

Summary of the Social Return on Investment (SROI) for the Leicestershire and Rutland Community Safer Sex Project (CSSP)

Introduction

Social Return on Investment (SROI) principles were used to explore the value of the Community Safer Sex Project (CSSP) in terms of who is affected by the project and what changes for them. It brings together softer intelligence from those using the services with hard data on outcomes to understand the actual value created.

Community Safer Sex Project

The Community Safer Sex Project (CSSP) was established in 2001 to support the emerging Teenage Pregnancy Strategy. Its core aim was to support and facilitate the development of local community-based pregnancy testing services. Twenty sites were set up in the first year. And through commitment from key partners and increased involvement of young people, the sites developed and delivery expanded. There are now over 120 sites within the County and Rutland supported by CSSP to deliver community-based sexual health services for young people, providing both preventative and reactive approaches to improving sexual health and reducing unplanned pregnancies as well as enabling and encouraging access to clinical services. The CSSP team deliver sexual health training covering areas around delay, legal issues, confidentiality and developing positive relationships.

Previous evaluations of CSSP have relied on the high numbers of users, to demonstrate the popularity and accessibility of the service, and high satisfaction rates of users, trained practitioners and partner agencies to evidence the quality of service. However, since community safer sex sites were first established in 2000, under-18 conception rates in the county have fluctuated, questioning the actual impact that the service is having on the lives of young people and costs of public services.

The scope of the SROI was to look at the impact of CSSP supporting Connexions to deliver a sexual health service for young people in Leicestershire

SROI principles

SROI was used to evaluate CSSP as it focuses on stakeholders to provide an understanding of what matters most to those affected. This then informs the process of identifying indicators and measuring outcomes to understand the social return on investment that can be attributed to the project.

SROI is based on seven principles:

1. Involve stakeholders
2. Understand what changes
3. Value the things that matter
4. Only include what is material
5. Do not over-claim
6. Be transparent
7. Verify the result

Stakeholders

In order to analyse the impact of CSSP, it was necessary to identify all the possible stakeholders that are affected by the project. Young people, the state, parents and CSSP trained staff were identified as being affected. Stakeholders were contacted and asked to describe the impact of CSSP in terms of what *difference* the project makes to *them*.

“I didn’t know what to do after not being able to get the morning after pill so I came back here because I trust them.” Female CSSP user (14)

“Just to talk and discuss personal issues. I used this service because I felt comfortable.” anon

“It made us think about what it would be like if my girlfriend got pregnant because it does happen.” Male CSSP user (15)

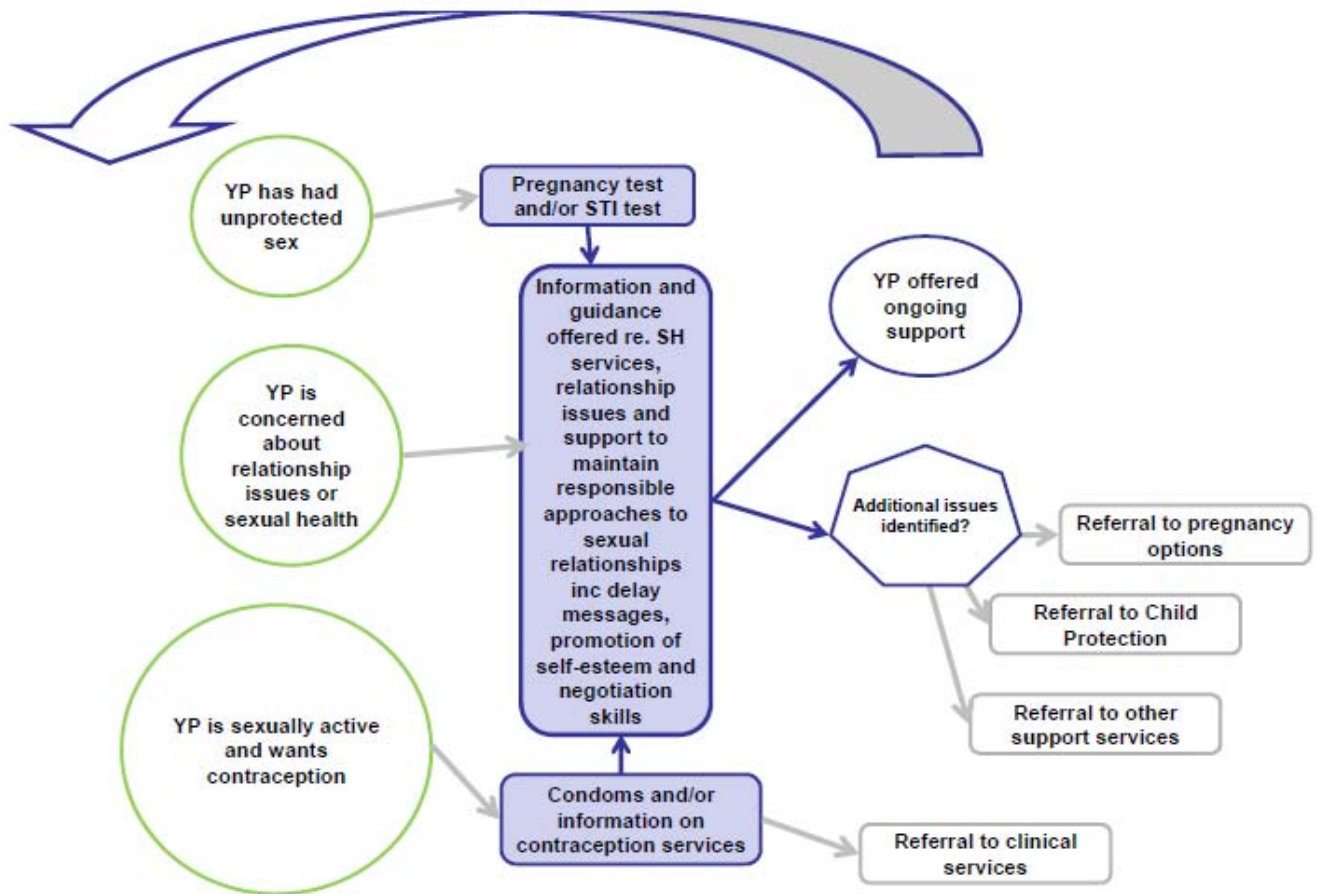
“I’ll take more responsibility next time, or come for help sooner.” Female CSSP user (14)

It was found that benefits of CSSP extended beyond contraception information and provision. Increased confidence in young people to engage with health services and improved emotional health, as a result of the one-to-one support, were felt to be direct benefits of the service. The

service was also found to contribute towards raising aspirations and increasing engagement.

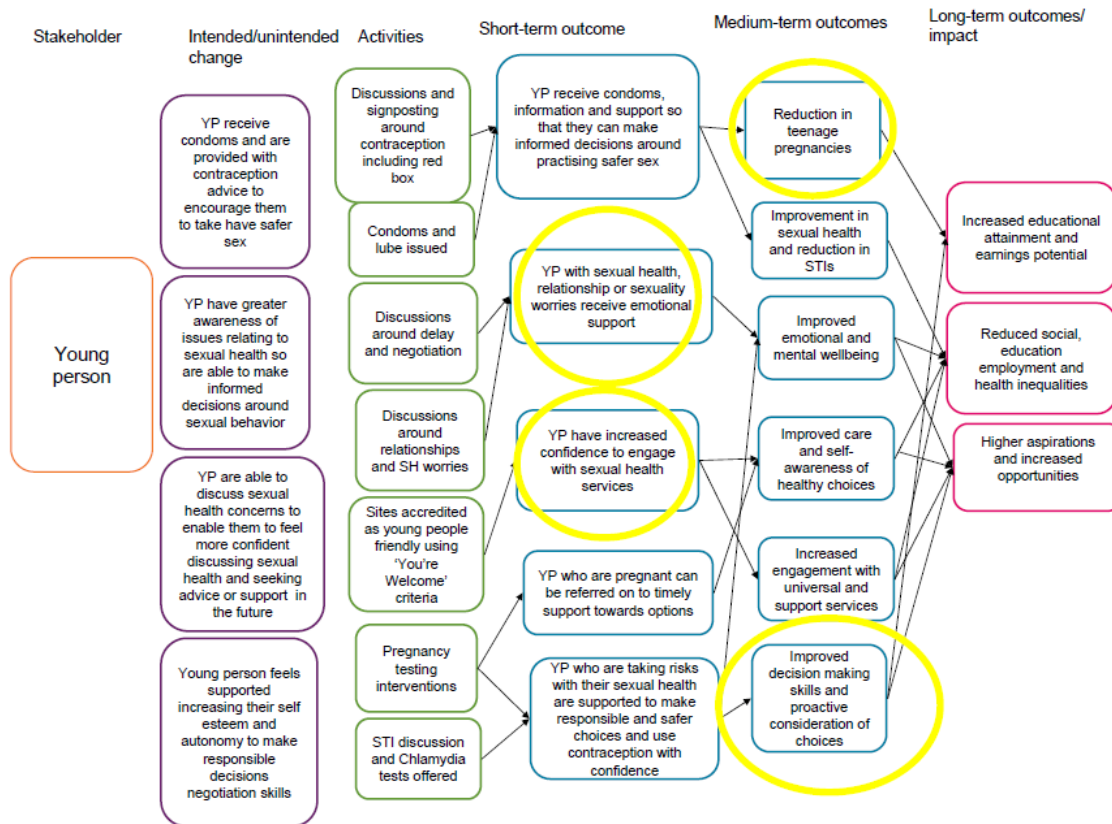
Customer Journey

In understanding customer journeys, it is important to identify the initial reason for using the service. Connexions Leicester Shire collects data over time to enable journeys to be tracked. Applying a hierarchy of need and assigning each visit to the most 'immediate' need can provide a picture of why young people first visit CSSP at Connexions sites. In 14% of initial visits between June 2009 and June 2010, a pregnancy test was taken (9% of which were positive). In a further 7% of visits, Chlamydia tests given. This suggests that approximately 1 in 5 users are initially using the service after taking risks. 58% of initial visits resulted in just condoms being given out and 2% resulted in a referral to another service. The remaining 18% of initially visits resulted in 'sexual health' interventions without any of the above. Those who initial visited for sexual health interventions only or Chlamydia screening were most likely to use the service again.



Theory of change

For each stakeholder a theory of change was created to understand the impact of activities. The Young People's theory of change is shown below:



By deciding on which outcomes were material (relevant and significant) the following outcomes were identified

Young People

- o Young people receive condoms, information and support so that they can make informed decisions around safer sex resulting in **fewer teenage pregnancies**
- o Young people feel more confident in discussing sexual health **and consequently continue to engage with sexual health services**
- o Young people who are taking risks are given guidance and then improve their decision making skills leading to more **considered proactive choices**
- o Young people who have concerns around sexual health, relationships or sexuality **are provided with emotional support**

Health and Social care

- o Better sexual health services **reduces the number of teenage pregnancies**
- o Better sexual health services **reduces the spreading of STIs**

DWP

- o Better support for young people taking risks **reduces the number of disengaged young people**

Parents

- o Greater peace of mind because of better sexual health support resulting in **reducing the likelihood of them becoming a grandparent early**
- o **Improved family life** because of better sexual health support resulting in reducing the likelihood their child taking risks

Connexions Staff

- o Staff are trained to deliver approved sexual health support for young people, **improving their skills base**

Impact Map

Through engagement with stakeholders, indicators and financial proxies were chosen that represented the value of changes. The SROI process also involves assessing the extent to which the outcomes result from the actual project, and any additional impacts. To do this, **deadweight displacement, attribution and drop-off** rates need to be taken into account

Data from Connexions Leicester Shire was analysed to populate indicators in an impact map.

Stakeholders	The Outcomes (what changes)								Deadweight	% Displacement	Attribution %	Drop off %	Impact
	Description	Indicator	Source	Quantity	Duration	Financial Proxy	Value £	Source					
Who will we have an effect on? Who will have an effect on us?	How would we describe the change?	How would we measure it?	Where did we get the information from?	How much change will there be?	How long will it last?	What proxy did we use to value the change?	What is the value of the change? (1)	Where did we get the information from?	What would have happened without the activity?	What activity would we displace?	Who else would contribute to the change?	Will the outcome drop off in future years?	Quantity times financial proxy, less deadweight, displacement and attribution
Young People	Young people receive condoms, information and support so that they can make informed decisions around safer sex resulting in fewer teenage pregnancies	Number of females under 18 who use the service and become pregnant within 12 months, compared to the 1998 baseline rate for sexually active 15-17 year olds	Connexions CSSP data	2.28	1	Long term impact of being more likely to live with an unemployed partner = 7.5% * loss of approx £18,000 (average wage for low skilled employee) * 14 years (£18,900) * likelihood of a birth	£8,369	1970's birth Cohort Study, APS, ASHE (see report)	0%	0%	44%	75%	£10,780.95
	Young people feel more confident in discussing sexual health and continue to engage with sexual health services	Number of YP who visit and return to the service within the year	Connexions CSSP data	248	1	Private cost of GP visit (Market Value)	£63	BUPA	25%	0%	66%	75%	£3,995.84
	Young people who are taking risks are given guidance and then make considered proactive choices	Number of YP who initially use the service for a pregnancy test and then continue to use the service proactively within the year (with no pregnancy)	Connexions CSSP data	11	1	Value of risk for those taking pregnancy test = 9.14% (chance of positive tests) * value of becoming a teen mother (above)	£1,771	1970's birth Cohort Study, APS, ASHE, Department of Health, Connexions CSSP data	10%	0%	50%	75%	£8,766.45
	Young people who have concerns around sexual health, relationships or sexuality are provided with emotional support	Number of visits recorded as 'Sexual Health Interventions'	Connexions CSSP data	504	1	Market value of one meeting with a counsellor	£40	Website search	25%	0%	63%	75%	£5,564.16
Health and Social Care	Better sexual health services reduces the number of teenage pregnancies	Reduced pregnancy as above	Connexions CSSP data	2.28	1	Public spending on supporting a teen birth for the first year = £15,305 * likelihood of a birth (43%)	£16,128	Teenage Pregnancy Unit (see report)	0%	0%	44%	75%	£9,042.60
	Better sexual health services reduces the spreading of STIs	No of Chlamydia test given out	Connexions CSSP data	100	1	NHS unit cost of termination = £623 * likelihood of a termination (57%)	£33	NHS / Youthnet	50%	0%	59%	75%	£676.50
DWP	Better support for young people taking risks reduces the number of disengaged young people	Number of young people who initially use the service for pregnancy test who move from NEET to EET	Connexions CSSP data	5	1	Cost of supporting a young person who is NEET	£5,760	Audit Commission/York University (see report)	50%	0%	41%	75%	£8,510.40
Parents	Greater peace of mind because of better sexual health support resulting in reducing the likelihood of them becoming a grandparent early	Reduction in pregnancies as above and proportion that would result in a birth	Connexions CSSP data	0.98	1	Cost of providing childcare for parents for teenage parents	£1,973	National Minimum Wage (see report)	0%	0%	44%	75%	£1,092.45
	Improved family life because of better sexual health support resulting in reducing the likelihood their child taking risks	For the YP who reduced risk (as above), multiplied by the % of parents who felt reduced risk taking would result in better family life 'a great deal'	Connexions CSSP data and voting handsets	2.97	1	Cost of stress management course	£630	UK Council for Psychotherapy	10%	0%	50%	75%	£842.00
Connexions staff	Staff are trained to deliver approved sexual health support for young people, improving their skills base	Percentage of staff reporting that they personally benefited from the increased skills 'a great deal' (73%) multiplied by the number of staff trained	Voting handsets	36.5	1	Cost of personal trainer for 12 people (£1,000) per person	£83	CSSP info (see report)	25%	0%	0%	75%	£2,272.13
Total							£18,722.00						£51,543.47

Calculating SROI

The cost of CSSP supporting Connexions to deliver sexual health services between 1st June 2009 and 1st June 2010 was calculated to be **£5,694**. This

included resources (£3,000), delivery of training (£2,494), and staff support (£200).

Using the 1998 under-18 conception rate as a baseline, the SROI calculation found that after taking into account the discount rate of 3.5%, the *present value* of benefits of supporting Connexions over 12 months to deliver sexual health services in the county was:

£51,543

This gives a total *present value* of £49,800. After subtracting the investment of £5,694 this gives a net present value of £44,106

The social return on investment ratio is the total present value of the benefits divided by the investment.

The SROI ratio is therefore 8.75:1. That is, for every £1 invested in CSSP supporting Connexion between 1st June 2009 and 1st June 2010, **£8.75 worth of social value was created.**

Young people are the primary beneficiaries of the project (56%), followed by savings to health (19%) and DWP (17%).

The sensitivity analysis showed how adjusting duration, drop off, the number of pregnancies avoided; displacement and deadweight may affect the calculation. It can also show how the inclusion of negative outcomes such as increased demand on services or increased worry for parents can affect the SROI. By adjusting for different scenarios, the SROI remained fairly close to £8. This suggests that a range of between £7 and £9 is likely to be a fair assumption. Therefore it is concluded that **for each £1 invested in CSSP supporting Connexions Leicester Shire to deliver sexual health services between approximately £7 and £9 is returned in social value.**

Conclusions

Analysis of the data suggests that females under-18 using Connexions for sexual health support were less likely to become pregnant a year after their first visit than would be expected if the service did not exist¹, although the difference was not large enough to be statistically significant.

¹ Compared to the 1998 baseline under-18 conception rate

However, around 12% of females who initially used the service for a pregnancy test were estimated to then continue to use the service proactively for advice or contraception without any further pregnancy tests, or becoming pregnant, that year. Such changes in behaviour, as evidenced by case studies, can significantly benefit young people, their families and public services. This suggests that benefits of the service extend further than simply preventing pregnancies by also addressing the behaviours associated with becoming a teenage parent, such as lack of autonomy and risk-taking.

The SROI process identified that addressing these behaviours has a significant benefit to both young people and public services. However, it was also recognised that a number of different factors, outside the scope of CSSP, contribute to such risk-taking and a number of different agencies may need to be involved in supporting young people to feel more in control of their lives.

Through calculating the social benefits of CSSP, the following outcomes were found to create the largest value:

Primary benefits (>£10,000)

- Reduction in teenage pregnancy for young people (variable)

Secondary Benefits (£7,500 to £10,000)

- Young people make more informed proactive choices
- Reduced cost to public services of a teenage pregnancy (variable)
- Better support for young people taking risks reduces the number of disengaged young people

Tertiary benefits (£5,000 to £7,500)

- Improved access to emotional support for young people

Taking into account the complexity of working with young people within sexual health services, it can be argued that, as such, the service does not

easily lend itself to the use of indicators as a measure of success. However, through this process, the story behind the indicators has been explored to provide insight into who benefits from the service and the value that can be placed on that benefit.