



OFF CENTRE SOCIAL RETURN ON INVESTMENT

Summary Report

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Research Summary

This report presents an evaluative estimation of the social return created by Off Centre. Based in Hackney, London, Off Centre is a community rooted social enterprise that focuses on youth support work for ages 11-25. The organisation aims to help young people tackle problems through a variety of services such as counselling, art and drama therapy, advocacy and advice.

We used a technique known as Social Return on Investment (SROI) to value the social activities of the organisation. It demonstrates how much social return is expected from each pound invested. The technique involves undertaking stakeholder analysis and thorough decryption of management information data to:

- Understand the change that occurs as a result of an organisations activities
- Ensure that outcomes are coherent, with inputs and outputs fully comprehended

The input data used for the benchmark analysis was the financial backing that the organisation had received. We wanted to explore whether there were significant returns on this investment and how far the returns went into appraising the success of Off Centre. The outputs for comparison were based upon the outcomes selected, with output figures from the management information data, used side by side with literature based monetary proxies.

The outcomes for each stakeholder group were as follows:

- Beneficiary/Client: social, abuse, mental health, drugs and alcohol, violence, physical health, general (other quality of life factors) and relationships¹
- Friends and family: improved relationships with loved ones, less dependency, knock on drug and alcohol abuse impact
- Volunteers: greater job experience, improved well-being, improve relationships
- Off Centre Management: greater job experience, job satisfaction
- Government: freeing up resources associated with young people
- Schools: less trouble at schools, free up teacher/educational resources
- Partnership organisations: better levels of service provided as a result of partnering with other organisations
- Health organisations: people not reporting to GP's due to improved condition

Social Return on Investment (SROI) is a framework for measuring and accounting for this much broader concept of value. The use of SROI in this example has helped to understand the impacts of Off Centre's practice and to understand where value is created. Positive and negative, intended and unintended changes have been considered. Social change that this analysis explored and estimated the value of includes:

- Clients of Off Centre having shown substantial improvements to their physical (fitness) and mental health (confidence, self-esteem, mood, outlook on the future) and are better able to cope with their issues and life in general
- The strong knock-on effect where value has been created by friends and family of the client as life style changes improve well-being-

¹ These outcomes were highlighted in the referral and data documents provided.

- The service offered, that individuals struggle to find anywhere else. Off Centre serves a unique age range, for whom services are largely restricted.

The results of the research gave an SROI Ratio of £5.29:£1. For every £1 invested in Off Centre, there is a social return of £5.29.

The high return observed can be attributable to the following;

- 319 people successfully discharged in the past year of operations
- Massively exceeding target of 189 engaged individuals by having 478 engaging participants.
- There is a need for this type of service in the geographical location
- Outcomes duration likely to be long term with lasting changes in quality of life
- Off Centre has a strong business model and delivery programme to meet growing demand.

The research has shown that there is evident value in the operations of Off Centre with regards to improving well-being of young people. Increased levels of funding to Off Centre would allow for the organisation to develop new practices and efficiency measures to meet the growing demand and would be able to reduce the waiting time for individuals, resulting in more successful participants.

Introduction

Overview

Off Centre is a free, confidential service that offers guidance and help to young people aged 11-25. The central area of operations is based in Hackney, London just off the busy high street. Established in 1974, Off Centre has continually conformed to its legacy of helping young people in the community, with 1,227 people accessing the service from January 2009 to January 2010. The organisation aims to help individuals tackle problems through a variety of services such as counselling, art and drama therapy, advocacy and advice. Research has shown (Daniel F Perkins: 2009)² that confidence and self-esteem play a massive part in young people being able to control their lives and the service offered by Off Centre offers a cutting-edge, unique approach to addressing concerns with young people. Particularly the use of Art Therapy has been praised as it allows individuals to better understand their problems. Combining the psychotherapeutic work with psychosocial support, Off Centre has developed a robust and efficient business model for young people's interventions. The service model is designed to give wrap-around care for the young person's whole mental health and wellbeing needs. It is an evidence-

"It helped me loads. I liked the way it wasn't just talking but putting things down on paper - that helped. Sometimes I couldn't find the words for how I felt but I found I could draw it. I liked how you could see how you're feeling – it's weird as well".

² (Daniel F Perkins: 2009 – Community Youth Development)

based early intervention, allowing for problems to be identified prematurely. Furthermore, the organisation adds value to the services of a large number of voluntary and statutory partners through formal and informal partnerships and networks.

Rationale

As a result of the current recession, there have been significant cuts to public funding (L Ferry: 2011)³ and third sector organisations are encouraged to display their impact in order to retain funding. The government are also implementing a payment by results scheme in order to re-allocate funding within the third sector.

The recession has not only impacted the organisations themselves, but also the service users. The level of youth unemployment has escalated over the years and there are growing concerns of the impact this is having on the young community (ACEVO publication: 2012). This, accompanied by other factors, will cause a sense of depression in the economy and community, which will influence the well-being of young people. In particular, young people can suffer through a lack of employment opportunities, along with other recessional implications such as a family member being out of work or having financial anxieties. In times of economic downturn, it is more likely that there will be mounting demand for a service such as Off Centre's.

Off Centre have demonstrated considerable impact they have had on Hackneys community through previous reports such as Hackney Dreaming and annual documents, though social value estimation would aid in gaining a better acumen into how the

³ (L Ferry:2011 - Budgeting and governing for deficit reduction in the UK public sector: act one 'the comprehensive spending review')

organisational value is created and the impact to numerous stakeholders.

“...they even gave me bus money – I cried a lot when this happened”

Methodology and Result

Research Design

Not-for-profit organisations don't seek financial gain but rather look to improve welfare and social value. Every action and activity creates or destroys value and this is what needs to be measured and accounted for when conducting an evaluation. Social Return on Investment (SROI) is a new technique in the science of management and one which allows for an estimation of a Third Sector organisation's social value. SROI uses financial proxies that look to value the changes that apply to different stakeholders. The result is to form a ratio that indicates how much value the organisation has in contrast to each pound invested. The result will be represented as £X.XX:£1.

The inputs for the study would be based on funding allowance and the outputs through stakeholder analysis with outcomes and proxies determined through the use of literature and management information data. Moreover, we would look to innovate and apply Monte Carlo Simulation to the SROI methodology to create a more robust estimation.

SROI Result

The result of the research was a ratio of **£5.29:£1**. This would indicate that for every £1 invested, there is a social, economic and environmental return of £5.29. Further to

this, a best and worst case simulation was constructed giving £7.43:£1 and £3.15:£1 respectively. The focus of the study was to capture the benefits to primarily the service users. The result demonstrates a significantly high value in Off Centres operations. The most likely reason for the result would be due to the organisation exceptionally exceeding targets set. At the beginning of the financial year, a target of 189 people engaged was set. However, at the end of the year, 478 people had actually been engaged, a massive 153% increase on the original target. Moreover, an astonishing 319 had been discharged due to successful treatment, leading to a higher proportion to the outcomes set in the SROI analysis.

Ratio	£5.29:£1
95%	£7.43:£1
-95%	£3.15:£1
Average	5.28773286
Standard Deviation	1.07001296
95%	7.42775879
-95%	3.14770694

The SROI calculation

The Theory of SROI

Social return on investment is built on the structure of a cost benefit analysis, but furthers the estimate to incorporate social factors. SROI follows seven key principles:

- Involve stakeholders – essential in developing understanding of value and the change that matters
- Understand what changes – gain an overview of the process for inputs to outputs

- Value the things that matter – include data and information that is relevant to the activity
- Only include what is material – information related to study should be included and that which can be valued
- Do not over-claim
- Be transparent – all assumptions must be accounted for
- Verify the result – the analysis has to be thorough and robust with an accurate result.

An SROI analysis contains the following distinct elements:

1. Establishment of the scope and identification of key stakeholders;
2. Mapping outcomes;
3. Evidence outcomes and value them;
4. Establishing Impact;
5. Calculating the SROI

Stakeholder Scope

The first stage of an SROI is to select the stakeholders that are directly influenced by the results of an organisation - with justification (**See Table 1: Stakeholder Scope in appendix**). The science behind SROI is the use of theory of change. In order to draw conclusions about specific interventions and organisation value, it is important to comprehend the change that is taking place for each stakeholder. Stakeholders in this study were confirmed by Off Centre management and selected based on business models and through analysing the theory of change. The main methods of stakeholder interaction in this study were face-to-face interviews, telephone interviews and analysis of qualitative client data.

Mapping Outcomes

Once the stakeholders had been decided, the impact of the intervention in relation to each

stakeholder would need to be assembled. Through interaction, we were able to deduce the change occurring for each stakeholder group and used this to help gain a clearer understanding of the outcomes of the service. The eight outcomes to the beneficiary had been highlighted in the Off Centre management information data, as areas of concern on initial referral. The outcomes to other stakeholders had been drawn from literature, previous studies and agreed with members of Off Centre. (**See Table 2: Theory of Change in appendix**).

Proxy Valuations

The next stage of the calculation was to place values on the highlighted outcomes. Firstly, we analyse the outcomes to see whether there is a direct market substitution or cost saving, which can be determined through the use of indicators. However, there were non-monetary outcomes that can't be measured, therefore literature and previous studies were utilised as well as the SROI Networks VOIS database. The indicators came from the young people engaged at Off Centre through the data, qualitative and quantitative, collated. An example of a proxy calculation would be improving confidence in young people; the market cost of substituting the outcome could be the cost of a confidence workshop. A full list of outcomes and proxies are shown in the appendix (**see Table 3: Calculating Proxies in appendix**).

“It has been a positive experience. Really did look forward to it weekly. Made me feel important to someone else who had time or made time for me to confide in”

SROI Innovation

Figures will vary as we have innovated in the study to incorporate a powerful statistical program known as Monte Carlo simulation (MCS) in order to create a more robust evaluation. MCS applies random sampling over a set distribution to approximate a more accurate value based on the certainty of the figures in question. Further to this, 'IF' functions were built into the analysis to account for any inconsistencies. The result of such technique will be 1000 estimations of inputs and outputs based on normal distribution models to allow for a robust average of the SROI ratio to be calculated.

Inputs

Drawing upon the initial set up of the SROI calculation, the inputs needed to be calculated. Other than the funding received by Off Centre, the only other input that had value, that was unaccounted, was the time given by the volunteers. The number of volunteer hours over the year was then multiplied by the average minimum wage.

Outputs

Using the management information data available, we were able to estimate output percentages. The referral documents gave an outline to the outcomes that individuals may need counselling for. The sample taken was 190 and these were used in comparison to the number of clients engaged, targeted and successfully discharged from the organisation. (see Table 4: Outputs)

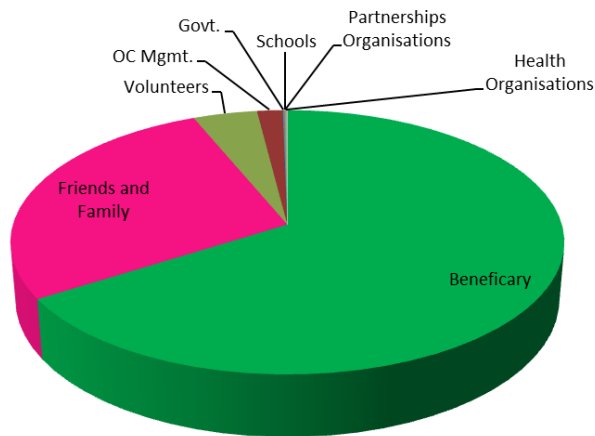
"I had low expectations, only because previous services had let me down, hindered rather than help my emotional state. [At Off Centre] I had someone to listen without judging. I have nothing but praise and admiration!"

Assumptions

It is important to consider other areas that may have had an influence on the outcome and these figures are taken into account in the assumptions. Attribution (see Table 5: Attribution in appendix) looks at how much of the change is as a result of the organisation and deadweight considers what would have happened in the absence of the organisation. Most deadweight calculations will be relatively low, as you can assume there would be no change in well-being over the short space of intervention time (see Table 6: Deadweight in appendix). Further statistics for attribution and deadweight are based upon literature and previous SROI studies. Displacement looks into value being moved from elsewhere – though the majority would show 0% and the Pareto exchange would not leave someone else worse off. The final assumption is drop-off looking at the rate at which the benefits decrease. For outcomes that last longer than one year, it is likely that the effect of the outcome will be less over time. It will be influenced by other factors and it could be less attributable to the activity. This is calculated by deducting a straight percentage from the outcome each year. For this SROI-evaluation we have assumed a drop off percentage of one third (33%) for outcomes with a more mental element such as coping skills, life skills, confidence, self-esteem, people skills, and relationships.

Impact Map and SROI calculation

Now that we had the outcomes, proxies, output numbers and assumptions, the output figure could be calculated using an impact map (see Table 7: Impact Map in appendix). Using the simulation, 1000 results were gathered for the inputs and outputs (impact map result) and averaged to give the final SROI ratio of £5.29:£1.



Impact on the beneficiary

Qualitative Analysis

As is highlighted in the SROI calculation, the primary beneficiary of Off Centre's operations is the client or beneficiary to the program. The service provided is aimed to assist young people in Hackney with their problems. Other services are available in the Hackney area but none that are specifically geared towards ages 11-25 as they don't have the correct criteria or resources.

The recurring theme in the qualitative data was a sense of comfort and awareness offered by Off Centre. Many stated that there was a real 'family' ethic about the way Off Centre engaged and found that volunteers and staff listened intensively and understood the problems that each individual was going through. They suggested ways to tackle life challenges and help the individual become more self-aware and understand themselves contextually.

With 319 people discharged in the previous year, the success of Off Centre is unparalleled and demand for the service is evident with the target of 189 far exceeded by the 478

engaged in the previous year of operations. Each individual averages 6.5 sessions, showing that Off Centre have developed a strong, efficient business model for the process of recovery.

What would happen in the absence of Off Centre?

The deadweight case for Off Centre is very much split between the different age group services offered. There are other services in the area focusing on young people intervention for ages 11-18, however, there is little to no other services in the context of adult treatment. Off Centre offer unique services to those aged 18-25 and this target area is a real niche for their organisation as there is no other service locally that offers this unambiguous provision. Therefore, one can assume that there would be no change in well-being or free accessibility to these services in the absence of Off Centre.

Concluding research notes

The concluding result of the research conducted by the University of Bristol is that there is substantial social value in the operation of Off Centre as indicated by the strong SROI ratio. With the demand far exceeding the target and a large proportion discharged in the past year, it represents that Off Centre clearly have an efficacious business model and one that can only become more effective through further commissioning. You would assume that further funding would allow for a reduction in the pipeline, with more individuals being treated as well as geographical out-reach improving, with Off Centre able to deliver to the wider community.

Appendix

Table 1: Stakeholder Scope

SH	Reason for Inclusion	What changed for them?	Group Size	Number Involved	Method of involvement	
					how?	who?
Beneficiary	Main stakeholder in to the organisation, clientele.	Improvements to quality of life, different aspects, help and support needed.	400+	100	Using management information data - quants and quali	Those receiving the intervention
Volunteers	Conduct work with beneficiary, help deliver the service	Experience (Job prospects), working as part of an organisation	15	15	Online survey, personal telephone interviews	All the volunteers that work at Off-Centre
Friends and Family	Impacted by the change to the primary stakeholder	Less dependency from those seeking help	400+	0	Outsource, common trends in previous studies	Online database, VOIS system
OC Mgmt.	Take care of the day to day running of the organisation	Job experience, possible increase in clients	3	3	Stakeholder interaction	Lead directors
Govt.	Help improve the community and frees resources	Less young people requiring help, free up resources to address other concerns	1	1	Outsource, common trends in previous studies	Hackney/London Council
Schools	Young people improved quality of life may have a knock on effect and help reduce problems in schools	Less concerns with students at schools as help coming from elsewhere	1	1	Outsource, common trends in previous studies	Online database, VOIS system
Partnerships Organisations	Work closely with the organisation	Better levels of services due to support from Off Centre	X	X	Background reading, analyse the literature, previous studies	Online database, VOIS system
Health Organisations	Some beneficiaries may seek help from health organisations, freeing up resources again.	Less young people requiring help, free up resources to address other concerns	1	1	Online database, Secondary research	Adfam, NHS, NTA, etc

Table 2: Theory of Change

SH	Inputs	Activity	Outputs	Outcomes
Beneficiary	Time (can this be valued as they are receiving benefits from the organisation. Participation is voluntary, therefore assume exogenous value)	Off Centre Service - Counselling, group work etc.	Individuals reporting improvement from initial assessment may be reflected in the CORE score.	Highlighted in the initial assessment: Social, Abuse, Mental Health, Drugs and Alcohol, Violence, Physical Health, General (Other Quality of Life factors) and Relationships
Volunteers	Time (Work Hours, Travel distance, Out of work hours?)	Counselling service and group work sessions.	Improved experience, record greater level of understanding in online survey	Greater job experience, improved well-being, improve relationships
Friends and Family	Time (Immeasurable, sunk £0)	Loved one engages with Off Centre	Less dependency from loved one	Improved relationships with loved one, less dependency, knock on addiction
OC Mgmt.	Time (Accounted for in overall financial input statement)	Day to day running of the organisation	Higher numbers of clients being seen to	Greater job experience, job satisfaction
Government	Funding? Support (Valuation)	OC practices	Increase in number of young people with a greater sense of well-being	Freeing up resources associated with young people
Schools	Recommendations?	Off Centre Service - Counselling, group work etc.	Schools reporting less concerns around students	Less trouble at schools, free up teacher/educational resources
Partnerships Organisations	Support and practice benchmark for OC. Pass on clients - time factor	Support from OC	Improvement in the service offered as a result of partnering with OC	Better levels of service provided as a result of partnering with other organisations
Health Organisations	Inputs regardless, sunk	OC practices	Less reporting to GP's	People not reporting to GP's due to improved condition

Table 3: Calculating Proxies

SH	Outcomes	Indicator	Proxy	Source	Value
Beneficiary	Social: Accommodation and Benefits/Money improvements	Less individuals claiming they have money or living problems	Young people mediating back into the home and claiming housing benefits	Hackney Government Website (28.55 per week av.)	£1,484.60
	Abuse: Tackling physical and sexual abuse	Change in the numbers from sample reporting problems around abuse	Value of compensation related to physical abuse of a young person in the UK	Criminal Injuries Compensation Authority Tariff (Criminal Injuries Compensation Authority, 2009)	£2,000.00
	Mental Health: Reduced depression, less anxiety, reduced stress	Decrease in the number of people stating that they have mental health concerns	Value of increased confidence with regards to improved mental condition	The SROI Network VOIS Database	£1,195.00
	Drugs and Alcohol: Less consumption	Decrease in drug and alcohol use	The cost saving of no longer having address either drug or alcohol problems (Not an addiction but more for comfort) (£40 per week)	Cabinet Office and PM Strategy Unit: How much does drug and alcohol abuse cost?	£2,080.00
	Violence: Less involved in related violence incidents	Check sample of clients that have violence related concerns	The value of time not being involved with the police. Taken as average minimum wage by average hours spent with the police (taken from the source)	Scottish Investment Fund (2009 publication)	£279.24
	Physical Health: Improved Physical Health	Reporting improved physical health, improvements on the individual scale	Cost of average gym membership in Hackney	Fitness First	£395.40
	General: Greater quality of life	Individuals reporting improved self-confidence and generic changes in quality of life	Value of improved confidence in young people	Cost of assertiveness and building personal confidence training	£499.38
	Relationships: Improved quality of relationships	Individuals reporting better relationships with family/loved ones since starting the treatment in assessment forms	Average cost of a social activity once a month	Social Impact Scotland	£243.84
Friends and Family	Improved relationship with loved one	Individuals reporting better relationships with family/loved ones since starting the treatment in assessment forms	Cost of relationships counselling (6 sessions)	Social Impact Scotland	£255.00

	Less dependency from loved one	Less time spent with the loved one relating to issues addressed by OC	Cost of respite (£50) at number of hours spent in initial treatment (12 weeks)	NEF calculation	£600.00
	Less drug and alcohol abuse as a direct impact of loved one abuse	Decrease in drug and alcohol use	The cost of saving to no longer have to address a drug or alcohol concern (p.a.)	Cabinet Office and PM Strategy Unit: How much does drug and alcohol abuse cost?	£2,080.00
Volunteers	Greater Job Experience	Successful treatment given by volunteers	Cost of course in counselling	Stonebridge.uk	£309.09
	Improved well-being, job satisfaction	Assume this applies to all otherwise they wouldn't be in their job as participation is voluntary	Value of taking work in this sector as oppose to minimum wage	Av volunteer time per week x min hour at annum rate	£780.00
	Improve relationship and confidence skills	No of volunteers reporting that working with OC has improved this specific outcome	Value of improved confidence in young people	Berkshire Association of Clubs for Young People (BACYP) Ltd SROI Evaluation (2010)	£215.00
OC Mgmt.	Job Satisfaction	Having large client base and getting more individuals through the scheme	The added value to salary/wage that someone would attain if working in a more commercial environment	Lead Director of organisation	£15,000.00
	Greater Job Experience		Cost of management course in young people counselling	www.respect.uk.net/	£750.00
Govt.	Freeing up resources associated with young people	More people getting into the OC system and having counselling	Average cost of providing a youth worker for a young person	Unit Costs of Health and Social Care', 2008, Personal Social Services Research Unit	£888.00
Schools	Less trouble at schools, free up teacher/educational resources	Individuals showing improvements in the violence section of the assessment after the OC service	The cost of having to help a young person who has been absent from school	Daniels et al (March 2003) Study of Young People Absent from School	£720.00
Partnership Orgs.	Better levels of service provided as a result of partnering with other organisations	More successful experience with the peer organisations	Value of improved learning and operations for an organisation	Stonebridge.uk	£309.09

Health Organisations	Individuals not reporting to GP's because of improved conditions	Beneficiary is not/less frequently visiting the GP	Average cost per person the NHS of addressing problems with young people	PSSRU	£593.50
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Table 4: Outputs

Outputs	Total	Prop.	Value	Drop Off
Beneficiary				
Social: Accommodation and Benefits/Money improvements	190	60%	£1,484.60	33%
Abuse: Tackling physical and sexual abuse	244	76%	£2,000.00	33%
Mental Health: Reduced depression, less anxiety, reduced stress	275	86%	£1,195.00	33%
Drugs and Alcohol: Less consumption	40	13%	£2,080.00	33%
Violence: Less involved in related violence incidents	198	62%	£279.24	33%
Physical Health: Improved Physical Health	67	21%	£395.40	33%
General: Greater quality of life	258	81%	£499.38	33%
Relationships: Improved quality of relationships	233	73%	£243.84	33%
Friends and Family				
Improved relationship with loved one	198	62%	£255.00	33%
Less dependency from loved one	299	94%	£600.00	33%
Less drug and alcohol abuse as a direct impact of loved one abuse	28	9%	£2,080.00	33%
Volunteers				
Greater Job Experience	15	100%	£309.09	33%
Improved well-being, job satisfaction	15	100%	£780.00	33%
Improve relationship and confidence skills	15	100%	£215.00	33%
OC Mgmt.				
Job Satisfaction	1	100%	£15,000.00	33%
Greater Job Experience	1	100%	£750.00	33%
Govt.				
Freeing up resources associated with young people	1	100%	£888.00	33%
Schools				
Less trouble at schools, free up teacher/educational resources	1	100%	£720.00	33%
Partnership Organisations				
Better levels of service provided as a result of partnering with other organisations	1	100%	£309.09	33%
Health Organisations				
Individuals not reporting to GP's because of improved conditions	1	100%	£593.50	33%

Table 5: Attribution

ATtribution - How much of the outcome is due to the organisation?	Value
Beneficiary	
Social: Accommodation and Benefits/Money improvements	50%
Abuse: Tackling physical and sexual abuse	80%
Mental Health: Reduced depression, less anxiety, reduced stress	100%
Drugs and Alcohol: Less consumption	80%
Violence: Less involved in related violence incidents	80%
Physical Health: Improved Physical Health	90%
General: Greater quality of life	100%
Relationships: Improved quality of relationships	90%
Friends and Family	
Improved relationship with loved one	90%
Less dependency from loved one	60%
Less drug and alcohol abuse as a direct impact of loved one abuse	80%
Volunteers	
Greater Job Experience	100%
Improved well-being, job satisfaction	100%
Improve relationship and confidence skills	90%
OC Mgmt.	
Job Satisfaction	100%
Greater Job Experience	100%
Govt.	
Freeing up resources associated with young people	90%
Schools	
Less trouble at schools, free up teacher/educational resources	70%
Partnership Organisations	
Better levels of service provided as a result of partnering with other organisations	50%
Health Organisations	
Individuals not reporting to GP's because of improved conditions	90%

Table 6: Deadweight

DEADWEIGHT - What would have happened if the intervention never took place?	Value
Beneficiary	
Social: Accommodation and Benefits/Money improvements	50%
Abuse: Tackling physical and sexual abuse	5%
Mental Health: Reduced depression, less anxiety, reduced stress	10%
Drugs and Alcohol: Less consumption	20%
Violence: Less involved in related violence incidents	20%
Physical Health: Improved Physical Health	10%
General: Greater quality of life	5%
Relationships: Improved quality of relationships	6%
Friends and Family	
Improved relationship with loved one	6%
Less dependency from loved one	5%
Less drug and alcohol abuse as a direct impact of loved one abuse	20%
Volunteers	
Greater Job Experience	0%
Improved well-being, job satisfaction	0%
Improve relationship and confidence skills	20%
OC Mgmt.	
Job Satisfaction	5%
Greater Job Experience	0%
Govt.	
Freeing up resources associated with young people	5%
Schools	
Less trouble at schools, free up teacher/educational resources	5%
Partnership Organisations	
Better levels of service provided as a result of partnering with other organisations	20%
Health Organisations	
Individuals not reporting to GP's because of improved conditions	0%

Table 7: Impact Map

SH	No.	Outcome	Indicator	Outcome Incidence	Deadweight proportion	Incidence after deadweight	Incidence Attribution proportion	MCS	Incidence after attribution & deadweight displacement	Displacement proportion	Incidence after attribution, deadweight & displacement	Prox at MCS	Eliminating MCS +1	Total Annual Value Produced	Annual Drop Off	NPV	
Beneficiary		Social: Accommodation and Benefits/Money															
	478	improvements	61%	194.94	50%	97.4694127	97.4694127	50%	0.290100737	28.27594843	10%	25.44835358	£1,268.73	0.290100737	32,286.9706	41%	£68,700.50
	478	Abuse: Tackling physical and sexual abuse	83%	265.99	5%	13.29959677	252.6923387	80%	0.591822879	149.5491073	0%	149.5491073	£1,795.92	0.591822879	268,578.862	38%	£571,484.51
	478	Mental Health: Reduced depression, less anxiety, reduced stress	98%	314.00	10%	31.39958287	282.5962458	100%	1	282.5962458	0%	282.5962458	£1,126.00	1.130281897	318,203.394	36%	£677,076.03
	478	Drugs and Alcohol: Less consumption	12%	36.85	20%	7.369907431	29.47962972	80%	0.866623057	25.54772682	10%	22.99295414	£2,099.14	0.866623057	48,265.3788	27%	£102,699.50
	478	Violence: Less involved in related violence incidents	84%	268.20	20%	53.6408839	214.5635356	80%	0.894514363	191.9301643	0%	191.9301643	£224.62	0.894514363	43,111.2876	38%	£91,732.58
	478	Physical Health: Improved Physical Health	17%	53.67	10%	5.366510704	48.29859633	90%	0.890392241	43.00469543	0%	43.00469543	£479.69	0.890392241	20,629.0309	35%	£43,894.64
	478	General: Greater quality of life	62%	196.94	5%	9.846916517	187.0914138	100%	1	187.0914138	0%	187.0914138	£444.62	1.031482948	83,184.3997	27%	£177,000.51
	478	Relationships: Improved quality of relationships	50%	158.48	6%	9.508594417	148.9679792	90%	0.594789559	88.6045986	0%	88.6045986	£0.00	0.594789559	0	39%	£0.00
	Friends and Family	478	Improved relationship with loved one	67%	214.06	6%	12.84346195	201.2142372	90%	0.884129709	177.8994851	0%	177.8994851	£0.00	0.884129709	0	36%
478		Less dependency from loved one	100%	324.08	5%	16.20375104	307.8712697	60%	0.608297953	187.2774632	0%	187.2774632	£521.39	0.608297953	97,644.7962	29%	£207,769.47
478		Less drug and alcohol abuse as a direct impact of loved one															
478		abuse	10%	30.91	20%	6.181614059	24.72645623	80%	0.676107561	16.71774402	10%	15.0459692	£2,005.69	0.676107561	30,177.5004	33%	£64,211.96

Volunteers	Greater job Experience	15	100%	15.11	0%	0	15.10662521	100%	1	15.10662521	0%	15.10662521	£299.88	1.073528373	4530.2336	31%	£9,639.47
	Improved well-being, job satisfaction	15	100%	14.93	0%	0	14.92963714	100%	1	14.92963714	0%	14.92963714	£764.59	1.297029755	11415.1146	36%	£24,289.18
OC Mgmt.	Improve relationship and confidence skills	15	100%	17.32	20%	3.464439769	13.8575908	90%	0.666114046	9.230847961	0%	9.230847961	£210.80	0.666114046	1945.86034	33%	£4,140.42
	Job Satisfaction	1	73%	0.73	5%	0.036297592	0.689654248	100%	0.783203541	0.54013965	0%	0.54013965	£13,364.34	0.783203541	7218.61112	23%	£15,359.83
Govt.	Greater Job Experience	1	84%	0.84	0%	0	0.839212199	100%	0.805331086	0.675843672	0%	0.675843672	£677.81	0.805331086	458.095279	35%	£974.74
	Freeing up resources associated with young people	1	100%	1.05	5%	0.052515822	0.997800625	90%	0.881052323	0.879114558	0%	0.879114558	£963.83	0.881052323	847.320601	32%	£1,802.94
Schools	Less trouble at schools, free up teacher/educational resources	1	100%	1.12	5%	0.055817671	1.060535751	70%	0.706570098	0.74934285	0%	0.74934285	£431.65	0.706570098	323.455505	39%	£688.25
	Service provided as a result of partnering with other organisations	1	100%	1.22	20%	0.243756016	0.975024663	50%	0.540471065	0.526972294	0%	0.526972294	£350.64	0.540471065	184.776044	21%	£398.17
Health Orgs.	Individuals not reporting to GP's because of improved conditions	1	100%	1.09	0%	0	1.090976011	90%	0.838883792	0.915202093	0%	0.915202093	£599.01	0.838883792	548.216921	33%	£1,166.50

About Off Centre

Off Centre supports the mental health and well-being needs of young people aged 11-25 in Hackney and surrounding boroughs. Our young users present with wide-ranging and often complex/multiple mental health needs with inter-related themes, including depression, anxiety, distress, self-harm, bereavement, family breakdown, domestic violence, sexuality & neglect.

We provide a range of restorative counselling services and therapeutic interventions employing a range of different modalities. We combine our psychotherapeutic work (counselling, art and drama therapy) with psychosocial support as people presenting with mental health needs will also often have other support needs which impact on their mental health and wellbeing. Our advocacy, advice and information work encompasses casework in accessing employment, training, housing, benefits and a wide range of other issues. Our signposting for legal advice service commonly covers issues such as immigration, domestic violence and referrals to social care. Our psychosocial work also includes a range of positive/diversionary activities for young people, delivered in-house or through our network of partner/provider organisations.

Our service model is designed to give wrap-around care for the young person's whole mental health and wellbeing needs. It is an evidence-based early intervention, which provides direct support to over 2,500 young people annually and adds value to the services of a large number of voluntary and statutory partners through formal and informal partnerships and networks.

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