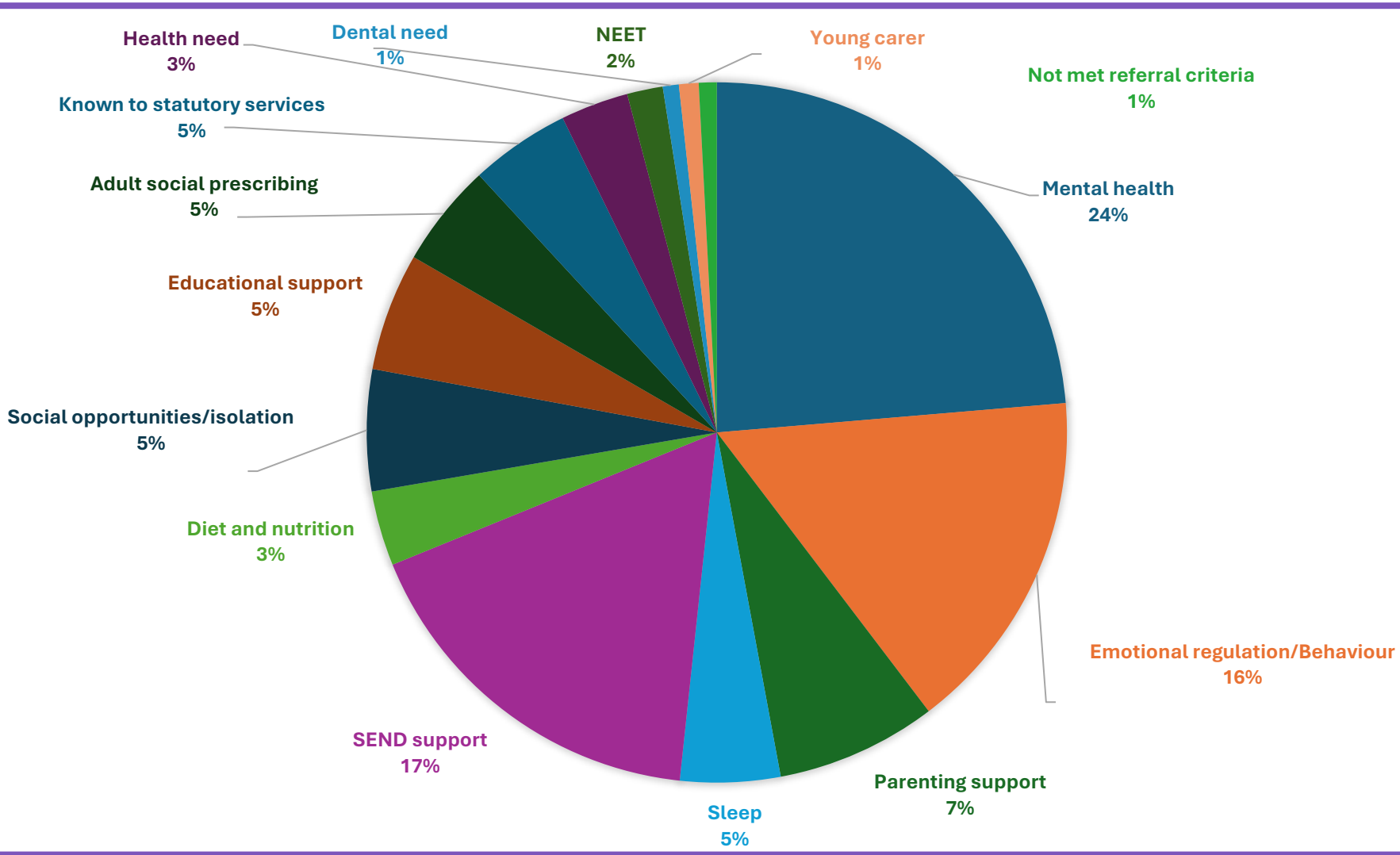


CHART 3 | Identified needs of children accessing the CCN

Referrals

REFERRALS AND SIGNPOSTS MADE | The CCN has an extensive network of organisations it refers and signposts to including organisations within and external to the CCN:

- Clinical Lead (CCN)
- Sleep Advice (CCN)
- Ordinary Magic (CCN)
- Urban Heard (CCN)
- Meriden Adventure Playground (CCN)
- Beyond Autism - Autism support for children and families
- Inclusive Sports Academy (CCN)
- Solihull Metropolitan Council - Under Fives Stay & Play (Solihull Family Hubs)
- Elmwood Community Hub - Sensory Room
- Sibs - Brothers and sisters of disabled children and adults

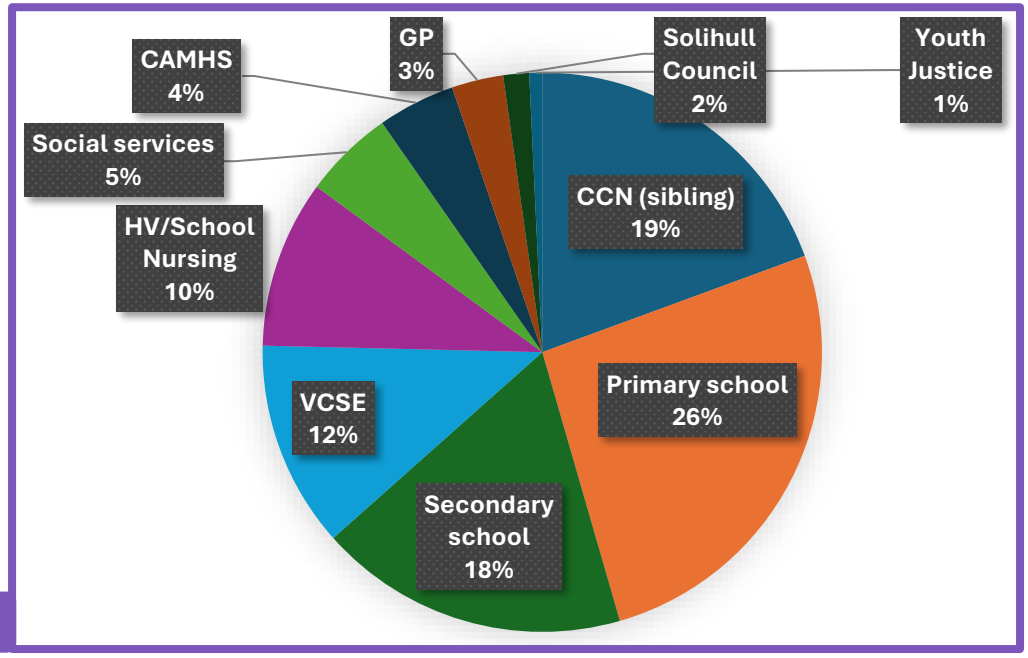


CHART 4 | Referral sources

REFERRAL SOURCES

The top referral sources (excluding siblings identified through the needs assessment by the CCN which was 19% of referrals) were:

26% Primary schools

18% Secondary schools

12% VCSE organisations

The full list of referrals sources is shown in Chart 4.

The referral reasons included awaiting therapy, awaiting an ASD and/or ADHD assessment, step-down or discharge from CAMHS, mental health concern, housing or finance concern, NEET or at risk of being NEET and long-term health condition.

Impact of CCN

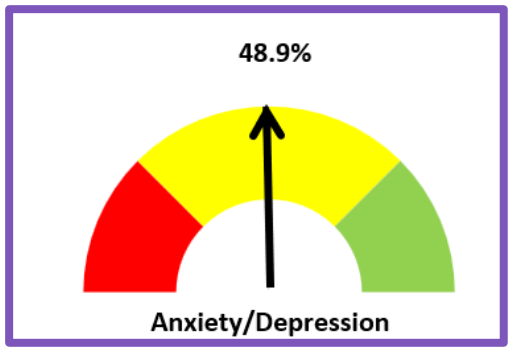
CCN provides outcomes and impacts for a range of individuals and organisations including:

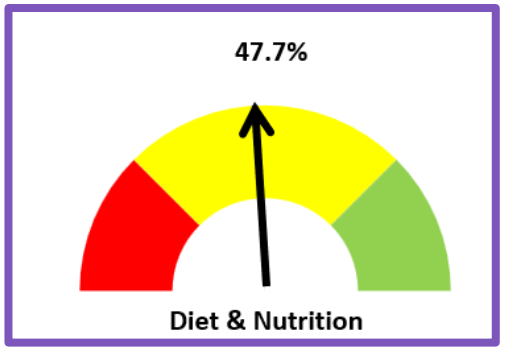
- For the child, their parents and family.
- For health services including GPs, mental health services, social services, hospitals and specialist services.
- For schools and educational settings.
- For the criminal justice system including the police and youth justice services.

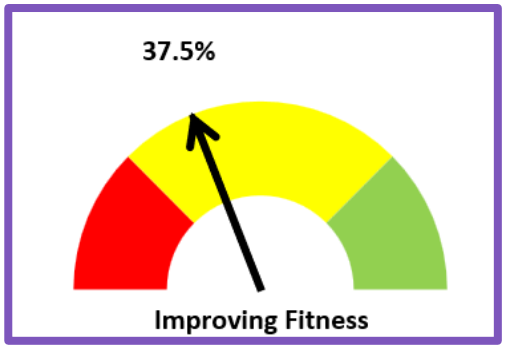
The impacts are shown as reductions in average scores for the severity of identified needs (indicating an improvement) for the following categories:

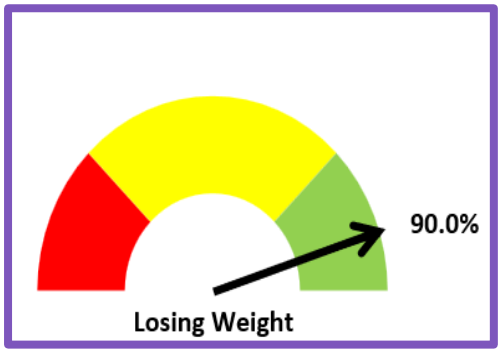
- Health and mental health.
- Education.
- Social/personal.
- Family.
- Criminal justice system.
- Access.

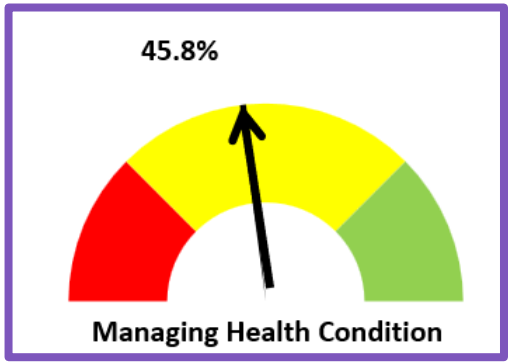
Health impacts

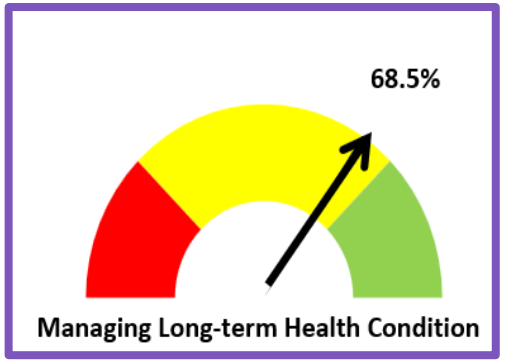


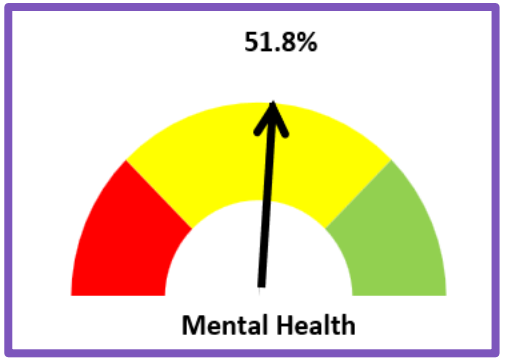


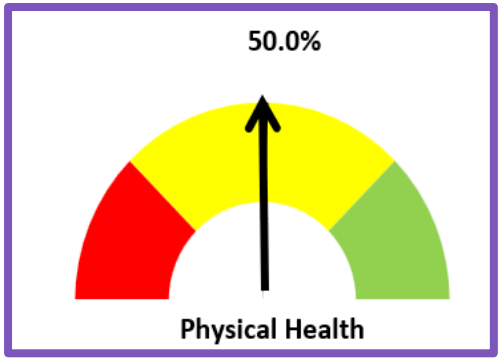


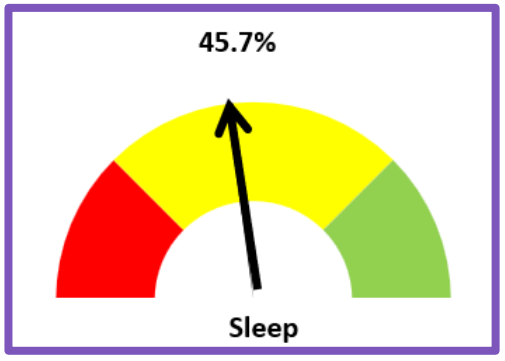


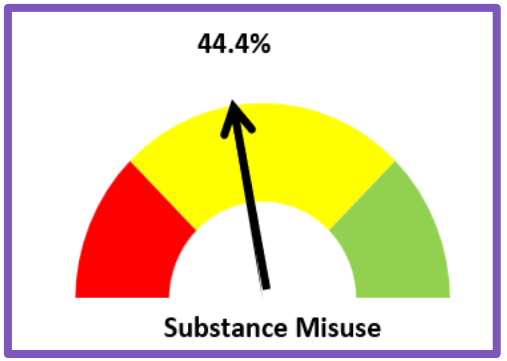












Health impacts

EARLY INTERVENTION | CCN provides multiple health and social benefits for children and their families, supporting them to access services whilst waiting for referrals including for CAMHS, neurodiversity and ADHD assessments, and other support.

The results of accessing the CCN is that all children have improvements with reduced severity of needs – leading to many children and families no longer needing the support or referrals they were initially waiting for.

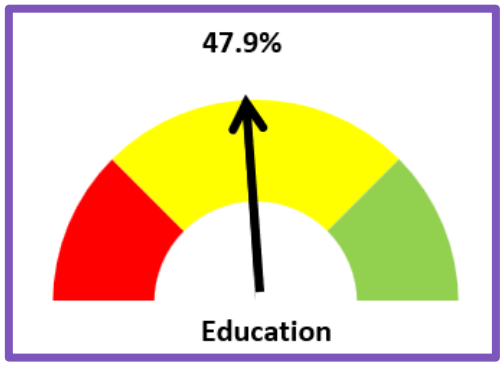
The CCN does more than enable people to wait well. Through its holistic approach that identifies all the areas of need, as well as identifying sibling and parent needs, the CCN is able to provide the right referrals and signposts at the right time.

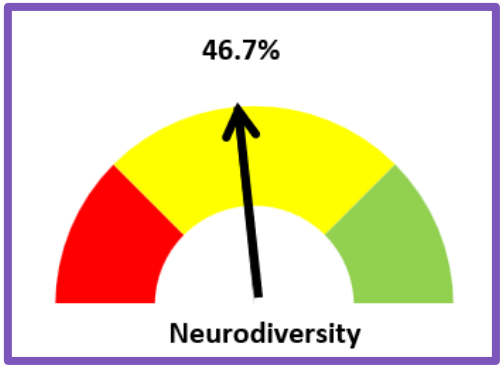
Based on the typical pathway for a child or family member, the CCN reduces the following:

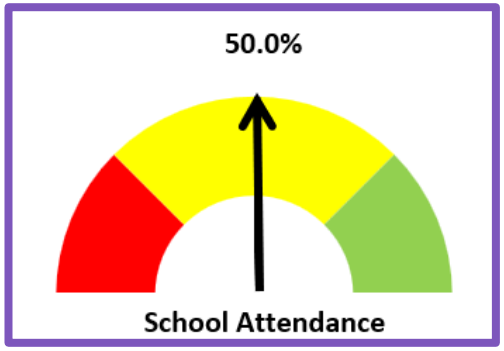
- GP appointments and secondary care appointments (through seeing the Clinical Lead within the CCN instead and better management of long-term health conditions and health conditions, reduced substance misuse and improvements in physical and mental health).
- Referrals into primary and secondary care and appointments through various support service within the CCN.
- Usage of CAMHS due to improvements in emotional and behavioural regulation.

The costs avoided arise through the child or family member no longer requiring the referral to another service, and through receiving alternative support via the CCN that resolves the issues.

Education impacts







There were improvements in their emotional regulation, behaviour, SEND support and school attendance as a result of the support received through the CCN.

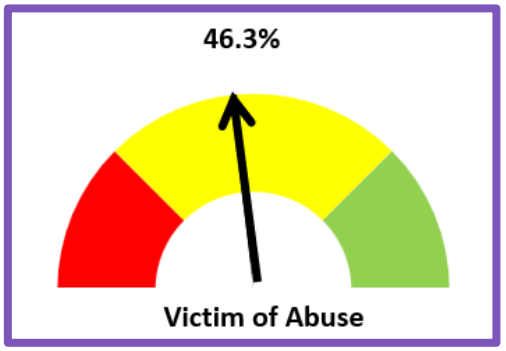
The savings from this support include:

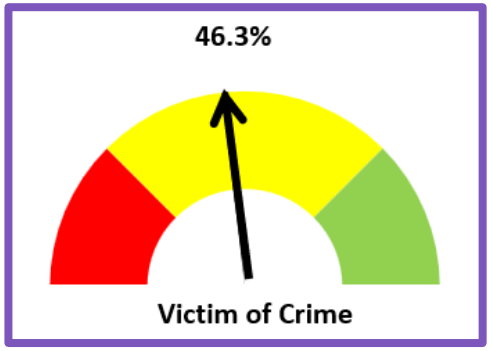
- Reduced need for additional support with emotional regulation and behavioural issues from support staff and SEND teams at schools.
- Reduced likelihood of permanent exclusion from school.
- Reduced risk of involvement in anti-social behaviour, criminal activity and the youth offending system.
- Reduced likelihood of being NEET (not in education, employment or training).

CRIMINAL JUSTICE SYSTEM IMPACTS

The CCN identified that children and their families were less likely to be victims of abuse or crime.

This results in savings for the Police and criminal justice system.





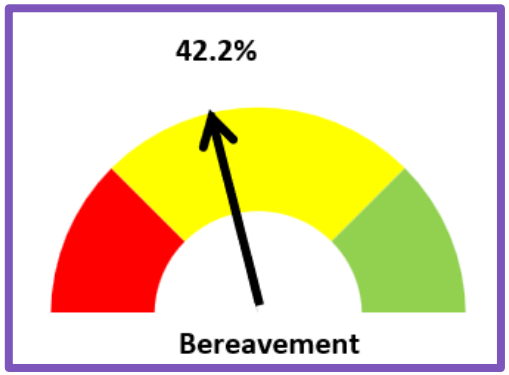
Personal & social impacts

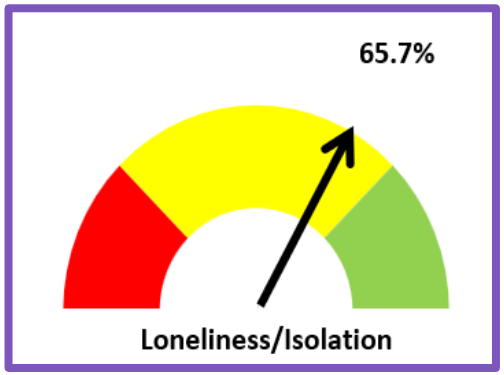
The personal and social impacts of the CCN lead to significant reductions in loneliness and social isolation, alongside improvements in social connections and friendships.

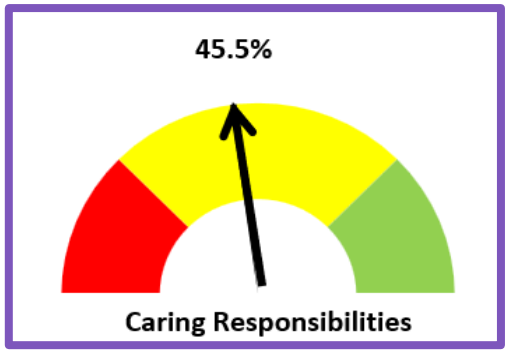
The CCN also supports with bereavement and caring responsibilities, reducing the negative impacts of these on the child and their family.

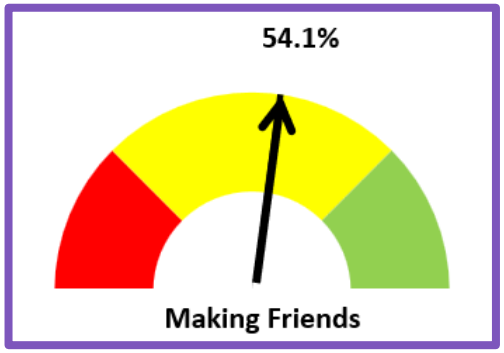
These impacts result in:

- Improved family relationships.
- Wellbeing improvements due to reduced loneliness and social isolation.

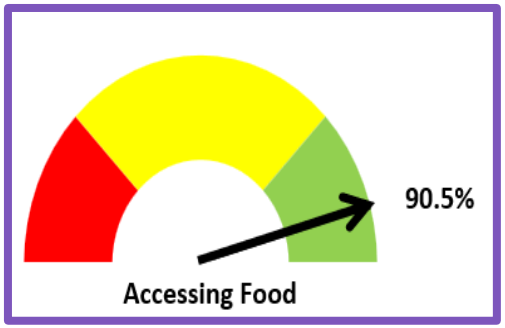


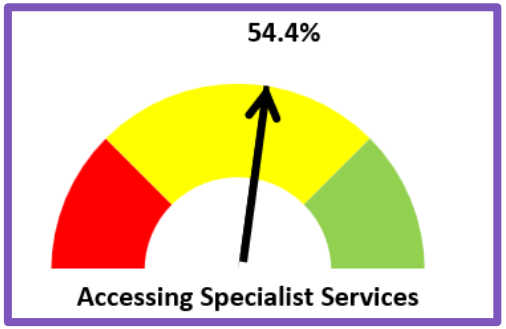






ACCESS IMPACTS





The CCN provided signposting to food banks and other organisations helping children and families to eat healthier and get access to affordable food. As a consequence of how the CCN identifies needs for children and families, many were able to access the specialist support and services they needed quicker and more easily.

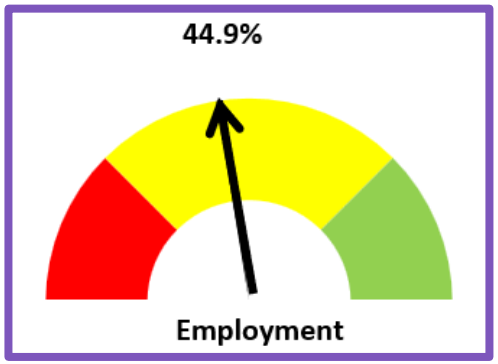
Family impacts

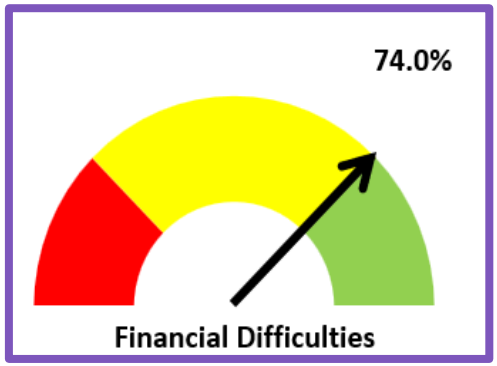
In addition to the direct impacts for children, the CCN also support parents with their needs.

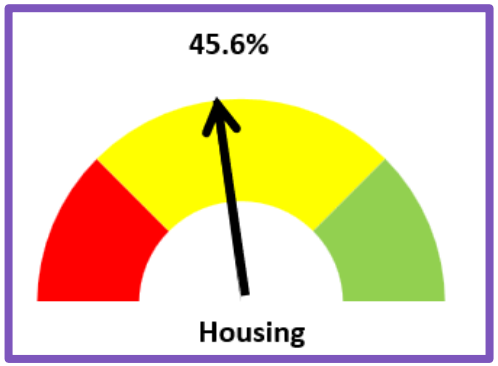
Key impacts relate to:

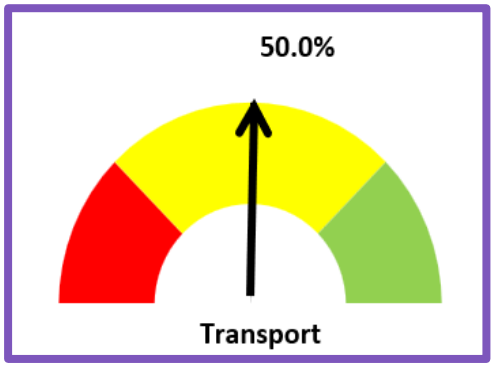
- Employment
- Housing issues
- Transport issues
- Financial difficulties
- Clothing bank referrals

These impacts not only support parents but also provide a better environment for children with less stress and anxiety and save the Local Authority money.









Meeting priorities

The impact of the CCN addresses numerous statutory sector priorities locally and nationally.

SOLIHULL PRIORITY OUTCOMES | For this section Solihull's statistically similar neighbours are: South Gloucestershire, Central Bedfordshire, Bracknell Forest, Buckinghamshire UA, Windsor and Maidenhead, Hertfordshire, Swindon, Havering, Stockport, Trafford, Warrington, Worcestershire, Calderdale, Bury, and Bromley.

It is recognised that North Solihull has much higher levels of deprivation than the rest of Solihull, and these statistical neighbours are comparable to Solihull overall. For example, **58% of children** in Solihull classified as being in need or subject to child protection live in North Solihull.

The Solihull priority outcomes that the CCN directly addresses are:

MORE PEOPLE HAVE GOOD MENTAL HEALTH: SEN PUPILS WITH SOCIAL, EMOTIONAL AND MENTAL HEALTH NEEDS

Based on 2022 data, for secondary age children the proportion (3.6%) is similar to England and Solihull compares well compared to its statistical neighbours (3rd out of 16 and 9th out of 15 local authorities). The rate in primary age children (3.4%) is statistically significantly higher than the England average and Solihull is ranked low when compared to its statistically similar, socioeconomic and regional neighbours, being 16th out of 16, as well as 13th out of 15 similar local authorities. The rate has increased in recent years within both age groups.

The CCN has provided **significant support to children with SEN**, and specifically addresses both educational needs (by improving attendance by 50%, educational attainment by 48% and neurodiversity needs by 47%), and supporting those at risk of being NEET through referrals and signposts to Skills for Success, Urban Heard, Ordinary Magic, MAPA and Solihull Councils Inclusion service and the EHCP service including feeding in to professionals meetings, providing direct support and helping develop integrative community and school support plans.

Meeting priorities

Alongside this CCN has supported children with emotional regulation and low-level mental health issues (**improving mental health by 52%**) through mentoring, counselling, sensory sessions, support and advice from Occupational Therapy and Physiotherapy Services, Parenting and Family support and referrals to specific support agencies who specialise in behaviour and conduct difficulties, as well as supporting families who are on waiting lists for services.

MORE PEOPLE ADOPT A HEALTHY LIFESTYLE: PROPORTION OF CHILDREN PHYSICALLY ACTIVE AND PREVALENCE OF OBESITY AND OVERWEIGHT IN RECEPTION AND YEAR 6

Solihull ranks within the second worst quintile and sits below the England average. This data is from 2019/20 so is quite old, but the CCN data identified 3% of children had needs related to diet/nutrition.

Solihull also has a lower obesity prevalence rate than England. Solihull performs well compared to regions within the West Midlands but compares less well compared to Solihull's statistically similar areas (10th out of 16 neighbours for reception aged children and 8th out of 16 for year 6 children), and areas of similar socioeconomic status. This trend can be seen in both reception aged children and children within year 6, with 19.7% of children in reception obese or overweight and 33.2% in year 6.

In response to these identified needs the CCN has improved diet and nutrition by 48%, fitness by 37% and losing weight by 90%.

MORE PEOPLE HAVE GOOD MENTAL HEALTH: HOSPITAL ADMISSIONS FOR MENTAL HEALTH CONDITIONS (UNDER 18S)

Mental health issues are growing amongst children, and half of adults with long-term mental health problems experienced their first symptoms before the age of 14. Self-harming and substance abuse more common in children and young people with mental health disorders with 10% of all 15–16-year-olds having self-harmed at some point during their lifetimes.

In Solihull, the rate of hospital admissions in under 18s for mental health conditions is similar to England (41.2 per 100,000 for males and 88.4 per 100,000 for females in 2021/22). Compared to similar socio-economic areas and the West Midlands Solihull performs well but ranks 8th out of 14 statistically similar neighbourhoods among males. Rates are highest amongst females, double that of males.

Meeting priorities

The CCN has improved mental health by 52% as well as improving the management of long-term health conditions by 68% and substance misuse by 44%.

MORE PEOPLE IN WELL-PAID WORK: PROPORTION OF CHILDREN AGED 0-15 LIVING IN ABSOLUTE LOW-INCOME FAMILIES

Based on 2022 data, Solihull has performed statistically better than England, Solihull is ranked 34th out of 151 local authorities which is within the second-best quintile nationally. Solihull is ranked 8th out of similar socioeconomic local authorities, and 10th when compared to its statistically similar neighbours.

The CCN has supported families to address housing needs (improved by 46%), financial difficulties (improved by 74%), problems accessing food (90% improvement), employment (45% improvement) and transport issues (50% improvement).

OTHER SOLIHULL PRIORITY OUTCOMES THAT THE CCN CONTRIBUTES TO

The CCN contributes to the following local outcomes by working with children of all ages and their families:

MORE CHILDREN ARE HAPPY, HEALTHY AND SAFE: PROPORTION OF BABIES WITH VERY LOW BIRTH WEIGHT (<1500G)

Based on 2021 data, Solihull performs the worst out of its 16 statistically similar neighbourhoods. It also ranks 14th out of 15 similar local authorities, and in the worst 20% of all local authorities (110th out of all 127 local authorities).

The CCN supports improvements to this by reducing the number of families living in poverty with poor social determinants of health through identifying all support needs and making the appropriate referrals and signposts.

MORE CHILDREN ARE HAPPY, HEALTHY AND SAFE: A&E ATTENDANCES (0-4 YEARS)

Solihull has a lower rate of A&E attendance compared to the national average. However, there is a growing disparity between boys and girls – in 2022/23 there were 665.4 A&E attendances per 1000 boys and 570 per 1000 girls.

The CCN is effective in supporting children and their families to better manage health conditions (46% improvement), and long-term health conditions (68% improvement), which would result in reduced usage of A&E.

Meeting priorities

MORE CHILDREN ARE HAPPY, HEALTHY AND SAFE: PROPORTION OF CHILDREN ON TRACK WITH THEIR DEVELOPMENT AT 2 TO 2 AND A HALF YEARS

The proportion of 2 years olds achieving the expected level of development for communication and across all domains is significantly higher than the England average. Solihull's performance in 2022 is average when compared to its statistically similar neighbours (8th out of 14) but good when compared to regional neighbours.

The CCN supports the early identification of children's needs, so they do not become more complex issues when the child starts attending school.

MORE CHILDREN ARE HAPPY, HEALTHY AND SAFE: PROPORTION OF CHILDREN ACHIEVING A GOOD LEVEL OF DEVELOPMENT AT THE END OF RECEPTION

Just 62.6% of male reception pupils in Solihull are achieving the expected level (2022/23), significantly lower than the rate in females. Compared to areas with similar levels of deprivation Solihull performs less well (10th out of 15 similar local authorities for males and 8th for females).

The CCN receives the highest percentage of referrals from primary schools (26% of all referrals), indicating that there are still significant needs requiring address once children are at school.

PEOPLE HAVE ACCESS TO THE RIGHT CARE AND SUPPORT WHEN AND WHERE THEY NEED IT: CHILDREN AND YOUNG PEOPLE IN CARE

The rate of children in care per 10,000 population (aged under 18 years) in Solihull is significantly higher than the England average (119 compared to 65) and is in the highest quintile. Solihull has the highest rate of children in need amongst its statistically similar neighbours and local authorities with similar socioeconomic deprivation.

The CCN has specialist organisations for supporting children in care.

Meeting priorities

The key outcomes the CCN addresses for the local ICB relate to:

- Hospital admissions for asthma in children
- Wider determinants: 16–17-year-old NEET

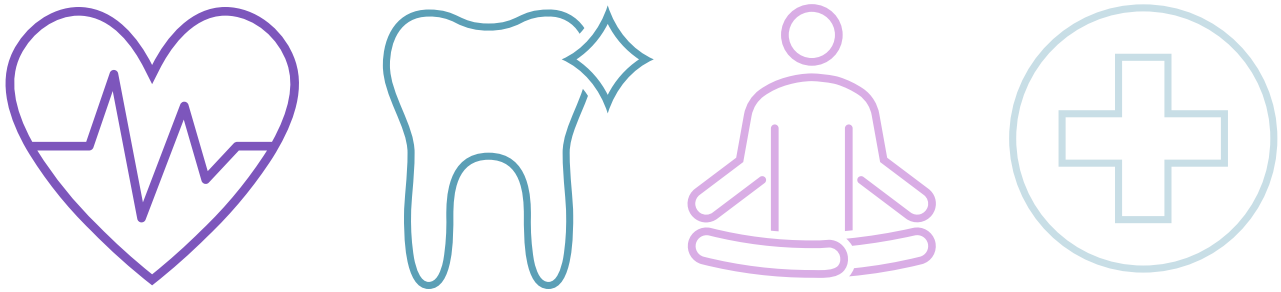
BIRMINGHAM AND SOLIHULL ICB OUTCOMES | The CCN also addresses a further wider determinant of health focused on domestic abuse related incidents and crimes, with issues related to being victims of domestic abuse and victims of crime having 46% improvements.

The CCN addresses all of the national **CORE20Plus5** health inequalities:

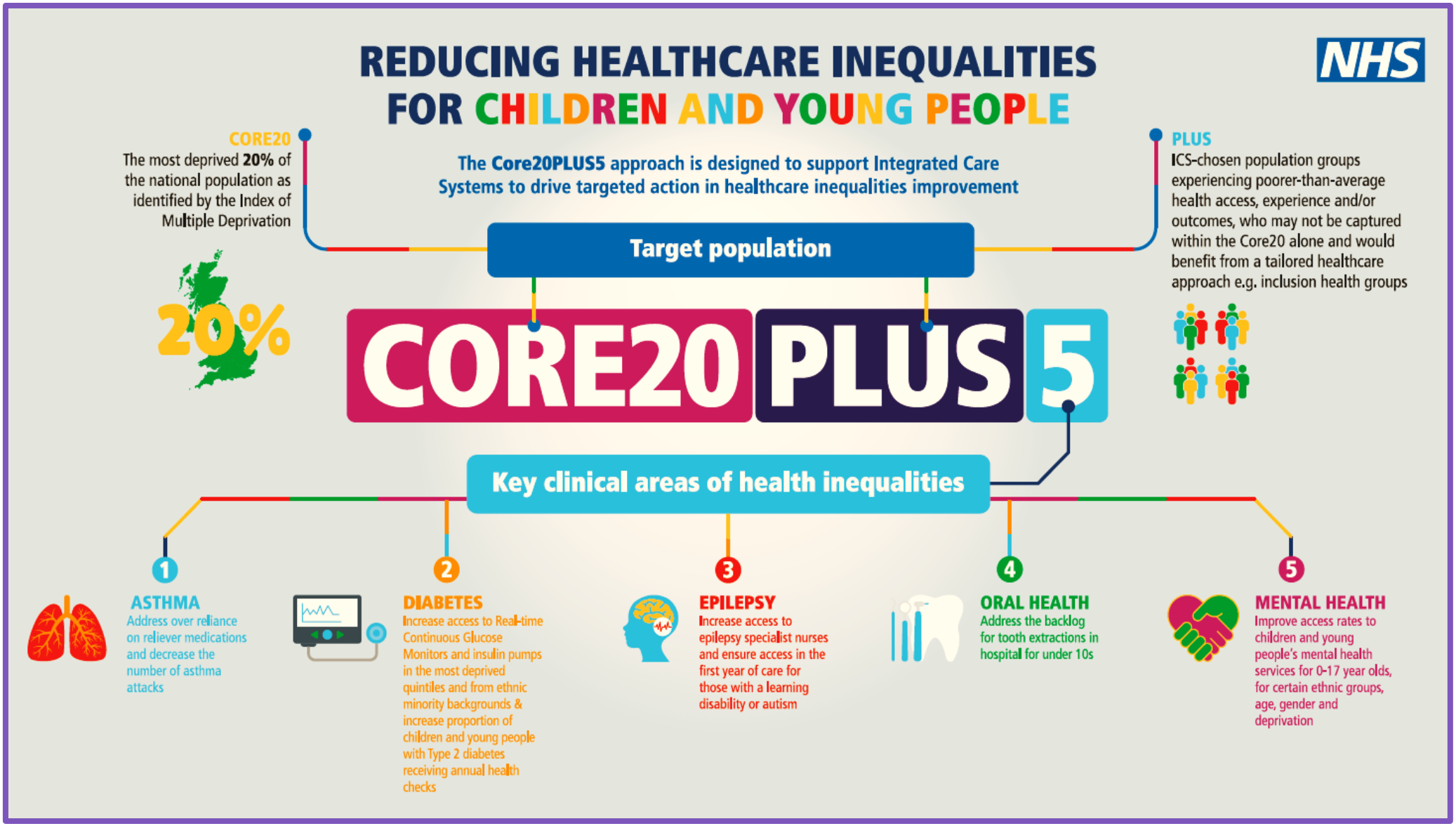
Long-term health conditions including Asthma, Diabetes and Epilepsy: Alongside these health conditions the CCN has supported with other long-term health conditions including Constipation, Enuresis, Eczema, long-term medication, musculoskeletal problems, improving the management of long-term health conditions by 68%, physical health by 50% and mental health by 52%.

Oral Health: the CCN has developed a direct referral pathway to support children with dental needs.

Mental Health: This is the most commonly identified need for children referred to the CCN (24%). The CCN has improved mental health by 52% through providing counselling and therapeutic services, as well as support whilst on waiting lists.



Core20Plus5



Social Return on Investment

The overall Social Return on Investment (SROI) for the CCN is £22.87 for every £1 spent on the service, generating total social value of £30.7 million annually.

The SROI is allocated to a variety of statutory sector agencies (through the value of potential cost savings) and to the children and their families (through the value of social and economic benefits including wellbeing improvements) as follows:

STATUTORY SECTOR AGENCIES

For the **statutory sector the SROI is £13.70** for every £1 spent on the CCN, which generates a **total impact of £18.4 million**.

For the statutory sector agencies many of the impacts relate to potential cost savings as there are reduced needs for other services or costs avoided. For example, reduced usage of GPs, resolving sleep issues so children no longer need referrals for additional support, the costs avoided by resolving an emotional or behavioural need before the child is excluded from school, and the costs avoided by the criminal justice system.

The social impact generated is allocated to different statutory agencies as follows:

- Health services £6.3 million.
- Education system £11.5 million.
- Local Authority £47,000.
- Criminal Justice system £0.5 million.

A detailed breakdown is shown in the following tables.

Health services

IMPACT AREA	COST SAVING	FINANCIAL PROXY	IMPACT £
Using CCN Clinical Lead instead of visiting GP	Reduced usage of GPs	£23.67 per GP appointment	35,297
Improvements to sleep issue (45.7% improvement)	Costs avoided for typical pathway for sleep issue	£4,253 (NHS Unit Costs)	1,355,697
Improvements to mental health (51.8% improvement)	Costs avoided for mental health support for a child	£2,481 (NHS Unit Costs)	4,051,739
Accessing specialist services	Reduced usage of GPs	£23.67 per GP appointment	33,141
Better management of long-term health condition (68.5%) for those with physical health and diet/nutrition issue	Reduced usage of GPs	£23.67 per GP appointment	21,016
Reduced risk of substance misuse (44.4% improvement)	Cost of substance misuse treatment	£4,538 (NHS Unit Costs)	878,168
TOTAL IMPACT			**£6,375,058**

Education system

IMPACT AREA	COST SAVING	FINANCIAL PROXY	IMPACT £
Improved school attendance	Cost of permanent exclusion from school avoided	£13,258 (Exclusion cost for local authority)	4,980,309
Improved emotional regulation/behaviour at school/SEND support (47.9% improvement in education and 46.7% improvement in neurodiversity)	Cost avoided by receiving support through CCN	£4,914 (NHS Unit Costs)	5,818,879
Employment (cost of not being NEET/excluded)	Average cost of being NEET avoided	£6,597 (ACEVO)	750,910
TOTAL IMPACT			**£11,550,098**

Local authority

IMPACT AREA	COST SAVING	FINANCIAL PROXY	IMPACT £
Improved stability of housing	Costs avoided by local authority from individual losing their home	£4,115 (Shelter)	46,840
TOTAL IMPACT			**£46,840**

Criminal justice system

IMPACT AREA	COST SAVING	FINANCIAL PROXY	IMPACT £
Excluded from school: twice as likely to commit a crime (5.05% chance of committing crime). 54.1% improvement in education outcomes	Average cost of first-time entrant to Criminal justice system (youth offending)	£4,329 (NEM Unit Cost Database)	221,750
Victim of domestic abuse: 46.3% improvement related to risk of being a victim of abuse	Average cost of domestic violence incident	£3,393 (NEM Unit Cost Database)	193,116
Victim of crime : 46.3% improvement related to risk of being a victim of crime	Average cost of crime incident	£1,181 (NEM Unit Cost Database)	33,609
TOTAL IMPACT			**£448,475**

Children & families

The SROI for children and families is £9.17 for every £1 spent on the CCN, which generates £12.3 million of Impact for children and families as shown in the table below.

The impact for children and families is based on the wellbeing and social value to them of the improvements achieved through the CCN.

IMPACT AREA	COST SAVING	FINANCIAL PROXY	IMPACT £
Caring responsibilities: improved family relationships	Value for wellbeing QALYS for Enjoying good family relationships.	£237.75 (Wellbeing QALYS)	153,824
Managing long-term health condition: improved physical health	WELLBY value for improved physical health X 68.5% improvement	£8,905 (MeasureUp)	9.072,382
Reduced loneliness	WELLBY value for reduced loneliness X 65.7% improvement	£5,322 (MeasureUp)	2,059,651
Reduced financial difficulties	Value of relief from burden of financial stress	£3,184 (BHPS)	1,050,993
TOTAL IMPACT			**£12,336,850**

Sensitivity analysis & benchmarking

We have included a sensitivity analysis of the results, which indicates the range of SROI figures is between £17.16 and £30.50.

This included adjusting:

- The financial proxies used – changing these by ± 25%.
- Changing deadweight, attribution, drop off and displacement by ±15% in total.
- Changing costs by ±25%.

The effect of these changes is shown in the table below:

ADJUSTMENT	REVISED SROI FIGURE
Increasing adjustments by 15%	£18.84
Reducing adjustments by 15%	£26.91
Increasing costs by 25%	£18.30
Reducing costs by 25%	£30.50
Increasing financial proxy values by 25%	£28.59
Reducing financial proxy values by 25%	£17.16

About SROI

This report has incorporated a Social Return on Investment (SROI) methodology. SROI is a method for identifying, assessing and valuing the impact a particular service has.

Typically, it is used where the services are commissioned from the public sector, funded by a grant making body or investor in order to provide a cost-benefit analysis, which is presented as a ratio showing how for every £1 invested £x of benefit is produced. This clearly shows whether the intervention is worth investing in or not, and if the costs exceed the benefits, then continuing with the intervention may not be appropriate. It is also used where there are limited resources to help with decision making between different investments and services. Typically, SROI would form one element of a comprehensive investment appraisal system that also considers strategic, financial and other key criteria.

SROI is ideal for summarising the impacts and benefits of a service, which can easily be understood by a funder, commissioner or investor.

In this report an SROI approach was used to assess the impact for the statutory sector, and the social and economic benefits for children and their families. This included modelling what would have happened to children without the CCN, and the likely pathways they would have taken had the severity of their needs remained the same and comparing that to the reduced support needs as a consequence of the referrals and signposts received through the CCN.

Where more than one similar outcome was identified, to avoid double counting only one of those is valued.

About SROI

SROI is carried out using a set of key principles (as defined by Social Value International).

These principles ask some core questions:

- What are the outcomes, both positive and negative of the activity on stakeholders?
- How were stakeholders involved in determining outcomes, in deciding which impacts to manage and in measuring those?
- How were the outcomes that are going to be managed and reported on prioritised from the probably large number of outcomes that result from an activity?
- Were the outcomes of value to stakeholders and if so of how much value?
- How sure are you that the outcomes result from your activity or from the activity of your organisation and other partners?
- Can you follow the logic, the calculations and see any judgements that were made?

LIMITATIONS OF SROI

SROI, like all forms of analysis, has limitations. SROI is a relatively new form of analysis, which aims to identify the value of interventions, and their outcomes – many of which are not tangible outcomes but softer, intangible outcomes, such as improved family relationships.

When deciding upon the values to use within SROI a variety of literature are used to identify values that can be used or alternatively valuations are sought from stakeholders (which typically results in higher valuations for outcomes). As a result, SROI ratios cannot be compared.

About SROI

THE APPROACH TO SROI

The approach taken to the SROI process has followed the general principles (as defined by Social Value International), and included the following elements:

- Involve stakeholders – stakeholders are key to the SROI process.
- Understand what changes – through discussions with stakeholders identify the key changes and differences that the intervention provides.
- Value the things that matter after identifying the key changes for the different stakeholder groups, the next step is then to give values to these key changes. Only include what is material – to ensure the SROI is valid and not too complicated, immaterial items have been excluded from the process.
- Do not over claim – the SROI has been based on information from surveys and service user self-reported impact, and outcomes identified by the different stakeholder groups in order to ensure there is no over claiming. Where there are a number of options for the valuations, the highest valuation is not used so that benefits are not overstated.
- Be transparent – identify and detail all assumptions used, and the sensitivity of those assumptions to changes.
- Verify the results – as this report has been produced by an independent organisation the results are less likely to be subject to bias.
- Be responsive – use the findings to improve the service.

ASSIGNING VALUES

The SROI has involved assigning values (financial proxies) to the outcomes, costs and adjustments (attribution, deadweight, drop off and displacement). Financial proxies are used to value outcomes. This is particularly useful for soft outcomes, such as increased self-esteem, which does not have a specific monetary value.

For hard outcomes, such as employment, financial proxies are used and are easier to calculate, as there is a monetary value for the wages the individual receives and any benefits they no longer receive.

About SROI

For the valuation of the outcomes, the financial proxies used to give a monetary value include four different types:

1. The cost of negative outcomes avoided, e.g. health costs avoided, benefit costs avoided.
2. Actual spending on similar outcomes, e.g. the cost of improving parenting skills by attending a parenting course.
3. People's Willingness to Pay which asks people to hypothetically assign a value to an outcome, e.g. how much an individual would be willing to pay for improved wellbeing.
4. The WELLBY value of £13,000 for one point improvement in wellbeing (based on HM Treasury Green Book and supplementary guidance).

Where there are a number of options available for valuing outcomes, the approach taken has involved research to find an appropriate value, rather than the largest valuation. An appropriate value is one that, if subject to external scrutiny, would appear reasonable based on the assumptions and limitations presented. Due to increasing standardisation of values, there are now a number of sources of financial values available to organisations. In this report, outcomes are valued using costs avoided, actual spending on similar outcomes and using WELLBY values for wellbeing improvements.

The costs are based on the costs of delivering the CCN service per child.

The adjustments are based on how realistic it is that the outcome achieved is a result of the support provided, and how realistic is it that the outcome will be sustained.

The SROI methodology includes values and adjustments for the following:

- Things that would have happened anyway (deadweight).
- Outcomes that won't be sustained (drop off).
- Services that have been displaced (displacement).
- Outcomes that are partly attributable to other agencies or organisations (attribution).

About SROI

For the CCN the percentage adjustments are:

- **Deadweight:** 10% based on referrers identifying that they are not able to provide the support other than a referral to CCN.
- **Drop-off:** 6% based on the number of families that did not engage or take up their offer of support via the CCN.
- **Displacement:** 15% as the CCN has identified additional needs and increased referrals and signposts to organisations rather than displacing existing services, with the exception of primarily health services.
- **Attribution:** 38% based on referrals and signposts outside the CCN.

Outcomes are based on a one-year period. Whilst it is recognised that some outcomes would extend beyond the current year, the CCN has not been operating long enough to have sufficient data to look at how outcomes do or do not sustain beyond a one-year period. As the calculation only considers values in the current year it is therefore a very conservative estimate of the value of the CCN.

The SROI has not included the value of reduced usage of health or other services as a consequence of improvements in managing long-term health conditions unless the health condition is specifically identified in the data. Where the health condition is not specified, the SROI has only included reduced usage of GPs, as to include additional values would require additional details of each health condition and mapping of pathways for each of these.

> ‘Thank you for listening to me. I’m really happy with the plan.’ **PARENT**

CONNECTED CARE NETWORK

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