



‘DAISE PLUS’ PROJECT 2019-
2020
SOCIAL RETURN ON
INVESTMENT (SROI) FORECAST
ANALYSIS

Specialist Support Service for Victims of Domestic
Abuse

“The support I was provided with by the DAISE team has given me a new lease of life”



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Executive Summary

Swansea Women's Aid (SWA) is a specialist women-only organisation which supports women, with or without children, with experience of domestic abuse, offering emergency accommodation and community support across the whole of Swansea. The support offered is strengths based, needs-led and trauma informed, aiming to enable women and children to move forward positively with their lives.

The Domestic Abuse Information, Support & Empowerment Project (DAISE Plus) provides one to one support to women who are experiencing or have experienced domestic abuse. Support is offered on either an appointment or drop-in basis. DAISE Plus support workers can give a range of advice and support in a non-judgemental environment. The support workers will work with the clients to create a safety plan and to map positive steps forward from their current situation. Individuals can self-refer to the project and referrals are received from other third sector organisations and statutory bodies including the NHS and the police. During 2019-2020 SWA supported 632 women through the DAISE project who accessed various elements of its service depending on the needs of the individual. This support varied from a drop-in session to full counselling sessions.

The project was analysed using the Social Return on Investment (SROI) framework to understand the total value created for individuals who were referred to the project. The results demonstrate that significant value is created through the project.

The result of £4.25:1 indicates that for each £1 of value invested, £4.25 of Social Value is created.

This service would not be available without the valuable contribution from the volunteer counsellors / support workers who provide their time, expertise and professionalism. During 2019-2020, 250 hours were volunteered which is an average of 42 hours per volunteer.

There is a growing need for an alternative in our communities to support the growing concerns around mental health, poverty and to reduce isolation. This model offers individuals the opportunity to create changes in their own lives and to empower them to make positive decisions. The outcome of the project experienced by the individual is being **better able to cope, improved mental health, reduced isolation & anxiety and improved self-esteem.**

Acknowledgements

We would like to thank Lynne Sanders and her team at Swansea Women's Aid for all their efforts and support on this report. A special mention must be given to the women who have enrolled on the DAISE project and have given their time to engage with the Social Value Cymru team. Without their engagement and willingness to take part, this report would not be possible.

Social Value Cymru team at Mantell Gwynedd

1.0 Introduction

This SROI forecast report will analyse the value of the service offered by Swansea Women's Aid (SWA) Domestic Abuse Information, Support and Empowerment (DAISE) project between April 2019 –March 2020. During this time 632 individuals were supported who have suffered some form of domestic abuse.

Through engaging with both individuals receiving, the service and the SWA staff who work on the DAISE project and by examining information and data where available, appropriate estimations have been made supported by secondary evidence.

The report will initially set out the background of the service Swansea Women's Aid provide via their DAISE Plus project, an overview of domestic abuse in England and Wales and the impact of domestic abuse on victims, followed by a discussion of the Social Return on Investment (SROI) framework used to evaluate the service. The SROI results will then be discussed in detail to explain the 'story of change' and value for key stakeholders.

The purpose of this report is not just to demonstrate the value of DAISE activities, but also to provide the information by which improvements to service delivery are made possible. The measurement of social value should always be part of the ability to manage and make even more impact in the lives of clients and other important stakeholders.

2.0 Purpose, Scope & Audience

2.1 Purpose

The purpose of this report is not just to demonstrate the value of DAISE activities but also to provide the information by which improvements to service delivery are made possible by providing recommendations. The measurement of social value should always be part of the ability to manage and make even more impact in the lives of clients and other important stakeholders.

2.2 Scope

Swansea Women's Aid (SWA) deliver many projects to help support the victims of domestic abuse, these include Domestic Abuse Information, Support & Empowerment Project (DAISE Plus), Supported Housing Project, The Children and Young People's service (CHYPS), Changing Attitudes Together Project (CHAT) and the Support, Wellbeing, Advocacy and Enablement Project (SWAN). This report will focus on the Social Value and impact created by the DAISE project, however, there may be some overlapping of the services as in some cases the women supported by SWA enrol on more than one of the projects, depending on their needs. This analysis will focus on the period between April 2019 – March 2020. During this time DAISE helped and supported 632 individuals, of which 131 were re-referrals to the project.

2.3 Audience

The main intended audience of this report is potential funders and commissioners. This report is to demonstrate Social Value and impact created by the DAISE project on the clients' lives, with potential funders having a better understanding of the wider impact their investment/donations can have on the local social environment and people's lives. Another intended audience is internal decision makers and/or management at SWA. The report will demonstrate

the current forecast SROI of the DAISE project and make recommendations to improve aspects of the DAISE project to create more social value and impact for the individuals they support, thus managing the social value and impact created.

3.0 Limitations

During the process of writing this report there were some limitations on the type and detail of engagement possible with the various stakeholders of the DAISE project. These limitations are discussed below.

3.1 COVID-19 restrictions

The national COVID-19 restrictions were in place for the entire timescale of writing this report and this was a major barrier for the researchers. Social Value Cymru is situated in Gwynedd, north Wales and therefore it was not possible for the researchers to travel to Swansea to hold face to face interviews / focus groups with the stakeholders of the DAISE project. Understanding and assessing body language is a key component of social value research methods because the interviewer is better able to assess the comments /answers given by the interviewee. Therefore, it is possible that the outcome and changes experienced by the clients identified in the report will have some ambiguity as a result, however all the judgements and assumptions made in the report have been verified by the stakeholders. Telephone interview approach was the only realistic approach when engaging with the clients given the restrictions and the nature of the subject matter of the report.

3.2 Survey data collection

Keeping to the 'be transparent' principle, the method of collection of the data should be cited. For this report it was not possible to collect the data fully independently by the researchers. This was due to not being able to fully engage with the stakeholders because of Covid-19 restrictions. Therefore, the surveys for the clients, (asked and collected through Survey Monkey) of the DAISE project were given to the SWA team as they have the rapport with the clients and the questions approved by staff at SWA before being given to the clients. This may affect the data provided. However, based on the survey result and the sample size, there is a high level of confidence in the results of the data in line with the comments and themes from the interviews and focus group conducted.

3.3 Time constraints

The timeframe of this report is 4 months, this being a limitation of the commission. During this time the researchers were not able to fully engage with all material stakeholders such as the volunteers, therefore any material outcomes for the volunteers have not been included in the report, thus potentially missing out on any additional social value created.

In addition, it was not possible to segment the stakeholder(s) into groups to ascertain a saturation level and a baseline for each client for each element of the DAISE project.

However, the researchers are content and confident with the findings in the report given the limitations.

4.0 Background & Context

4.1 Key Organisation(s)

Swansea Women's Aid (SWA) is a women-only organisation which supports women, with or without children, who are affected by domestic abuse. SWA workers have specialist knowledge on issues related to domestic abuse and how it can affect the lives of women and children. SWA offer support to women who have experienced any form of domestic abuse in the Swansea region, South Wales. The support is strengths based, needs-led and trauma informed, aiming to enable women and children to move forward positively with their lives.

Swansea Women's Aid's vision, mission, key principle and values are;

Vision

A world where women and children are free from abuse.

Mission Statement

Supporting and empowering women and children to live free from domestic violence and abuse in all its forms.

Key Principle

SWA recognises that violence against women, domestic abuse and sexual violence are gender-based forms of violence that are a cause and consequence of gender inequality.

Values

Excellence – In all we do and how we do it.

Equality – non-discriminatory and non-judgemental.

Diversity – everyone welcomed and valued.

Women and children at the heart of all we do – being supported, informing and directing services.

Innovation – in service delivery and planning.

Integrity – honesty, reliability, trustworthiness.

Empowerment – encouraging women and children to reach their full potential.

Confidential – respecting privacy and lawful.

Collaborative – working with others to change things for the better¹.

4.2 Project Outline

The Domestic Abuse Information, Support & Empowerment Project (DAISE Plus) provides one to one support to women who are experiencing or have experienced domestic abuse. Support is offered on either an appointment or drop-in basis. DAISE Plus support workers can give a range of advice and support in a non-judgemental environment. The support workers will work with the clients to create a safety plan and to map positive steps forward from their current situation. The services offered are as follows.

Appointments (at a range of venues across Swansea)

Drop-in / Bond Street Drop-In

Swansea Domestic Abuse One Stop Shop Drop-In (In conjunction with Hafan Cymru)

Complementary therapies

Homeopathy

Counselling

The DAISE Plus project also offers a range of specialist programmes which are aimed at helping improve women's self-esteem, help them to recognise traits of domestic abuse and to instil them with practical coping mechanisms. The courses also enable women to meet other women in similar circumstances and help women to recover from trauma with peer support.

Freedom Programme

¹ <http://swanseawomensaid.com/home/vision-mission-statement-and-values/>

Swansea Women's Aid provides a free 12 week rolling programme of training for any women who wants to learn more about domestic violence and abuse.

The Freedom Programme examines the roles played by attitudes and beliefs on the actions of abusive men and the responses of victims and survivors. The aim is to help them to make sense of and understand what has happened to them, instead of the whole experience just feeling like a horrible mess. The Freedom Programme also describes in detail how children are affected by being exposed to this kind of abuse and very importantly how their lives are improved when the abuse is removed².

Recovery Toolkit

The Recovery Toolkit (RTK) is a 10-week programme for women who want to focus on recovery after experiencing domestic abuse. The programme is designed to help women understand how domestic abuse affects their thoughts about themselves and others around them.

Bridging the Gap

This programme has been designed by the Seren Môr Consortium to assist victims of multiple trauma to manage and cope with their emotions whilst waiting for specialist intervention.

The Seren Môr Consortium consists of five organisations who specialise in providing services for VAWDASV (violence against women, domestic abuse and sexual violence) Swansea Women's Aid, Thrive Women's Aid, Hafan Cymru, BAWSO and New Pathways.

The table below shows the type of abuse the DAISE Plus project has helped and supported their clients with for the year 2019-2020, highlighting need and complexities of the service SWA provide (please see table 1) .

² <https://www.freedomprogramme.co.uk/>

Table 1 – Type of abuse

Type of abuse suffered	Total
Psychological/emotional abuse	347
Physical Abuse	338
Sexual Abuse	144
Financial Abuse	233
So called 'Honour-based Violence' (HBV)	4
Stalking and Harassment	236
Trafficking/human slavery	4
Forced Marriage	3
Online Abuse (e.g., revenge pornography)	37
Other	19

4.3 Domestic abuse in the UK and Wales

The UK government definition of domestic violence and abuse is:

Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence, or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality.³

There are many different forms of domestic abuse, these include but are not limited to:

Coercively controlling behaviour (a pattern of control, isolation, degradation, intimidation, and the use of threats)

- emotional / psychological abuse
- physical abuse
- sexual abuse
- financial abuse

³ <https://www.gov.uk/guidance/domestic-abuse-how-to-get-help>

- harassment and stalking⁴

Domestic violence and abuse (DVA) are a public health problem and challenge to clinical services. The estimated cost of DVA to the United Kingdom (UK) is £23 billion per year, including health costs to the NHS of £1.73 billion⁵

The Office of National Statistics reported in November 2020, as of March 2020⁶;

The Crime Survey for England and Wales showed that an estimated 2.3 million adults aged 16 to 74 years experienced domestic abuse in the last year (1.6 million women and 757,000 men), a slight but non-significant decrease from the previous year. Looking closer at Swansea domestic abuse statistics, in 2019 there were 5,523 reported incidents to the police. There were 5,405 distinct victims of which 1,996 were repeat victims, thus highlighting the issue of domestic abuse in the region.

4.4 Impact of domestic abuse

The impacts of domestic abuse, historical or recent, are widely documented. For the victims, the long-term effects can be emotional, physical, or psychological. Every person will deal with their abuse differently and there can be many different symptoms.

Psychological / mental health impact

Psychological abuse contributed a significant unique variance to physically abused women's post-traumatic stress disorder (PTSD) symptoms and their reported intentions to terminate relationships with abusive partners as stated by (Arias & Pape, 1999)⁷. Victims suffering from

⁴ <https://www.welshwomensaid.org.uk/information-and-support/what-is-domestic-abuse/>

⁵ (Halliwell, et al., 2019, p. 2)

⁶ <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/domesticabuseinenglandandwalesoverview/november2020>

⁷ Arias, I., & Pape, K. (1999). Psychological abuse: implications for adjustment and commitment to leave violent partners. *Violence and victims*, 55-67

PSTD are also increasingly likely to suffer from depression during their lifetime as a direct result of their traumatic experiences (Ham-Rowbottom, Gordon, Jarvis, & Novaco, 2005)⁸.

4.5 Legislative framework for domestic abuse in the United Kingdom and Wales

The Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 was developed from the 'Right to be Safe' 6-year strategy in Wales since 2010 which had some key priority areas that included providing support for victims. This Act provides a duty on local authorities and health boards to prepare a joint strategy to meet local needs and to ensure the prevention of violence and to support those affected.

“The overarching objective of the Act is to improve the Public Sector response in Wales to gender-based violence, domestic abuse and sexual violence. It is intended to provide a strategic focus on these issues and ensure consistent consideration of preventive, protective and supportive mechanisms in the delivery of services.”⁹

The United Kingdom Government Violence Against Women and Girls (VAWG) Strategy is an overarching framework to address crimes that have been identified as being committed primarily but not exclusively by men against women. These crimes include domestic abuse, rape, sexual offences, stalking, harassment, so-called 'honour-based' violence including forced marriage, female genital mutilation, child abuse, human trafficking focusing on sexual exploitation, prostitution, pornography, and obscenity¹⁰.

The Well-Being of Future Generations (Wales) Act 2015 and The Social Services and Well-being (Wales) Act 2014 provides impetus on being more proactive to improve people's well-being

⁸ Ham-Rowbottom, K. A., Gordon, E. E., Jarvis, K. L., & Novaco, R. W. (2005). 109-121.

⁹ Welsh Government (2015) <http://gov.wales/docs/dsijg/publications/commsafety/150501-explanatory-memorandum-vawdasv-en.pdf>

¹⁰ <https://www.cps.gov.uk/sites/default/files/documents/publications/VAWG-Strategy-2017-2020.pdf>

and to ensure a local well-being plan prepared through a Population Needs Assessment. This also puts a focus on early intervention and prevention to ensure that people are supported and to prevent deterioration of health and well-being. Counselling services for those who are victims of violence can assist prevention from needing statutory care in future due to the traumatic nature and the well evidenced health conditions resulting from this violence.

Domestic abuse Bill 2020 – in the process of writing this report the UK government is currently in the process of legalising the bill. As of July 2020, the bill has gone to parliament and is awaiting royal assent to become law¹¹.

¹¹ <https://homeoffice.gov.uk>

DAISE Case study – XX

XX referred herself to the DAISE project having been in a relationship with her abuser on and off for over 2 years, during which time she suffered emotional, psychological, and physical abuse. When she was physically abused, he told her that if she reported him no-one would believe her, and she would be by herself. He made her feel vulnerable and knocked her confidence.

She called Gwalia to see if she could get a transfer, but they said they wouldn't be able to do anything as she had considerable rent arrears which prevented her from moving. SWA arranged for critical markers to be put on the property and gave XX a rape alarm to use in her home as she didn't qualify for a panic alarm. This helped her feel safer. She also had some emotional support from a neighbour who she told to call the police if they heard the alarm.

XX suffered with anxiety and had some difficulties with her job, having to work extra shifts to make her pay up to a full-time wage. She then had an accident which meant she couldn't work temporarily. After a great deal of difficulty, she managed to claim Universal Credit but was still struggling to make ends meet due to the considerable amount of debt she was in. XX was signposted to Citizen's Advice for debt management support.

XX went back to work after her accident and found that her overtime had been cancelled and she now had to manage on part time wages. She had further issues with her Universal Credit too, all of which meant she was reliant on food parcel vouchers and donations of food and toiletries from SWA. Having her bus fare refunded enabled her to attend appointments with her DAISE support worker.

SWA made a referral for tenancy support and asked for her to be prioritised, as she had received a section 21 notice to quit from Gwalia. With SWA's support, she was able to get her

Universal Credit sorted out with the rent element being directly paid to Gwalia which allayed the threat of eviction for the time being.

By now XX had finished work due to her mental health, having had a panic attack when she saw a cousin of her abuser working in the store. She also had issues with her boss who was not understanding of her anxiety following the domestic abuse and she was under considerable strain, managing on a lower income and not having the proper top-up from Universal Credit.

XX had a back date of Universal Credit (rent element) but did not pay off all her rent arrears with it. This caused further problems and she had a letter saying she had to appear in court as she was being evicted. The DAISE worker contacted her tenancy support worker who agreed to support her to go to court and help her prepare evidence. Her DAISE support worker strongly advised her to pay something off her rent arrears in order to have a case to take to court and XX sold her mobile phone to get some funds to do this. She also advised XX to ask her tenancy support worker to help her claim a Discretionary Housing Payment for her arrears and contacted Universal Credit to ensure they paid her rent element direct to Gwalia as this had not been taking place.

XX attended the Freedom Programme with SWA and was signposted to the Swansea Domestic Abuse One Stop Shop for group work around confidence building.

SWA supported XX when she had a psychological assessment at her home, as she had made a claim against Social Services due to being raped by her foster carer when she was 15 years old. Her DAISE support worker provided emotional support to her during and after the assessment as it was very difficult for her.

Outcomes

- Increased safety due to safety measures and safety plan
- Maximised income due to liaison with Universal Credit
- Reduction in debt due to signposting to Citizen's Advice
- Increased tenancy security, eviction avoided due to practical support and advice and referral to tenancy support.
- Increased self-esteem and reduced anxiety due to emotional and practical support
- Increased awareness of domestic abuse due to Freedom Programme
- Physical health maintained due to emergency food supplies
- Increased confidence due to Freedom Programme, practical and emotional support and referral to a confidence building course
- Increased community involvement due to group work and knowledge of the One Stop Shop.
- Increased sense of security and support knowing she could have more one-to-one sessions should she need it.

5.0 Social Return on Investment (SROI) Framework

By explicitly asking those stakeholders with the greatest experience of an activity, SROI can quantify and ultimately monetise impacts so they can be compared to the costs of producing them. This does not mean that SROI can generate an ‘actual’ value of changes, but by monetising the value of stakeholders’ outcomes from a range of sources it is able to provide an evaluation of projects that changes the way value is accounted for – one that considers economic, social and environmental impacts. Social Value UK (2014) ¹²states;

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

Based on seven principles, SROI explicitly uses the experiences of those that have, or will experience changes in their lives as the basis for evaluative or forecasted analysis. Figure 1 outlines the Principles of Social Value.¹³

¹² Social Value UK (2014). www.socialvalueuk.org

¹³ Social Value UK (2016). <http://www.socialvalueuk.org/why-social-value/the-principles-of-social-value/>

Figure 1 - Social Value Principles

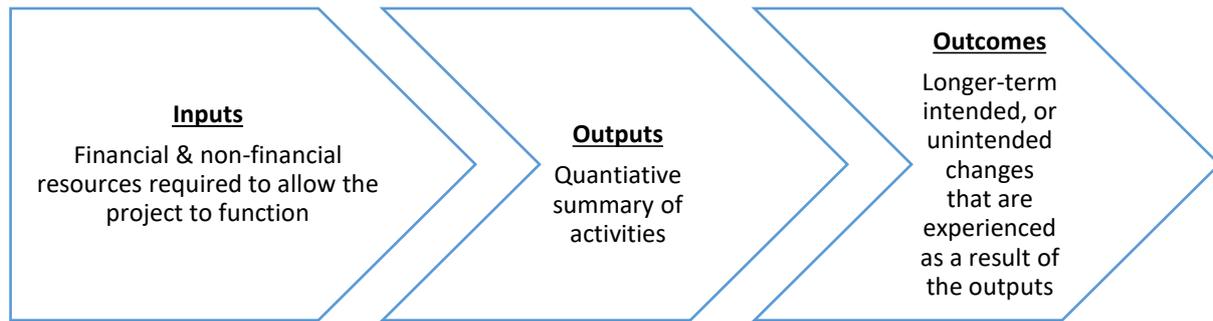


The guiding Principles ensure that *how* value is accounted for remains paramount. To ensure a consistent approach is used, chains of change are constructed for each material stakeholder explaining the cause-and-effect relationships that ultimately create measurable outcomes. These chains of change create the overall Value Map (attached separately as appendix 3), and these stories of change are equally as important as the result of analysis. In fact, SROI is best

thought of as a story of change with both quantitative and qualitative evidence attached to it.

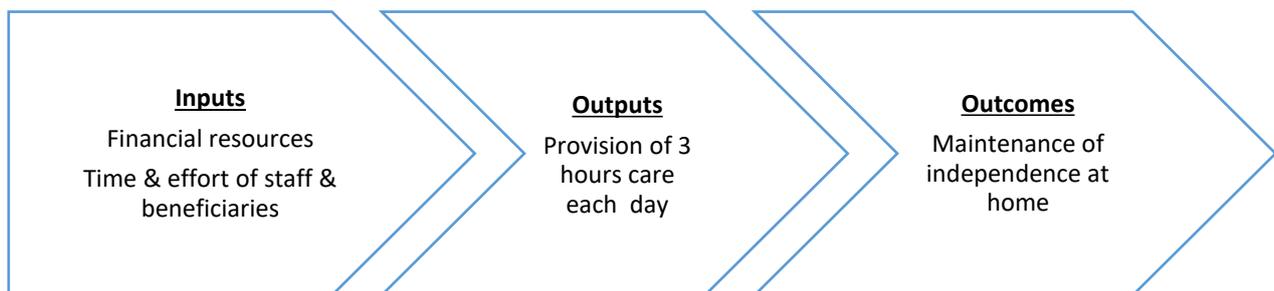
Figure 2 summarises the different elements for each chain of change included within the SROI analysis (before the impact of outcomes is calculated).

Figure 2 – Outline of the Chain of Change



SROI is an outcomes-measurement approach, and only when outcomes are measured is it possible to understand if meaningful changes are happening for stakeholders. To illustrate this idea, figure 3 displays a brief chain of change for a domiciliary care programme to assist people to remain in their own home - only by measuring the final outcome, is it possible to understand the impact of the care-programme.

Figure 3 - Example Chain of Change



As will be discussed at the point of analysis, SROI also incorporates accepted accounting principles such as deadweight and attribution to measure the final impact of activities that are a result of each activity or intervention. Importantly, SROI can capture positive and negative changes, and

where appropriate these can also be projected forwards to reflect the longer-term nature of some impacts. Any projected impacts are appropriately discounted using the Treasury's discount rate (currently 3.5%). The formula used to calculate the final SROI is;

$$\text{SROI} = \frac{\text{Net present value of benefits}}{\text{Value of inputs}}$$

So, a result of £4:1 indicates that for each £1 invested, £4 of social value is created

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

6.0 Stakeholder Engagement

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

To understand what is important for an analysis, the concept of materiality is employed. This concept is also used in conventional accounting and means that SROI focuses on the most important stakeholders, and their most important outcomes, based on the concepts of relevance and significance (see figure 4). The former identifies if an outcome is important to stakeholders, and the latter identifies the relative value of changes. Initially, for the evaluation of DAISE plus, a range of stakeholders were identified as either having an effect on or being affected by the project – table 2 highlights each stakeholder, identifying if they were considered material or not for inclusion within the SROI analysis. Table 3 below shows the number and type of stakeholder engagement conducted for the analysis.

Figure 4 – Materiality principle

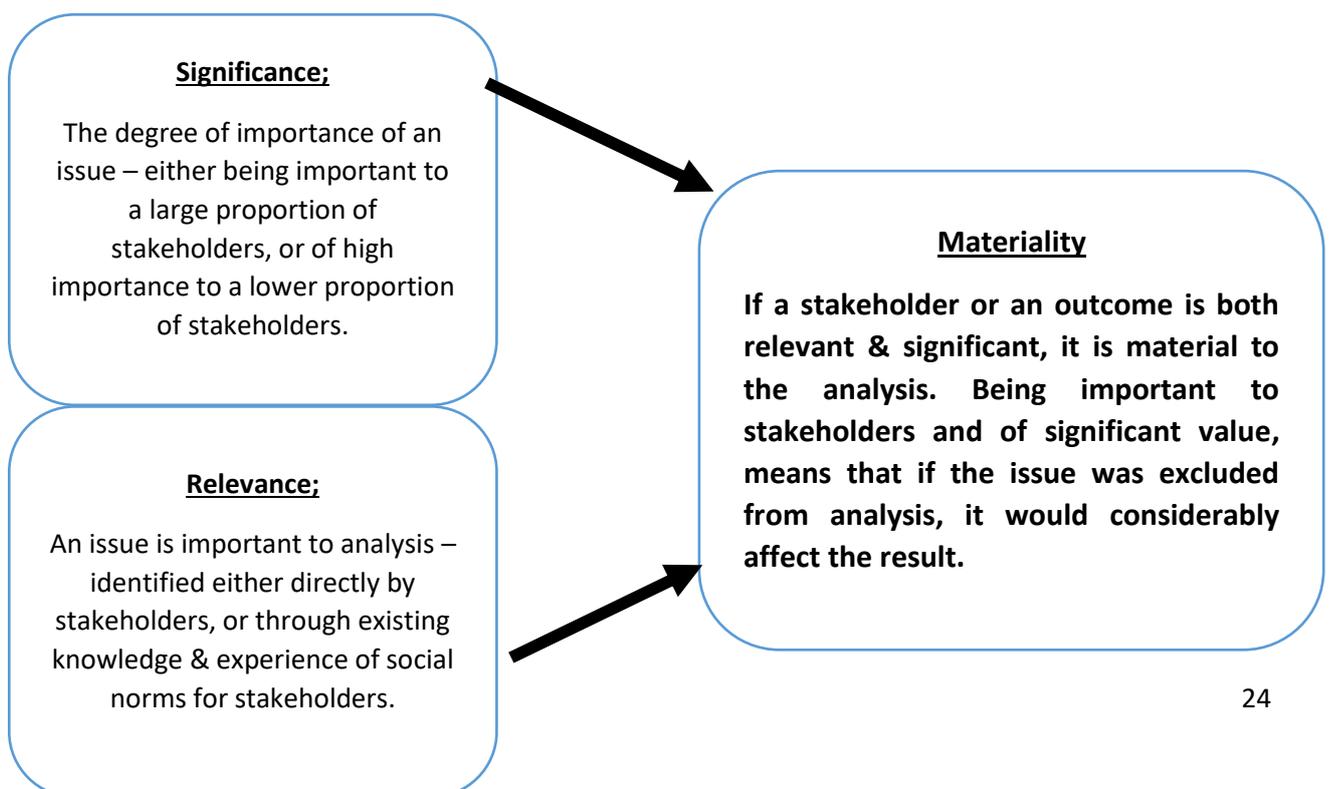


Table 2 – Stakeholder List & Materiality

Stakeholder	Material stakeholder?	Explanation
Clients	Yes	As key beneficiaries of the service these are the most important stakeholders and some changes experienced will be both relevant and significant.
Volunteer counsellors and support workers	Yes	Without the volunteer counsellors and support workers giving their time to support the DAISE project, this service would not be possible. However, identifying the changes experienced by the volunteers was not possible in this report due to limitations in the stakeholders' engagement process.
Wider family network	No	Although the changes to the clients must have an impact on other family members, unfortunately we were not able to engage with them for this analysis.
Swansea Women's Aid	Yes	The involvement of Swansea Women's Aid is essential for the creation of any changes. Therefore, financial resources and the inputs from key members of staff must be included. However, changes experienced by the organisation are not included as they are not relevant to the project.
Staff	No	They are key to this service, but their changes are not relevant or significant.
NHS	Yes	Although they are not involved in the delivery of the service, the outcomes for clients are likely to have an

		impact on their services and demand. This is based on the engagement with the clients and secondary research regarding the health impact on those that have experienced some form of domestic abuse.
South Wales Police	Yes	Although they are not involved in the delivery of the service, the outcomes for clients are likely to have an impact on their services and demand for the resources.
Swansea University legal clinic	Yes	The legal clinic offers their services free to the women enrolled on the DAISE project. The cost of their time to support and help the women with legal aid advice is relevant as a financial input for the project. However, changes experienced by the organisation are not included as they are not relevant to the project.
Hafan Cymru	No	Hafan Cymru run the Swansea Domestic Abuse One Stop Shop Drop In in conjunction with Swansea Women's Aid. However, changes experienced by the organisation are not included as they are not relevant to the project.

The organisation receives several hundred referrals each year with ongoing service also being offered to clients who were referred from previous years. For this analysis, the focus will be on those who received support in 2019 - 2020, and the data showed that 632 individuals had received support via support workers and/or counsellors on the various elements of the DAISE project.

6.1 Potential Subgroups of Stakeholders

It's important to recognise that not all individuals are the same. Understanding if different characteristics have an impact on the data can help us to manage and inform decision making. Consideration is therefore given to the different characteristics below. Those of different ages using different elements of the DAISE project services will be impacted differently. It should be noted that the statistics below is based on the data collected through qualitative research. Therefore, gives a good overview of the potential subgroups, however further research was needed to collect more data for the potential subgroups (please see figure 5 and 6 below).

Figure 5 – age

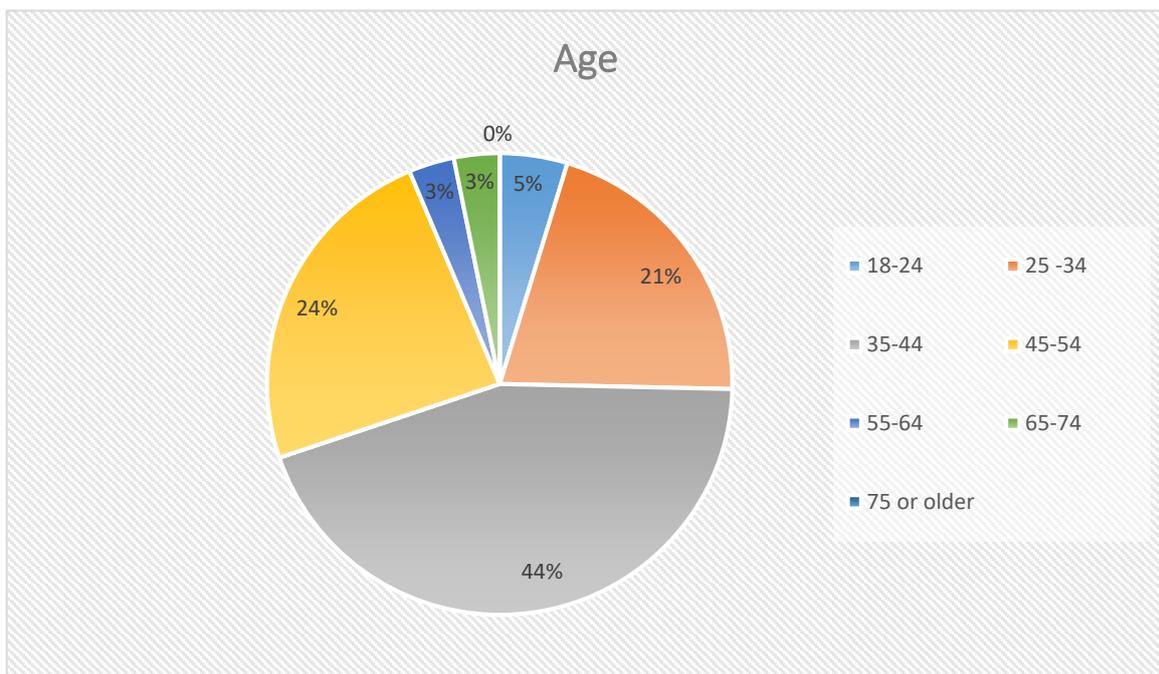


Figure 6 – Type of service

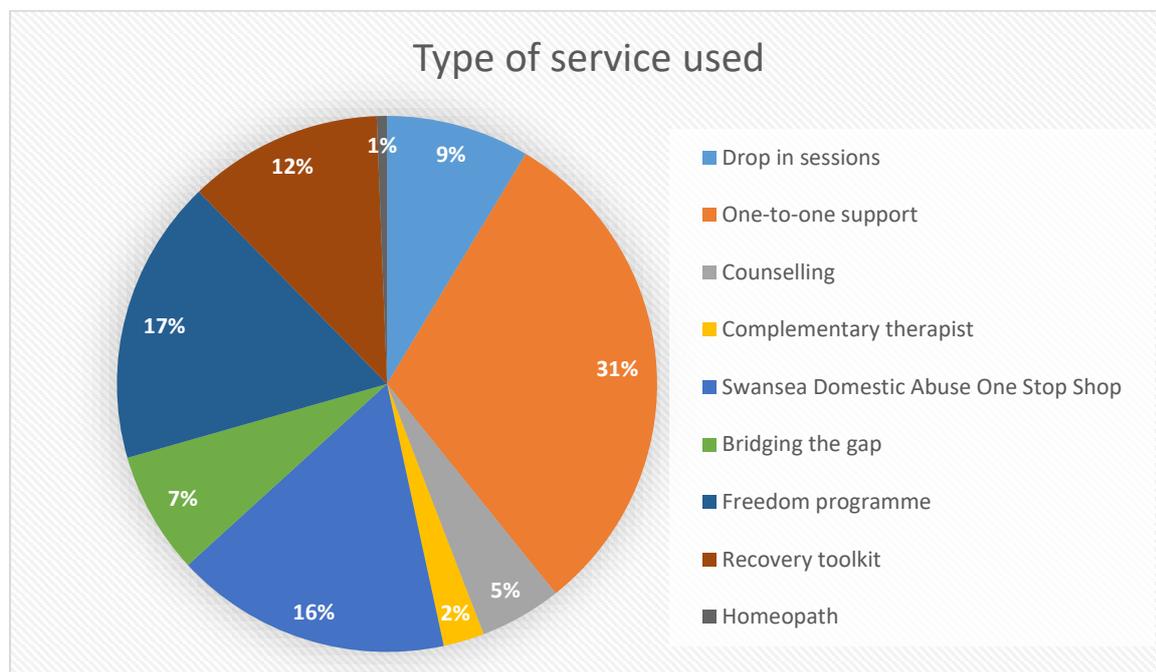


Table 3 – Stakeholder Engagement

Stakeholder	Population size	Method of engagement
Clients – Those who are victims of domestic abuse and have enrolled on the DAISE Plus project, both segments included	632	26 Telephone interviews 63 surveys (10% sample size) Focus group with 3 individuals who are part of the ‘Super Survivors’ group who have previously enrolled on the DAISE project.
Swansea Women’s Aid	1	3 Virtual meetings via Zoom
Swansea Council – Violence Against Women, Domestic Abuse & Sexual Violence Partnership Development Practice	1	Virtual interview via Zoom
Hafan Cymru	1	Virtual interview via zoom

7.0 Project Inputs

This section of the report describes the necessary inputs from multiple stakeholders. Some inputs are financial, whereas others are not – yet where possible inputs are monetised. Without the necessary complement of inputs from various material stakeholders the project would not be possible.

7.1 Swansea Women's Aid

The financial input for the service provided and managed by Swansea Women's Aid with secured funding from various sources including The Big Lottery Fund and other donations to the project. For this analysis the total financial input for April 2019 – March 2020 is £245,436 is included in the value map.

The skills of the staff are vital – the clients explained how they made them feel at ease and really had the ability to motivate them and made them feel better about themselves. Building trust in the service and process is the first big step and many commented on how the staff had been helpful. Many also explained how any positive change was a combination of both the counselling but also the whole support package that offered a holistic service by looking at their need as individuals.

7.2 Clients

The DAISE project is free to the women who need the support therefore there is no financial input needed by the clients. The main input of the clients is their time given to attend the different elements of the DAISE project services. In addition, to their own time, the women also act as a peer support group with each other. With all the women being victims of domestic abuse, their experiences and talking about their own individual stories help others open up and

understand their own situation. The theme from the interviews and focus group indicated that having someone to talk to who has a first-hand experience of domestic abuse helped others to open up more and be more willing to engage with the DAISE project team, thus improving or enhancing the positive outcomes/ changes for the clients. For any change to happen they will need to be ready to open up and also to start implementing some changes themselves. Counselling and group activities can assist them to have the tools to be better able to cope, but the individual will need to be ready to take action.

7.3 Volunteers

The time given by the volunteers to help and support the DAISE project is a key input for the project, as the clients of the DAISE project highlighted in the discussions held. During 2019 – 2020, 6 volunteers worked a total of 250 hours on the DAISE project, both in assisting support staff and/or counselling capacity. It is important to include their time as a financial input to the project and they are a vital support element to the project, to both the clients and Swansea Women's Aid Staff. To avoid over-claiming, this financial input will be included for the total number of hours. There are many different rates for the hourly cost of a counsellor. Given the nature of the project and the type of counselling the clients needed, the rate for a counsellor in domestic abuse for the local area is between £25 - £60 per hour. Therefore, for this report we will use the rate of £25, again to avoid over-claiming.

250 x £25= £6,250

Swansea Women's Aid work closely with other organisations across south Wales with many of the organisations referring the clients to SWA and helping the women on the project. Therefore, it is right to include their time as a financial input to the project for this analysis.

7.4 National Health Service and Local Authority

There are various departments within the NHS who have helped and referred clients to SWA, a total of 50 individuals. A breakdown of the service includes 14 referrals made by GPs with a cost to the NHS of £549. This is calculated by the cost of a GP appointment according to PSSRU (Personal Social Services Research Unit) of £39.23 per appointment.

$$14 \times £39.23 = £549$$

Other services within Swansea City Council includes adult, health and well-being services, with 36 referrals made via the department, with a cost of £828. According to PSSRU the cost of a member of staff in this department is £46 per hour. Given the nature of referral it deemed that the referral would take 30 minutes.

$$£46 / 2 \times 36 = £828$$

A total financial input by the NHS and Swansea City Council services for referring individuals to SWA is £1,377 and this is included in the value map.

7.5 Police services

Due to the nature of domestic abuse and domestic violence, this means in some cases the police must intervene or take some course of action. Although, they cannot tackle the issue by themselves and that is why they refer individuals to a more specialist organisations (such as Swansea Women's Aid for example) according to Robinson, Guthrie, & Pinchevsky, 2018¹⁴.

¹⁴ Robinson, A. L., Guthrie, J., & Pinchevsky, G. M. (2018). A small constellation: risk factors informing police perceptions of domestic abuse. *An International Journal of Research and Policy*(2).

For the police services, there were many referrals made through the route to support worker (RSW) to SWA. During 2019 – 2020 the RSW received 664 referrals from the police. However, some individuals were uncontactable or did not want to engage with the support provided by SWA, resulting in a total of 254 individuals being enrolled onto the DAISE project. In addition, 85 referrals made from IDVA (Independence Domestic Violence Advisors) to RSW of which 22 individuals enrolled onto the DAISE project. As this report is measuring the social value created by the DAISE project, only the individuals who were referred to RSW and then enrolled onto the DAISE project have been included in the value map.

During 2019-2020 the police service referred 254 individuals to SWA via the RSW who enrolled onto the DAISE project. National Police Chiefs Council stated in their report that the cost for a police officer per hour is £33, therefore again going with a 30 minutes referral time is a cost to the service.

$$\text{£33} \times 2 \times 254 = \text{£4,191.}$$

Other referrals from the police services include those from IDVA as they work closely with the police. The main purpose of IDVA is to address the safety of victims at high risk of harm from intimate partners, ex-partners or family members to secure their safety and the safety of their children. During 2019 – 2020, IDVA referred 22 individuals to SWA via the RWS who enrolled onto the DAISE project. The UK average cost for IDVA per hour is £13, given their job and the role they have in supporting women, it is assumed that a IDVA would take up to 1 hour to refer an individual to SWA, therefore;

$$\text{£13} \times 22 = \text{£286}$$

Total financial input included for the police services included in the value map is £4,477.

7.6 Swansea University – Legal clinic

The legal clinic at Swansea University offers free legal aid advice and support to the women on the DAISE project. During 2019-2020 the clinic helped 156 women with support and advice going through different avenues of the legal system. Although the service is free to use for the women, it is right to include the time given by the solicitors / lawyers at the clinic as a financial input, as 156 individuals represent 20% of the 632 of individuals helped and supported on the DAISE project. Given that the clinic at the university may include some trainee lawyers, solicitors, paralegals, these are band D classification with a national average hourly rate of £111 according to the Government¹⁵. For this analysis, it was not possible to speak to the clinic therefore the cost of their time was taken by the UK average by the Government. Also, there is no indication of the total hours the legal clinic has provided to the DAISE project. This report has assumed 2 hours of legal support per individual, based on the UK average for legal aid support. Therefore, the total input value for the time given by the clinic included in the value map is;

$$156 \times £111 \times 2 \text{ hours} = £37,034$$

7.7 External organisations

Some external organisations also referred individuals to SWA via the RWS. During 2019-2020, 35 individuals were referred to the RWS and then enrolled onto the DAISE project. Given the cost per external organisation is unknown and would vary for each referral, the financial input per referral is calculated via the National Living Wage. In 2019, the National Living Wage hourly

¹⁵ <https://www.gov.uk/guidance/solicitors-guideline-hourly-rates>

rate was £8.21¹⁶. Again, 30 minutes referral time per individual deemed appropriate.

Therefore, the total input value for the time given by the clinic included in the value map is;

$$\text{£8.21/2x34} = \text{£140}$$

The total inputs for the project over the 2019-2020 period have been calculated as £294,714 created by both financial and non-financial inputs from the range of stakeholders above. This information is displayed in table 4 and is compared to the costs per individual client or stakeholder.

¹⁶ <https://www.gov.uk/national-minimum-wage-rates>

Table 4 – Total Monetised Inputs for DAISE

Stakeholder	Financial input	Non-financial input	Cost per key stakeholder
Swansea Women’s Aid	£245,436	Managing and staffing the provision.	
Clients	N/A	Time and willingness to engage with the service and trust given to counsellors.	
Volunteers	£6,250	Value given for Time, skills, determination to help the clients on the DAISE project	
NHS	£1,377	Time given to refer clients to SWA	
Police services	£4,477	Time given to refer clients to SWA	
Swansea University	£37,034	Legal support provided by the legal clinic at Swansea University	
External organisations	£140	Time given to refer clients to SWA	
Totals		£294,714	

8.0 Outputs, Outcomes & Evidence

The immediate outputs for the DAISE project is the number of people accessing the service. From April 2019 until March 2020 there were 632 referrals to the service. 131 of these referrals were re-referrals, and these could be re-referred within the last few months or they might have accessed the service a long time ago. This demonstrates the complex nature of the service and how long some individuals will need support before they start to identify sustainable change due to the nature of their traumatic experience.

To understand the success of any project, we must understand the outcomes experienced by the participants. In this project those are the clients being supported by the DAISE project. Outcomes are those things that change and are sustainable. Table 5 below summarises all the stakeholders and their outcomes and considers their materiality. Consideration is given to what will be included and excluded and can then be seen in the Theory of Change.

The Survey and a full Theory of Change can be seen in Appendix 1 & Appendix 2, and those that are highlighted in green are those included in the value map. To ensure we are not over claiming, it is only those final four positive outcomes that are given a value. However, this section will look at each stage to understand the importance of every step in the client journey, and to recognise what are the indicators for these changes. Consideration will also be given to potential negative outcomes.

The response rate for the survey sent to the clients was 63, this represents 10% of the total population size for this analysis. The 632 individuals supported on the DAISE project were split into two segments. Segment A – Clients attending the DAISE project for the first time, with a total number of 501 individuals in the segments. Segment B – Clients re-referred to the DAISE project, a total of 131 individuals.

Table 5 – Stakeholder Outcomes

Stakeholder	Outputs	Outcomes	Included / Excluded
Segment A – Clients following a first time experience on the DAISE project	501 women helped and supported by the DAISE project.	Reduced feeling of loneliness / anxiety	Included - having the support structure on the DAISE project in place helps the women open up about their experiences, knowing they are not the only person in the situation. The outcome is both relevant and significant.
		Improved mental health	Included – this is a key outcome experienced by clients and is both significant and relevant.
		Improved self-esteem	Included – this is a key outcome experienced by clients and is both significant and relevant.
		Being better able to cope	Included – this is a key outcome experienced by clients and is both significant and relevant.
		Improved relationship with friends and family	Excluded - this is a key outcome experienced by clients and is both significant and relevant. However, this leads to all the other outcomes. This outcome will be discussed but is not a key outcome therefore would not be valued separately to avoid over claiming.
		A better understanding of domestic abuse	Excluded - this is a key outcome experienced by clients and is both significant and relevant. However, this leads to all the other outcomes. This outcome will be discussed but is not a key outcome therefore would not be valued separately to avoid over claiming.
		Feeling safer	Excluded - this is a key outcome experienced by clients and is both significant and relevant. However, this leads to all the other outcomes. This outcome will be discussed but is not a key outcome therefore would not be valued separately to avoid over claiming.
		Feel in control of life.	Excluded - this is a key outcome experienced by clients and is both significant and relevant. However, this leads to all the other outcomes. This outcome will be discussed but is not a key outcome therefore would not be valued separately to avoid over claiming.

		Improved physical health	Excluded - this is a key outcome experienced by clients and is both significant and relevant. However, this leads to all the other outcomes. This outcome will be discussed but is not a key outcome therefore would not be valued separately to avoid over claiming.
		Being able to make better choices	Excluded - this is a key outcome experienced by clients and is both significant and relevant. However, this leads to all the other outcomes. This outcome will be discussed but is not a key outcome therefore would not be valued separately to avoid over claiming.
		Worse mental health - increased anxiety	Included- From the sample that were engaged with and the data collected, there were those who experienced negative outcomes as a result of the DAISE project. Therefore, this was both relevant and significant and should be included to assist with management of these in future
		Worse mental health - Not being able to cope	Included- From the sample that were engaged with and the data collected, there were those who experienced negative outcomes as a result of the DAISE project. Therefore, this was both relevant and significant and should be included to assist with management of these in future
Segment B - clients who are supported on the DAISE project as re-referrals	131 women re-referred to the DAISE project	Not being able to cope	Included- From the sample that were engaged with and the data collected, there were those who experienced negative outcomes as a result of the DAISE project. Therefore, this was both relevant and significant and should be included to assist with management of these in future
		Increased anxiety	Included- From the sample that were engaged with and the data collected, there were those who experienced negative outcomes as a result of the DAISE project. Therefore, this was both relevant and significant and should be included to assist with management of these in future

NHS	Reduced potential demand on service	Potential cost reallocation as a result of reduced number of people needing treatment for mental health / physical health	Excluded – Due to the nature of the service, the clients would have needed to access a support service elsewhere. Due to the time constraints of this analysis, it was not possible to determine a baseline of service usage before and after enrolment on the DAISE project. Therefore, not enough significant data to make the possible outcome material.
Police	Reduced potential demand on service	Potential cost reallocation because of reduced number of calls made to the local Police service and the ripple effect on social services when children are involved.	Excluded – Due to the nature of the service, the clients would have needed to access a support service elsewhere. Due to the time constraints of this analysis, it was not possible to determine a baseline of service usage before and after enrolment on the DAISE project. Therefore, not enough significant data to make the possible outcome material.

Material Outcomes for each stakeholder

Segment A - Clients attending the DAISE project for the first time.

The way and number of times SWA can interact, and support individuals will differ on a case-by-case basis. For example, some will gain material outcomes after attending a drop-in session, for others to experience the same outcomes may by take more time and support due to the complex nature of domestic abuse and the needs of the individual.

For segment A – 32 (50%) of the 63 total individuals responded to the survey experience positive change, this translates to 250 individuals of the total segment size. 13 (26%) responded with no change, this translates to 130 individuals of the segment size, and 15 (24%) reported negative change, this translates to 121 individuals of the sample size. The positive outcome discussed below will therefore include only the 250 individuals who have experience positive level of change. All outcomes identified are in close relation to improving mental health.

8.1 Improved mental health

Domestic abuse victim's mental health suffers greatly when in an abusive relationship, as reported by (Humphreys & Tiara, 2003)¹⁷ having a support network in place, such as the DAISE project can help the victims open up. Being able to discuss their experience with other victims and support worker has a profound positive impact on the victims' mental health (Feder, et al., 2016)¹⁸.

¹⁷ Humphreys, C., & Tiara, R. (2003). Mental Health and Domestic Violence: 'I Call it Symptoms of Abuse'. *The British Journal of Social Work*, 33(1), 209-226.

¹⁸ Feder, G. S., Agnew-Davies, R., Bailey, J., Howard, L., Howarth, E., & Peters, T. (2016). Domestic violence and mental health: a cross-sectional survey of women seeking help from domestic violence support services. *Global Health Action*.

During the qualitative interviews, many women explained how their mental health had greatly decreased due to the abuse suffered over several years, in one case a period of 17 years. And as a direct result some felt low level of confidence and finding it difficult to make their own decisions as they had been used to listening to their partner.

“I was scared to make decisions for myself, I was just used to my partner telling me what I could and could not do. I lost all my confidence”

Another client highlighted she was scared to speak to friends and family about her abusive relationship and only after enrolling on the Freedom Programme and understanding domestic abuse more, she felt she could open up about her relationship.

“The knowledge I got from the Freedom Programme about the different forms of domestic abuse helped me better explain to friends and family what I had been going through”

Based on the questionnaire results **89%** of individuals in the sample size felt there was a positive change in feeling improved mental health due to the DAISE project. This converts to **223** individuals of the total population of the segment size. Clients reported a distance travelled (level of change experienced by the service users, the higher the number, the greater the impact on the individuals) of **48%**. The outcome for improved self-esteem closely resembles the ‘improved mental health outcome’ with a distance travelled of **47%**.

8.2 Reduced loneliness / anxiety

High levels of loneliness are common for individuals in an abuse relationship. One of the many ways a perpetrator can assume control over the victim is to isolate them (Lombard & McMillian, 2013).

Many clients talked about feeling alone and trapped in their situation, with the majority being cut off from their friends and family by their abusive partner.

'I wasn't allowed to speak or get in contact with friends'

Another client added she would be stuck in the house and not being allowed to leave the house, only going out with her partner.

'I felt like a prisoner in my own house''

Being able to access group activities on the DAISE project helped reduced the loneliness levels of the women

"Having a group of people to talk to really helps me work on my feelings in a safe space, without judgement"

Based on the questionnaire results, **94%** of individuals in the sample size felt there was a positive change in feeling improved mental health due to the DAISE project. This converts to **235** individuals of the total population of the segment size. Clients reported a distance travelled (level of change experienced by the service users, the higher the number, the greater the impact on the individuals) of **42%**.

8.3 Feeling better able to cope.

Many of the clients felt they are now able to cope emotionally with their experiences. Having the knowledge of ways to deal with domestic abuse to fall back on now.

Based on the questionnaire results **96%** of individuals in the sample size felt there was a positive change in feeling better able to cope. This converts to **240** individuals of the total population of

the segment size. Clients reported a distance travelled (level of change experienced by the service users, the higher the number, the greater the impact on the individuals) of **57%**.

What could be better?

Stakeholders were given the opportunity to say about any negative changes or if they felt anything could be better. Although the feedback was all highly positive, the organisation recognises that there is always room for improvement and that it is vitally important to listen and be as responsive as possible to the voice of the stakeholder.

8.4 Not being able to cope

As previously mentioned in the report, some individuals have a long wait to gain access to the DAISE project, with some having to wait up to 4 weeks to speak to a support worker. Given their situation at the time, this can lead to further worsening of the individual's mental health and not being able to cope during the time they are waiting for support. For many, asking for help can be a big step both mentally and emotionally, therefore having a long wait does have a negative impact. From the data received from the survey **15%** experience a long wait for the service, this converts to **75** for total of individuals, using the same conversion method as for the positive change.

8.5 Worse mental health

During the qualitative interviews it was noted that after finishing on the project that some felt they were left to 'readjust to life alone' with follow up support provided by SWA inadequate and should be improved. After 3 months from the last contact with SWA, the individuals noted that their mental health had suffered as a result. From the data received from the survey, **10%**

experience a level of worse mental health, this converts to **50** for total of individuals, using the same conversion method as for the positive change.

Segment B – Re-referred clients on the DAISE project

Due to time and Covid-19 limitations it was not possible to make a detailed analysis of Segment B for this Report.

During 2019 – 2020, 136 clients were re-referrals, around 20% (around the average re-referral rate for the south Wales region) of the total population size for the year. Consideration should be given as to why this is the case. The best case for the clients is they have not experienced a negative change; however, the likelihood is that they have had experiences that lead to negative outcomes.

8.6 Worse mental health due to increased anxiety & not being able to cope

Clients may be re-referred for many different reasons and many of those reasons are out of the control of SWA. However, the main causes for clients to re-refer to SWA is because of the previous experience on the DAISE project. The clients can see the organisation as a 'safety net' and will seek help once they face troubles again in their new or existing relationship. Another reason could be the knowledge of domestic abuse given by the DAISE project has had a negative impact long term, thus worsening their mental health as a result. The clients may now be looking for any signs of domestic abuse, and then not being able to cope.

DAISE Case Study - H

H has been supported by Swansea Women's Aid since 2010, her initial referral was for concerns regarding her partner. H received support for her health issues, parental support, benefits and housing during this time. There were also issues surrounding her children during this time, H has 2 children 1 male and 1 female. The female child has autism and both children had witnessed domestic abuse within the home. Historically H suffered emotional, psychological and financial abuse from her partner. The DAISE team supported her with this during her initial referral in 2010 until 2013.

In January 2019 H made a self-referral to SWA, she was experiencing abuse from her son who had been removed from her property by the police. Her son had lost his temper and pushed her to the ground and given her previous experiences this had terrified her. She didn't wish to press charges as at that point he was no longer residing with H and had to live with his maternal grandmother.

However, soon after H's son moved back into the property as he is H's main carer, and she has difficulty with her mobility. She did not like where she was living as she felt the neighbours were not very nice. The family are very reliant on benefits and she had recently had her benefits cut. H was struggling emotionally due to her physical and mental health. Also, she still had her children residing with her and both had witnessed domestic abuse and were experiencing the effects of this.

Outcomes Achieved

- Positive about the future - The Recovery Toolkit strengthened her self-confidence and help her make new friends.
- Emotional support helped her to strengthen her awareness of her needs and how to deal with her physical and mental health.
- Housing - TSU assisted her with her housing and benefits to allow her to deal with her emotional wellbeing and her finances.

9.0 Valuing Outcomes

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

Impacts of the DAISE project

SROI analysis uses accepted accounting principles to calculate the overall impact of activities. Considering any deadweight, attribution, displacement, and drop-off factors, means that the SROI analysis will avoid over-claiming value that is not a result of the DAISE project activities. The boxes below outline each of the impact factors.

Deadweight

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

Attribution

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

Displacement

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

Drop-off

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

9.1 Clients

There are a range of approaches to monetise outcomes including using financial proxies – that is using a market-based alternative as an approximation of a stakeholder’s value. However, some would argue that these do not represent the value that the particular stakeholder with experience of the change would attribute to it. Therefore, where possible, this analysis has applied the first SROI principle to involve stakeholders as much as possible. During the qualitative interviews, following an understanding of the changes and the outcomes gained, clients were asked to rank and rate their outcomes. Therefore, they were asked to put their outcomes in order of importance, and then to rate their importance out of 10. In the quantitative data, service users were also asked to confirm their importance of any changes in the survey. This is where we

stopped with their involvement in valuing their outcomes and when it comes to placing a monetary value of their outcomes it was decided to use other techniques other than the value game. The value game identifies their material outcomes, and asks them to prioritise, and subsequently value them against a list of goods or services available on the market to purchase. However, it was decided that using well-being valuations was more appropriate for this analysis.

Stakeholder group	Outcomes	Average Weighting
Clients	Feeling better able to cope	8.5
	Improved self-esteem	8.0
	Feeling less lonely / anxious	9.0
	Improved mental health	8.0

The valuations for the outcomes identified to the individuals were taken from HACT’S Social Value Calculator¹⁹ that identifies a range of well-being valuations. However, the data from the questionnaire results provided a distance travelled on how much change had been experienced, therefore a proportion of the wellbeing valuations were used accordingly.

Much consideration was given as to what best well-being valuation reflected the changes identified by the stakeholders. Many explained how the project had helped them to deal with anxieties and depression in their lives and therefore consideration was given to use the well-being evaluation from HACT social value calculator -Relief from depression and anxiety (adult) was used which has a value of £36,766 per individual. Another value considered was for HACT code HEA 1601 – ‘High confidence (adult)’ valued at £15,894. As many felt more improved mental health

¹⁹ <https://www.hact.org.uk/social-value-bank>

being key, this was seen as appropriate and avoided over-claiming by using the mental health well-being valuation. Following the principle of not over-claiming, we only took the amount of value that represents the amount of change. So, for all clients, for those with a positive change, there was a distance travelled of 48% for the outcome of Improved self-confidence (improved mental health), and therefore that percentage of the value was used in the value map, which gave a value of £7,629.

This value is our anchor value, and from here the weighting of the outcomes was then used, so for the mental health outcome it was weighted at 8 therefore for the other two outcomes, the same value was used but only taking the weighting as shown in the table above.

The HACT wellbeing method was used due to the sensitive matter of the report and the limitations highlighted in the report on the researchers to conduct stated preference via the value game due to Covid-19 restrictions and limited time available to spend with the clients. To keep to the 'do not over claim' principle we used feeling in control of life, as many of the women spoken to feel they are now in control of their own path.

Table 6 – Examples of Outcome Valuations

<i>Outcome</i>	Value	Identified value	Value of average distance travelled	Quantity of stakeholders experiencing outcome
<i>Improved mental health</i>	8.0	Used HACT well-being valuation, Feeling in Control of life valued at £15,894 for unknown area for the outcome improved mental health . Took 48% of this value based on the distance travelled, therefore £7,629 per individual.	Taking the lowest point for our questionnaire scale – asking individuals to rate against measures (not applicable / no change =0%, little change = 12.5%, some change = 37.5%, quite a lot of change = 62.5%, a lot of change = 87.5%). The average movement was equal to 48%. Although based on a sample size the results were in line with the tone of interview comments – this was cited as a significant change.	From the data sample, 50% of clients experience positive change, therefore this represents 250 individuals. 89% had experienced change here, however, based only a sample of client, 223 individuals.
<i>Reduced feeling of loneliness / anxiety</i>	9.0	Used HACT well-being valuation, Feeling in Control of life valued at £15,894 for unknown area. Took 48% of this value based on the distance travelled, therefore £7,629 per service individual for the outcome of reduced feeling of loneliness / anxiety . This was weighted higher at 9/10 and therefore this value was used £8,583.	Taking the lowest point for our questionnaire scale – asking individuals to rate against measures (not applicable / no change =0%, little change = 12.5%, some change = 37.5%, quite a lot of change = 62.5%, a lot of change = 87.5%). The average movement was equal to 47%. Although based on a sample size the results were in line with the tone of interview comments – this was cited as a significant change.	From the data sample, 50% of clients experience positive change, therefore this represents 250 individuals.94% had experienced change here, however, based only a sample of client, 235 individuals.
<i>Feeling better able to cope</i>	8.5	Used HACT well-being valuation, Feeling in Control of life valued at £15,894 for unknown area. Took 48% of this value based on the distance travelled, therefore £7,629 per individual for the outcome of feeling better able to cope . This was weighted higher at 8.5/10 and therefore this value was used £8106	Taking the lowest point for our questionnaire scale – asking individuals to rate against measures (not applicable / no change =0%, little change = 12.5%, some change = 37.5%, quite a lot of change = 62.5%, a lot of change = 87.5%). The average movement was equal to 57%. Although based on a sample size the results were in line with the tone of interview comments – this was cited as a significant change.	From the data sample, 50% of clients experience positive change, therefore this represents 250 individuals. 96% had experienced change here, however, based only a sample of client, 240 individuals.

10.0 Establishing Impact

To assess the overall value of Swansea Women's Aid DAISE plus project outcomes it is important to establish how much is specifically a result of the project. SROI applies accepted accounting principles to discount the value accordingly, by asking; what would have happened anyway (deadweight)? What is the contribution of others (attribution)? Have the activities displaced value from elsewhere (displacement)? If an outcome is projected to last more than 1 year, what is the rate at which value created by a project reduces over future years (drop-off)? Applying these four measures creates an understanding of the total net value of the outcomes and helps to abide by the principle not to over-claim.

10.1 Deadweight

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

Through the focus groups, interviews, and the results of the survey reasonable estimates of deadweight for each well-defined outcome is 50%. Although many clients did state that Swansea Women's Aid are the main reason for the outcomes experience consideration should be given to the other organisations in the south Wales region such as Seren Mor consortium's Hafan Cymru, BAWSO, New Pathways and Thrive Women's Aid. As all the organisations offer the similar service, it is reasonable to assume that the clients of the DAISE project would have experienced roughly the same outcomes elsewhere with the other organisations. Another consideration is the clients leaving their abusive relationship without having attended the DAISE project, there is a good chance that they would have still experienced the outcomes identified and some level of positive change.

10.2 Attribution

Attribution allows us to recognise the contribution of others towards achieving outcomes. There is always a possibility that others will contribute towards any changes in people's lives such as family members or other organisations. For the majority of well-defined outcome there was a low attribution of 30% as indicated by the feedback form the survey and the theme and comments during interviews and focus groups. The only exception being the outcome for feeling less lonely / anxious, with an attribution level of 50%. This is due to the role played by the other clients who have previously been on the DAISE project, the support given by the other clients contributing highly to reducing loneliness and anxiety for the women after the support by the SWA and the DAISE project has come to an end.

10.3 Displacement

We need to consider if the outcomes displaced other outcomes elsewhere. For example, if we deal with criminal activity in one street, have we just moved the problem elsewhere? Displacement does not need to be considered here as this service is very different to any other service. This service is available to any woman who has experienced a form of domestic abuse and the lack of alternative services demonstrates that activities do not displace outcomes occurring elsewhere.

10.4 Duration & Drop-off

As this is a forecast SROI analysis, is it difficult to truly know the length of duration for the outcomes experienced by the clients. During the interviews when asked how long they think the changes and the impact of the DAISE project will last, many said 'for years to come'. Therefore, to avoid over-claiming the total of two years of duration was included for all outcomes. This assumption was validated by the survey result as over 71% of the sample size indicated they

predict the outcomes will last over 24 months, thus giving confidence in the judgement made. For these outcomes, a drop-off rate of 50% is given for the second year. Although the clients might still experience the positive outcomes there will be other factors that could also contribute to these outcomes over years such as a new relationship, new job, living in a different town or city, or making new friends such as the individuals on the super survivor group.

11.0 SROI Results

This section of the report presents the overall results of the SROI analysis of the counselling service provided by Swansea Women's Aid. Underpinning these results are the seven SROI principles which have carefully been applied to each area of this analysis. The results demonstrate the positive contribution that Swansea Women's Aid makes through the dedication of staff and volunteers, to create positive change in the lives of those that had been badly affected by the traumatic experiences in their lives.

By establishing trust with the counsellor and a willingness to open up, individuals were able to take those first steps to realise that they are not to blame for what happened to them and allowed them to establish the emotional tools needed to cope with what had happened. Although for some, they didn't have those positive changes, the overall results are still significant.

Table 7 displays the present value created for each of the included stakeholders who experienced material changes. The present value calculations take account of the 3.5% discount rate as suggested by the Treasury's Green Book for outcomes lasting more than one year.

Table 7 – SROI Headline Results

Total value created	£
Total present value	£1,252,800
Investment value	£294,714
Net present value (present value minus investment)	£958,086
Social Return on Investment	£4.25

12.0 Sensitivity Analysis

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

Conducting sensitivity analysis is designed to assess any assumptions that were included in the analysis. Testing one variable at a time such as quantity, duration, deadweight or drop-off allows for any issues that have a significant impact on the result to be identified. If any issue is deemed to have a material impact, this assumption should be both carefully considered and managed going forward. To test the assumptions within this analysis, a range of issues were altered substantially to appreciate their impact. A summary of the results is presented in table 8.

Table 8 – Sensitivity Analysis Summary

Variable	Current assumption	Revised assumption	Revised SROI	Proportion of change
Clients – Segment A				
Feeling better able to cope	Quantity:240	Quantity: 300	£5.13	+17.3
	Deadweight: 50%	Deadweight: 30%	£5.64	+24.6
	Attribution: 30%	Attribution: 50%	£3.34	-21.4%
	Value: £8105	Value:£6000	£3.43	-19.3%
Improved self-esteem	Quantity: 238	Quantity: 200	£3.81	-10.4%
	Deadweight: 50%	Deadweight: 30%	£5.54	+23.3%
	Attribution: 30%	Attribution: 60%	£2.96	-30.4%
	Value: £7629	Value:£5000	£3.22	-24.2%
Feeling less anxious / lonely	Quantity:235	Quantity: 400	£6.04	+29.7%
	Deadweight: 50%	Deadweight: 30%	£5.29	+19.7%
	Attribution: 50%	Attribution: 30%	£5.29	+19.7%
	Value:£8582	Value: £5000	3.26	-24.3%
improved mental health	Quantity:223	Quantity:150	£3.35	-21.9%
	Deadweight: 50%	Deadweight: 30%	£5.47	+22.3%
	Attribution: 30%	Attribution: 60%	£3.05	-28.2%
	Value:£7629	Value: £4000	£2.91	-31.5%
Worse mental health - Feeling alone after finishing the project	Quantity: 50	Quantity: 25	£4.81	+11.7%
Worse mental health - long wait for the service	Quantity: 75	Quantity: 40	£5.38	+21%

Clients – Segment B

Worse mental health - Increased anxiety	Quantity:131	Quantity: 50	£6.03	+29.5%
Worse mental health - not being able to cope	Quantity: 131	Quantity: 75	£5.43	+21.8%

If all of the outcomes were to have one element changed this significantly changes the result as seen in table 8. This is due to using a high value financial proxy however as discussed in the Value section it was considered that this proxy was appropriate but will need to be managed carefully. From the sensitivity analysis table on the previous page, the social value evaluation can be estimated to be between £2.91 and up to £6.04 for every £1 invested. The assumptions used in the value map estimate the social value is £4.25.

13.0 Conclusion and key findings

This report has demonstrated that DAISE has created over £1,250,000 of value and for each £1 invested, £4.25 of value is created;

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

Swansea Women's Aid (SWA) is a women-only organisation which supports women, with or without children, who are affected by domestic abuse. Many of the women supported on the DAISE project had been a victim and have suffered domestic abuse for years, and some still do even after being supported by SWA. Although, through the combination of the different elements of the DAISE project support platforms, SWA can improve the women's mental health, with many of the positive outcomes identified in the report showcasing improved mental health. As demonstrated by the sensitivity analysis, if SWA were able to reduce re-referral numbers and maximise the management of their social value, there is scope for the SROI for the DAISE project could increase by 29.5%.

Key finding includes;

- For every £1 invested there is £4.25 of social value created
- All the outcomes identified shows the DAISE project clearly improves the mental health of the clients who need support.

Of the forecasted 251 individuals who experience positive outcomes;

- 96% Feel better able to cope
- 95% Improved self-esteem
- 94% feel less lonely
- 89% improved mental health

14.0 Recommendations

14.1 Data collection

To realise how much change and impact the project is having on all stakeholders we need data to understand if there is any change, but also how much change, and whether there are differences in the needs of different individuals. It is therefore recommended that any continuation of this scheme, needs to **invest the time and finances into ensuring suitable systems and processes are in place to measure social value**, and to extend this to include other important stakeholders. When such data is collected over a period, the potential to use the resultant information to better inform decision making is increased/maximised. Ultimately, this means that value is not just being measured, but it is being managed to improve the impacts of the project. With improved data collection it would also mean improved segmentation of the different stakeholder groups. Different segments will experience different outcomes and levels of change, having more data will enable a more thorough analysis and potentially uncover any support gaps in the project.

14.2 Reduced waiting times

As some women stated, they had to wait a long time until they were able to speak to a member of the DAISE project team, this being a negative aspect of the project at present. If SWA can reduce the waiting time, this would improve the service and enhance the social value created.

14.3 Reducing the number of re-referrals

Focus should be placed on the 131 individuals who were re-referred to the project. Why did they feel the need to access the service again? Can SWA alter the aftercare service they provide to the clients of the DAISE project? It is recommended SWA should investigate this area to

reduce the number of re-referrals. One suggestion might be a follow up appointment after 3 months for individuals finishing on the DAISE project.

15.0 Appendices

15.1 Appendix 1 – client survey



DAISE project survey

DAISE Plus service questionnaire

All of your answers will remain confidential and anonymous .

1. What is your name? (Optional)

2. What is your age?

- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 or older

3. What service of the DAISE project have you had engagement with? (Please tick all that are applicable to you)

- Drop in sessions
- One-to-one support
- Counselling
- Complementary therapist
- Swansea Domestic Abuse One Stop Shop
- Bridging the gap
- Freedom programme
- Recovery toolkit
- Homeopath

4. How long was your waiting time to see a counsellor / support worker?

- Less than 1 week
- 1-2 weeks
- 3-4 weeks
- Over 4 weeks

5. Thinking about what might have changed for you from your involvement with the DAISE plus project please read the following statements about how much change has happened.

	Doesn't apply to me	A little change	Some change	Quite a lot of change	A lot of change
I feel less alone / isolated	<input type="radio"/>				
I have improved self esteem	<input type="radio"/>				
I feel less anxious	<input type="radio"/>				
I feel more confident	<input type="radio"/>				
I feel safer at home	<input type="radio"/>				
Feeling better able to cope	<input type="radio"/>				
I feel that I have more control of my life	<input type="radio"/>				
Improved relationships with friends and family	<input type="radio"/>				
My physical health has improved	<input type="radio"/>				

Other changes to your life not included on the list(Please state)

6. Choosing from the list of changes listed below on a scale of 1-10, where 10 is very important to you, can you say how important these change are to you, if applicable?

	1	2	3	4	5	6	7	8	9	10	N/A
Feeling less alone and isolated	<input type="radio"/>										
Feeling more self-confident	<input type="radio"/>										
I have improved self-esteem	<input type="radio"/>										
I feel less anxious	<input type="radio"/>										
I feel safer at home	<input type="radio"/>										
Feeling better able to cope	<input type="radio"/>										
I feel I more control of my life	<input type="radio"/>										
Improved relationships with friends and family	<input type="radio"/>										
Improved physical health	<input type="radio"/>										

Other (please specify the change and number between 1-10)

7. How likely do you think it was that you could have experienced these changes without the involvement of Swansea Women's Aid? 1 is very unlikely to happen anyway, and 10 is definitely would have happened anyway.

1 Very unlikely to happen without Swansea Women's Aid	2	3	4	5	6	7	8	9	10 Definitely could have happened anyway without the project
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. How likely do you think the changes you have experienced to your life will last after your involvement with the DAISE project?

- 0 - 3 months
- 3 - 6 months
- 6 - 12 months
- 12-24 months
- More than 24 months

9. Thinking back over the past 12 months, have you seen a change in how often have you visited the hospital emergency services?

- Less than once a month
- At least once a month
- 2 -3 times per month
- More than 4 times per month
- None of the above / prefer not to say

10. Thinking back over the past 12 months, have you seen a change in how often have you visited the GP?

- Less than once a month
- At least once a month
- 2 -3 times per month
- More than 4 times per month
- None of the above / prefer not to say

11. Thinking back over the past 12 months, have you seen a change in how often have you had to contact the police?

- Less than once a month
- At least once a month
- 2 -3 times per month
- More than 4 times per month
- None of the above / prefer not to say

12. Is there anything that you would like to be done differently or what could be done better?

13. Any other comments about DASIE plus project you would like to make?

Many thanks for taking part in this questionnaire

15.2 Appendix 2 - Theory Of Change

