UNIVERSITY OF
BATH

Citation for published version:
Farr, M, Cressey, P, Milner, SE, Abercrombie, N & Jaynes, B 2014, Proving the value of advice: A study of the advice service of Bath and North East Somerset Citizens Advice Bureau. South West Forum, Exeter, U. K.

Publication date:
2014

Link to publication

University of Bath

Proving the value of advice:

A study of the impact of Citizens' Advice Bureau services

Michelle Farr

Peter Cressey

Susan Milner

Nick Abercrombie

Beth Jaynes

April 2014

Contents

Acknowledgements

EXECUTIVE SUMMARY

- This report gives the fullest account to date of clients' experience of receiving CAB advice across a variety of domains (not just debt) and the impact this advice has had on their life

- It is based on interviews with 80 clients, and further follow-up interviews with around half of these (n=38), within the Bath and North East Somerset area. In addition to these interviews, clients gave us permission to use anonymised CAB data to provide a broader picture on their circumstances and advice interventions.

- CAB advice is usually delivered by trained volunteers, and its cost-effectiveness is therefore maximised by low input costs (c.£84 per client over a twelve-month period)

- On average, clients have lower income than the average local population, and are more likely to be in receipt or applying for benefits, and to live in social housing or experience insecure housing conditions. Over half our sample were below the poverty line (we did not have income details for a further quarter of the sample).

- Even those clients with higher income reported that the problem for which they had sought advice had a significant impact on their life: most reported stress or anxiety, whilst a high number reported mental or physical health problems created or exacerbated by the problems

- Very few clients were able to access help from other agencies: only a small minority had received advice from other sources; help was more likely to be informal and to include could also include referral to CAB services

- A universal advice service is vital in ensuring that all clients' issues can be dealt with in a holistic way, managing the complexity of vulnerable people's lives. Clients' economic, social and health problems were often interrelated in complex ways: many clients who sought advice in one area or domain (e.g. benefits) also reported difficulties in another (e.g. debt, housing). At least 48% of our sample were disabled or had long term health problems/ were permanently sick

- We found a range of different outcomes could be attributed to the CAB including homelessness prevented, social services savings, in-patient psychiatric care avoided, suicide prevented, depression and mental health issues alleviated, debts managed and rescheduled, and alleviation of poverty through income gain. Given the vulnerability of clients, many felt that without CAB advice they would have been at significant risk of worsened economic and social circumstances.

- The majority of clients reported positive changes as a result of CAB intervention, although for 16% of our sample no outcomes were attributable to the CAB

- In most cases, clients reported significant rises in personal health and wellbeing as a result of CAB intervention measured on the Warwick-Edinburgh Mental Wellbeing Scale; they also reported significant increases in their ability to deal with problems, which confirms interview findings that CAB advice has an important empowering effect

- Overall, taking into account financial outcomes and 'softer' outcomes such as improved health and increased wellbeing and ability to manage problems, the project found a total gain of over £500,000 for the clients interviewed. Our sensitivity analysis calculated an interval range of the ratio of 1:33 to 1:50 (using standard Social Return on Investment methodology) of inputs to outcomes over a period of five years.

1. INTRODUCTION

The measurement of the impact made by public and charitable organisations has become an much debated topic in recent years. There are training courses in how to conduct measurements, conferences on the results and much advice from think-tanks and from government.[1] The notion that charitable organisations create measurable *value* has also become an important aspect of their funding. For example, the House of Commons Public Administration Committee explained why an effective citizens advice bureau in Hull lost its funding as follows: 'The essence of why A4e won the competition was that the commissioners responsible for sorting out that contracting opportunity were not able to place any value on all the aspects of the citizens advice bureau beyond the simple provision of advice from adviser to individual.'[2]

The importance of the measurement of impact, however, does not just lie in the contracting of services. It can also help to guide organisations in their strategic decision-making in service development and internal allocation of resources. It assists in the creation of self-reflective organisations that use data to monitor their own work. Indeed, the development of impact measurement should be seen as part of the general move towards more evidence-based public policy.

This report gives an account of an impact measurement study of a Citizens Advice Bureau. The study was funded by the South-West Forum as part of a wider project, named *Proving Our Value*, supported by the Big Lottery, to measure the economic impact of social actions undertaken by voluntary and community organisations.

The CAB economic impact study, which uses the method known as Social Return on Investment (SROI), was carried out by a team led by the University of Bath in partnership with the Bath and North-East Somerset Citizens Advice Bureau (CAB-BANES).

1.1 Context: CAB as a national and local organisation

Citizen Advice Bureaux aim to give advice to anybody who contacts them. Some problems brought by clients have to be referred to other agencies but Bureaux are still able to help with a very wide range of issues from employment disputes through housing and consumer matters to debt and benefit enquiries. CABx have a protocol for classifying areas of advice, which are referred to as domains of advice. In Bath and North-East Somerset, almost all advice is given by trained volunteers.

CAB-BANES was formed in 2010 by the merger of two long established bureaux, Bath and District Citizens Advice Bureau and North East Somerset Citizens Advice Bureau. Its boundaries are contiguous with those of the unitary local authority which has a population of about 176,000. The bulk of CAB-BANES' funding comes from a commission from the Banes and North East Somerset

---

[1] See, for example, the creation of the *Inspiring Impact* consortium at http://inspiringimpact.org/

[2] http://www.publications.parliament.uk/pa/cm201012/cmselect/cmpubadm/902/90208.htm#n178

Local Authority. A variety of other funders support particular projects and include Macmillan, Children's Centres, Wessex Water and The Big Lottery.

There are three offices, one each in Bath, Keynsham and Midsomer Norton, in addition services are provided in Council drop-in centres, children's centres, doctors' surgeries, a mobile office and a Families Club. In the financial year 2012/13, 7979 clients were given advice. Most of these had an initial interview in a gateway triage system, either face-to-face or on the telephone. About half of these required further help in face-to-face engagement with an adviser, often needing more than one appointment. Compared with the population of Bath and North East Somerset as a whole, the Bureau's clients are poorer, more likely to be social housing tenants, homeless or in temporary accommodation, less likely to be in full-time employment and more likely to be disabled or with long-term health conditions.

Most of the Bureau's work is in the areas of benefit and debt but it also offers advice in other areas such as employment, housing and discrimination. The advice is given by trained volunteers who are supervised by professional staff.

Our investigation of the available literature on evaluating the economic impact of the work of social purpose organisations, specifically advice organisations[3], shows that:

- Most of the effort has gone in to measuring *inputs* such as volunteers' time;
- Of those studies that evaluate outputs or outcomes, the majority consider debt advice only;
- Most studies use non-financial client evaluations of outcomes or direct financial benefit to clients as the measures of effectiveness of advice;
- With two or three exceptions, studies show only the short-term impact of advice.

We therefore identified a need for a study looking specifically at the outcome of advice services across a range of domains, measuring outcomes following CAB interventions, and attempting to provide financial values for these outcomes.

In recognition of the fact that clients seeking advice typically face multiple problems which may straddle domains of advice, it was also important to capture as far as possible the complexity of clients' situations in any measurement of the impact of advice.

---

[3] See, for example, P.Pleasance et al, *A Helping Hand; the Impact of Advice on People's Lives*, Legal Services Research Centre, 2006; T. Williams, *Review of Research into the Impact of Debt Advice*, Legal Services Research Centre, 2004; D. Wilkinson, *Adding Value? Being Richer*, Northern Rock Foundation, 2007; New Economics Foundation, *Measuring Value*, 2008; Citizens Advice, *National Outcomes Results 2009/10 Data,* 2011; Karen Jones, *Outcomes of a Longitudinal Study of Citizens Advice Service Clients in Wales*, Bangor University and Citizens Advice Cymru, 2009.

1. 2 Research Question and Objectives

The *Proving Our Value* project was a two-year study that sought to develop robust indicators to measure the impact of CAB advice at local level. It employed a methodology for the measurement of financial value which recognises a wide range for gains from advice to clients and other important stakeholders. Thus the project sought to give a fuller delineation of the 'value' that the CAB achieves for clients. In order to do that the project elicited information from clients (using interviews) not just about the direct outcome of advice (for example, the renegotiation of debt repayment schedules, the avoidance of house repossession, or welfare benefits gained) but also about what that outcome meant to the individual and their household. Whereas existing outcomes are often difficult for the CAB to identify and record after the advice session, the project sought to investigate the longer term socio-economic impact of advice to clients, by conducting follow-up interviews to follow clients over the two years of the project, as far as possible.

Most bureaux will be familiar with the need to put a financial value on the advice that clients receive since this is information of importance to funders. However, almost invariably, what is recorded is the *direct* financial benefit that clients receive such as welfare benefit payments or value of debt managed. Estimated or actual data regarding these financial benefits can be entered into the CAB client record system at the closure of a client case or soon afterwards. These data formed the starting point of our project.

If this proposed project were only founded on the immediate direct financial benefit of these kinds, however, it would seriously underestimate the total value contributed by CAB advice. This is for two main reasons. First, much of the value of advice accrues over a period and is not always realised immediately after client interviews are over. Second, and more important, much of the benefit is *indirect* and does not come as a cash sum directly to the client but may contribute to individual health and well-being, family cohesion or the prevention of loss in the future.

Given the range of advice given by CABx and the complexity and variety of individual clients' lives, there will be a very large number of ways in which CAB advice conveys benefit which can be valued. To construct a manageable valuation model, we adopted a modified version of the Social Return on Investment (SROI) methodology.[4] In brief, as applied to our project, the SROI methodology proposes that each case of advice given has an impact map constructed for it, which shows how impacts arise for each significant stakeholder. For example, every benefit won for a client has an impact not only on the client but also on other people and organisations, most particularly the client's family. A potential housing eviction has impacts on the client and his or her family, but also on the landlord and on the courts. Impacts can, of course, be both harmful and beneficial.

---

[4] See, for example, New Economics Foundation, *The Socio-Economic Value of Law Centres*, 2004, and *Measuring Value: a guide to Social Return on Investment*, 2008

Once impact maps are established, a financial benefit can be calculated and our survey method allows us to determine how that benefit might accrue over time. From that point, results can be presented in a variety of forms – as gross benefit, as benefit net of costs, or as return on investment. The impact map method, particularly when established over a year, allowed us to pick up complex relationships between indicators which the available quantitative data cannot capture, and thus to test the reliability of indicators used in the quantitative data. One further advantage of the methodology is that it also allows data to be presented on such important social policy questions as the financial value of *prevention* of harms or of a demand for advice arising from the activities of other organisations, so-called failure demand.

We envisaged that this project could have the additional benefit of identifying improvements to the advice service, at a time of intense pressure on service budgets but also increased demand for services.

In addition to these primary aims the research sought to achieve other objectives including the development of an effective partnership between the University of Bath and the CAB, helping to build an independent and sustainable research capacity within CAB-BANES (an objective which also corresponds to Citizens Advice national concerns).

1.3 Aims and objectives

In summary, we sought to meet the objective of the Proving Our Value project by undertaking a study which aimed to:

- Develop more robust indicators to measure the impact of all domains of CAB advice;

- Employ a methodology for the measurement of financial value which recognises a wide range for gains from advice to clients and other important stakeholders;

- Investigate the effect of time on the socio-economic impact of advice to clients, by interviewing a sample of clients in waves over the two years of the project.

At the same time, we hoped to achieve other objectives:

- The creation of a generalisable and sustainable research instrument for social purpose organisations in Bath and North-East Somerset;

- The development of an effective partnership between the University of Bath and the CAB and other third sector organisations on the other, that is, the building of research capacity at local level;

- Contribution to the construction of a regional network of academics and practitioners to exchange knowledge and skills, with the infrastructural support of the SWF;

- The production of a set of recommendations for the improvement of CAB's service (formative evaluation).

Outcomes from our findings will be different for different stakeholders:

- The SWF will be helped to influence the development of a research capacity in the third sector in the South-West and the ability to present coherent cases for funding based on robust value-for-money arguments;

- CAB-BANES will have developed its research capacity, leading to improvements in future preparation of cases for funding and of the advice service it offers;

- Citizens Advice will use project findings to assist CABx to develop value-for-money funding propositions;

- The local authority and other funders will have better information on which to base their assessment of value for money of services.

2. METHODOLOGY

Our project was modified due to operational and methodological challenges raised in the course of the research, although its broad objectives and methodological approach remained consistent throughout. This section outlines the research design and highlights changes made during the process of conducting the research, not least as a result of a pilot phase.

2.1 Project design

From the beginning, the project was designed as a longitudinal survey together with a Social Return on Investment (SROI) analysis, the former providing the data for the latter. CAB BANES had for some time been concerned that it did not know enough about how its clients benefited from the advice they had been given in the Bureau in the relatively long term. It was, therefore, a long-cherished, but unrealised, ambition to be able to conduct some kind of longitudinal panel study. At the same time, Bath University's Bath Area Research Observatory had been looking for opportunities to conduct some research on low-income households in Bath and North-East Somerset. The Proving Our Value programme from the South-West Forum provided the means by which these ambitions could be realised while also exploring ways in which the impact of the work of CAB BANES could be measured financially.

The proposed design used a longitudinal panel study to map the consequences for clients of interventions by the CAB. The use of a control group was rejected early on cost and ethical grounds.[5]

The panel was intended to consist of 100 clients who had been through the advice process. The CAB classifies clients by the type of problem or problems that brought them to the CAB, by the 'domains' of advice. In most bureaux the important domains of advice are debt, benefits, employment and housing. We planned to select panel members so that the distribution of problems within the panel matched that amongst bureau clients as a whole. In other words, the panel was a sample of the client body with respect to the presenting problem. This sampling frame was chosen because different problems demand different interventions; there is no such thing as generic advice. Clearly advice given in response to a debt problem will be very different from advice to a client who is going to an employment tribunal. The panel would therefore allow the research team to capture the range of benefits that CAB advice can generate and would permit the drawing of conclusions about the total value of benefit generated across all clients.

Panel members were to be recruited to the study at their first advice session and some baseline information collected together with a first administration of the short version of the Warwick-

---

[5] This was not to be an experimental situation in which a randomly chosen control group that had not received advice was compared with an experimental group that had. It might have been possible to use a control group composed of individuals with characteristics matched to those in the experimental group but this procedure would have been very expensive and fraught with definitional sampling problems as well as operational (access) difficulties. Moreover the ethical implications of not offering the opportunity to seek advice to individuals in need of it run counter to CAB policy.

Edinburgh Mental Well-being scale (example in Appendix 1). Thereafter panel members would be interviewed every six months in three waves over a two-year period, allowing the registration of changes in clients' lives and of the accrual of benefits and dis-benefits for all stakeholders – clients and their families, the wider community, local organisations and agencies of the state.

There were relatively few long-term studies of CAB clients to which the research team could refer. One of the most systematic, by Karen Jones[6], also employed a survey design which involved waves of interviews, one at the baseline, a second at 6 months and a third at 12 months after the initial contact with a CAB. Jones was able to identify clearly beneficial outcomes, especially in financial terms, and improvements in health and well-being. One methodological feature is particularly relevant. Jones experienced substantial attrition in her sample over time. She interviewed 149 clients at baseline, 76 after six months and 42 after 12 months. That represents an attrition rate of 72% between the beginning of the study and the end. Longitudinal studies always suffer attrition but not often at that scale.

The project aimed to use Social Return on Investment (SROI) techniques for measuring the value of the social impact of an organisation in financial terms. SROI has for some years probably been the most widely recommended and used method for measuring impact for the voluntary and community sector, which is why we chose it. Its endpoint is customarily a ratio, which indicates how much value is created for every pound invested. In designing our study we were guided by the many introductions to the technique[7] and by its application to advice services by the New Economic Foundation.[8]

SROI measures change made by an organisation from the perspective of the people and agencies that are affected by it. This is why the technique is often known as cost-benefit analysis plus stakeholders. The point is to capture the overall *social* value to a wider group of stakeholders and not just the investor. In the case of a Citizens Advice Bureau, the key stakeholder is the client. Other stakeholders include the client's family, the local authority as the main investor and other local organizations such as GP practices or hospitals.

---

[6] Karen Jones, *Outcomes of a Longitudinal Study of Citizens Advice Bureau clients in Wales*, Bangor University and Citizens Advice Cymru, 2009.

[7] See, especially, L. Heady and S. Keen, *SROI for Funders*, New Philanthropy Capital, 2010 and Cabinet Office, *A Guide to Social return on Investment*, 2009

[8] New Economics Foundation, *Outcomes in Advice.* London: New Economics Foundation and Advice UK, 2010

It is customary to identify six stages in an SROI investigation:

- Establishing scope and identifying key stakeholders;

- Mapping outcomes;

- Evidencing and valuing outcomes;

- Establishing impact;

- Calculating SROI;

- Reporting, using and embedding.

Our working hypothesis, or theory of change, was that CAB advice created beneficial outcomes for clients, for their families, for NHS agencies and for the local authority. In the second stage, trying to map the specific likely outcomes, we initially used the list of outcomes prepared by Citizens Advice in the course of designing their new client database, called Petra, used for case management. There were, however, about 700 different outcomes listed there, a*nd* as we were proposing a sample of 100 clients, each of whom might have experienced a unique set of outcomes of advice, this potentially raised a data gathering and handling issues. First, we would have to determine valuations of a large number of outcomes, in itself a considerable task. Second, there seemed to be no way of determining the *total* value of the CAB's interventions except by adding up the value of each client's unique outcomes. Each client would have to have an impact map – an account of all outcomes of his or her advice – specifically for them and those outcomes would have to be valued to give an individual total, a procedure that would generate a very large amount of data for a relatively small sample.

It is worth pointing out that this problem will occur, not only in Citizens Advice Bureaux and advice agencies more generally, but also in all *casework* organisations. We hoped to manage the problem in two ways. First, since some 80% of clients from CAB BANES came for advice either for debt or benefits, it was a reasonable assumption that the total number of different outcomes would be smaller than initially feared. Second, we hoped that it would be possible to construct generic or modal impact maps for particular *kinds* of advice and thereby avoid the necessity for 100 individual maps. In the event, as we shall show, it was not possible to produce generic modal maps, as each individual had specific outcomes particular to their case. Clients also varied in the extent to which they attributed their outcomes to the CAB, thus individual impact maps needed to be created (see section 3.1 for examples).

The third stage was to find the evidence for actual outcomes which was to come from client interviews and CAB data and then attach values to those outcomes. SROI uses proxy values as a rule. For example, if an advice session had the outcome of helping a client to avoid a court appearance, the value of that intervention would be the cost of that appearance. Or one might get at the value of an improvement in mental health by estimating the cost of counselling sessions.

This process of valuation does not, however, demonstrate *impact* of the organization concerned. To do that one has to establish the degree of attribution, deadweight, displacement and drop off. Attribution is a measure of how much the outcome was caused by the CAB as distinct from other

organisations or persons. Deadweight is an expression of what would have happened anyway if the CAB had not intervened. Displacement refers to the extent to which the outcome displaces other outcomes. Drop-off measures the length of time an outcome lasts. All four of these measures are usually expressed in percentages and were obtained during the client interviews.

The final stage involves adding up all the positive values for individual clients, subtracting any negatives and comparing the result with the calculated input cost.

2.2 The research process

As our research proceeded, a number of issues emerged that forced changes in the research design. First, we encountered a high degree of difficulty in contacting and staying in contact with the clients that we aimed to interview. We were dealing with CAB clients with very difficult lives, often working changing shifts and with serious social, personal and health problems. In addition, given the way that debt management companies work, it would not be surprising if clients in debt avoided using their telephones. From Jones' work, referred to above, we had anticipated potential large attrition in the sample between successive interviews. However, we had not expected the very great difficulty that we actually experienced in contacting clients by telephone in between their recruitment to the study and first interview. In order to compensate for this difficulty we had to increase the number of clients recruited which, in turn, delayed first interviews.

As noted in section 1 above, one objective of our study was to create a sustainable research capacity in the CAB by using CAB volunteers as research workers. We envisaged a methodology where most if not all of the frontline interviewing would be undertaken by CAB volunteers who were also existing advisers. Initially we were highly successful in recruiting a volunteer research team but we quickly found that the members of this group varied greatly in the times they were available in any one week or month. This constraint affected all aspects of the project: for example, it was impossible to organise two or three group induction sessions for volunteers as planned; instead, sessions had to be organised around the volunteers according their availability. Further, volunteers would typically be available for interviewing during the day but many clients could only be interviewed at night or at weekends. These difficulties were exacerbated by the large increase in demand for CAB services experienced over the life of the project, leaving the CAB volunteers increasingly pressed for time and in the circumstances preferring to devote their time to offering advice to clients rather than seeking and conducting interviews. Consequently, rather than having a core team of volunteer interviewers who would participate in the project throughout the two years, the project came to rely on several sets of volunteers increasingly specialised in tasks that they could accommodate such as analysis of the interviews, data management and constructing proxy values. In turn, the University team took over much of the interviewing.

The ambition of working with a very busy CAB and with volunteer researchers also generated issues of research coordination and management not foreseen in the research planning phase. For example, a large part of research management time had to be devoted to managing CAB volunteers and establishing procedures for doing so. Further delay was caused by a lengthy process of induction on both sides: university staff had to learn about CAB procedures and adapt the research

design to suit CAB procedures, which due to confidentiality requirements were onerous in some key respects, e.g. data-sharing, communications and use of IT. CAB personnel had to learn about the project, undergo training in research techniques and processes, and adapt their working methods to fit in project recruitment and interviewing. To manage the relationship between the university and the CAB management and volunteers needed someone virtually full-time within the CAB able to deal with both the advisers and clients, but there was no budget within the project for such tasks. As noted below, we were fortunate in the first period as initial coordination could be managed with and through a full-time Bath University placement student who became an essential and valuable part of the project team.

Both the University research team and CAB BANES had, in effect, to get used to novel methods of working together on a project using fairly new techniques in a relatively untried field involving a survey of hard-to-reach clients with a sample size many times larger than any attempted before. The result was that there were delays at several stages of the project and it was decided to reduce the sample size, eliminate the third wave of interviews and only give a second interview to those clients whose cases had not been closed. Nevertheless, the project succeeded in eliciting rich data on a relatively large number of clients. It is also worth noting that SROI impact maps are usually restricted to a very small number of individuals (see further discussion below in section 2 and 3); our project therefore generated a much greater volume of individual data than is customarily applied to the calculation of SROI ratios.

Interviews

Modifications were made to research design in response to the findings of a pilot project based on a target of 25% of the total sample. Our pilot project was carried out in spring (March-May) 2012, with analysis of the preliminary data being carried out as recruitment for the full sample took place over the summer of 2012. Despite the operational difficulties outlined above, which were identified in the pilot stage, we were able to recruit a sample of 23 clients for the pilot project. At this stage we decided to revise the target figure for the full sample down to 80, and to focus on improving the quality of the interview data for the purposes of impact mapping, rather than extending the interviews over the initial target period. A key finding here was that there was no optimum period after the initial advice session for the first interview to be taken. Rather, timing was dictated by the individual circumstances and accessibility of clients.

Of particular concern, conversely, was the need to ensure consistent sampling across the domains of advice, and our pilot gave us valuable data to guide the full phase of recruitment. From the pilot study we found that we needed a pool of potential interviewees at least three times larger than our intended sample due to contact follow-up difficulties.

The initial phase of the project was also occupied with establishing benchmark data on client profiles, using the CAB's own way of classifying clients and reporting outcomes. At the time we started the project, CAB had begun to pilot a new system for recording client data and outcomes (Petra) and a key objective of our project therefore became to improve reporting rates and content on Petra. As a result, we were able to draw on these data to a much greater extent than we had

initially anticipated. (However, we were not able to relate our local findings to comparable national data as we had initially hoped, due to the developmental stage of the reporting system across bureaux nationally).

Finally, the pilot allowed us to test and further develop our interview topic guides. The interview schedules were developed to respond to SROI principles and methods, and also to CAB reporting of outcomes and the experience of advisers. A series of regular meetings were held between CAB staff, volunteers and the University researchers throughout the project, including the development of interview schedules (the interview topic guide used for first interviews is provided in Appendix 1) and the practical procedures for the interviews themselves. University staff underwent training in CAB confidentiality policy and a short induction at the local bureau, and in addition completed criminal records disclosure procedures in line with CAB policy. The interviews were conducted by CAB volunteers (who had all undergone full CAB training, as well as group or individual training by research project staff) and members of the University research team.

Recruitment of the full sample took place in a rolling process from July 2012 until the end of the year. In the autumn of 2012, data from the pilot interviews were being fed into the interview schedule for the second interviews of the pilot sample, whilst, simultaneously, interviews of the full sample were being carried out. Meanwhile, recruitment of the full sample continued up to the end of 2012. In order to maintain a roughly representative sample in terms of domains of advice, we reduced our sample target to eighty. Of the 178 clients who were recruited and agreed to take part we gained 80 first interviews spread out over a longer period than the six months originally envisaged. 42 of those interviewees had their cases closed by the time of their first interview. The remaining 38 were then interviewed a second time in 2013.

The analysis process was complex. All pilot interviews were transcribed word for word by the University Research Officer, then Petra data was analysed to cross reference the client's interview. This allowed us to understand issues from different perspectives as the CAB system had valuable additional information on the actual advice session that clients might only briefly discuss. After the pilot phase a number of CAB volunteers took part in transcribing and analysing both the interviews and Petra notes. This gave us the ability to analyse client histories especially where they were complex. An analysis template was developed so that all researchers could work to the same brief (see Appendix 3). This analysis template then became a transcription template when the University project team agreed that the transcription process needed to be truncated to complete the project within the allotted time. Results from this analysis process were then used to create impact maps for individual clients that were fed into a database that calculated the SROI. The SROI Excel database was largely designed by a CAB volunteer with advanced Excel skills, this Excel framework was then used by the University Research Officer to input the detailed impact maps enabling us to calculate value for 261 different client outcomes. Another CAB volunteer sourced proxy values for the outcomes that did not have an actual client value, which were then reviewed by the University team and shared with SWF.

In addition to the SROI analysis, all transcripts and analysis templates were uploaded into NVivo, an analytical software tool. The University research team both auto-coded and selectively open-coded the analysis sheets and transcripts where they existed separately, with some assistance by a

17

Masters student (also a CAB volunteer) working under the supervision of the University research team. Additional open-coding of all interview transcripts was not possible within the time and resource constraints of the present project.

2.3 Sample profile

The sample was drawn from a random selection of clients who sought an advice session with an adviser from a specified date. The clients were asked if they were willing to be a part of the project and initially 176 agreed to take part, gave us contact details and completed the well-being survey at the time of recruitment. When following up the recruits for interview, interviewers were given a number of clients to contact; inclusion in the final sample therefore depended largely on clients' availability and willingness to be interviewed, but we also sought, in allocating clients for contact, to ensure that each domain of advice was adequately represented.

In this section we provide details on the characteristics of clients in our full sample, referring to the CAB's records in Petra. We are unable to provide details for three clients whose details were recorded in an older, different database and therefore not directly comparable. 38 were male and 39 female. The sample was predominantly white UK (59), black (4), Asian (2), white other (3) and mixed (2) with no details for the other ten respondents.

The following table (Table 2.1) shows the domain for which the clients sought advice:

Table 2.1: Clients in the project sample, by domain of advice

Advice issue codes for clients interviewed	No. of clients seeking advice in this area
Debt	32
Benefits and tax credits	51
Housing	11
Employment	12
Utilities and communications	2
Consumer (goods and services, except financial)	5
Legal	5
Financial services and capability	8
Other	9

Immigration and nationality	1
Relationships and family	2
Health and community care	2
Tax	2

The number of issues exceeds the number of clients, showing that clients typically did not present at the CAB with one single issue but that problems were often related to others. Clients seeking advice on debt cases for instance often had house foreclosure hanging over them as well as benefits and other financial worries. This characteristic is not limited to our sample but is observed more widely in CAB advice. As the following table (Table 2.2) shows, one of the sample came with seven related issues where assistance was needed.

Table 2.2: Number of presenting issues per client in sample

Number of primary advice issue codes	1	2	3	4	5	6	7
Number of clients	43	22	10	3	0	1	1

What is striking about the profile of the sample is the depth of disadvantage faced by these clients. As Table 2.3 shows, nearly half of our sample had a form of disability (13) or long term health issue (25).

Table 2.3: Number of clients in sample with disability; type of disability

Type of Disability	n
Long term Health Condition	15
Mental Health	6
Multiple Impairments	2
Physical Impairments	14
Visual Impairment	1

Health/Disability	n	%
Disabled	13	16
Permanent long term Sick	25	31
Non-Disabled	31	39
No Details	11	14

Such characteristics also impacted on the client's ability to work, with only 19 of the sample in work compared to 18 permanently unemployed through ill health, 6 unemployed, 10 retired, and 2 self-employed (with no details available for 18). The income distribution of the sample also shows (Table 2.4) a significant skew towards lower incomes, with 20 out of 56 respondents for whom income is recorded reporting an income of less than £400 per month:

Table 2.4: Income distribution of sample

Monthly income	>£3000	£2000-2999	1500-1999	1000-1499	800-999	600-799	400-599	<£400	No details
No. of clients	2	3	2	8	7	8	6	20	21

Caution may be needed here as often clients did not specify whether they included housing credits or other payments that ameliorated their monthly income. However interview transcripts confirm that a significant number of clients sought advice because of insufficient or very low income and fears about the consequences of very low income (notably on their ability to meet housing costs and other basic household needs).

Finally, the household profile is shown below (Table 5), indicating a predominance in single households, with or without dependents:

Table 2.5: Household characteristics of clients in sample

Household Type	n
Single	37
Single with dependents	17
Couple	10
Couple with dependents	18

Most of the 80 clients who participated in this study were from what is called the 'core' group of clients, those funded through the local authority. This core population, who have received both gateway and advice services, numbered 2874 clients in 2012-13 (discounting gateway-only clients [n = 4118] and those who had advice over the phone through the work queue [n=237] as neither of these groups would have had opportunities to be recruited onto the study), according to CAB BANES records.

Our sample of 80 clients therefore represents approximately 3% of this annual core Bureau population given advice. The sample is somewhat skewed towards lower income clients (25% for sample, with 25% reporting an income of less than £400 per month compared to 17% for the core population). Additionally our random sample has slightly more clients who were disabled or had long term health issues (16% and 31%), compared with the core rates of 14% and 27% respectively; proportionally higher numbers of council tenants, housing association tenants and those buying their own home, with proportionally lower numbers of private tenants; and a relatively large preponderance of single people both with and without dependents, compared to the core population. On the other hand, our sample under-represents homeless clients but here the numbers are small and a single respondent in the sample would account for the difference.

The explanation for these differences may be accounted for in terms of the period of study which was indeed marked by significant policy changes in the field of welfare and employment benefits and the tightening of rules regarding housing, DLA and ESA entitlements. This may account for some of the discrepancies in the numbers and especially why a higher number of single and very low income clients, as well as social housing tenants, were seeking advice during the time period of the study.

2.4 Ethics

Respondents were drawn from the current files of the CAB. Written or verbal consent to the project, to recording of interviews, to use of data, and to researchers' access to CAB files was recorded for all client interviewees. The information sheet and consent form used for this process are provided in Appendix 1.

Participants were assured of full anonymity and a pledge to store data in accordance with data protection legislation and BSA/ESRC guidelines. We operated within the ambit of informed consent where each step in the process of the research is outlined and agreed, and each respondent was made aware that they are free to exit the project at any point. Where possible and with the consent of the respondents the interviews were audio-recorded and full or partial transcripts made of the interviews.

The project adhered to the University of Bath's guidelines for research ethics, which are monitored by its ethics committee at faculty and university level. The project also complied fully with CAB confidentiality procedures and codes of conduct, including Disclosure and Barring Service (DBS) checks for of all researchers having access to client information and/or contact with clients.

Standard codes of conduct were followed in all interviews. All interview details were logged in advance. We offered two choices for interview, either in the CAB or through telephone interviews (all CAB Staff are trained in telephone interview techniques). Most interviews took place by phone, as requested by interviewees, but some took place in CAB offices; no face-to-face interviews took place outside CAB premises. We provided full training on safety and ethics to all interviewers.

Finally, complex procedures were developed for data storage, in accordance with University and CAB policy and in order to ensure full anonymity of all material stored. Project material was stored on the University's computer system, with access restricted to named members of the University

project team. A separate storage system was held on the CAB computer system for all interviews conducted by CAB volunteers; this was managed according to the CAB's internal security procedures, with external access restricted to the project's RO. University researchers had restricted access to CAB client data files, only on CAB premises and under the direct supervision of CAB personnel.

2.5 Working with the CAB, volunteers and processes to ensure independence

The project was led by the University team who originally conceived the project and proposed it to the SWF. However, from inception, one of that team had experience as a local CAB board member and was also a visiting Research Fellow at the University. This ensured that, whilst the research was academically sourced and independent, it benefitted strongly from expert CAB inputs. The close collaboration continued within the early development of the project where a formal agreement, under the direction of the SWF, was signed between the University and CAB-BANES, the latter having a clear commitment to aid and foster the research.

This prior set of agreements ensured that issues such as client confidentiality, ethical concerns, use of CAB volunteers and the minimisation of disruption to the CAB could be settled to all parties' satisfaction. One of the novel areas of the research methodology was the intention to use, where possible, CAB volunteers to undertake elements of the research process, not just for practical reasons (the project was significantly under-resourced for staff time) but also as a means of building research capacity within the local Bureau. Indeed when the news of the project was relayed to the local organisation there was a great deal of enthusiasm and willingness on the part of workers and volunteer advisers to become involved. An additional advantage was the specialist knowledge contributed by the volunteer advisers.

The CAB advisers represented a large pool of expertise: they had good interpersonal skills and undertook interviewing on a routine basis as part of their professional training and CAB activity, and were knowledgeable about the clients and their problems as well as CAB practices and procedures. Some volunteers had professional backgrounds in IT, data handling and analysis. This, together with a high level of willingness to help, made this pool of people a useful resource the research team to draw upon at all stages in the research process. For example, the University team had originally thought that advisers could interview their own clients, but advisers stated at one of the early induction meetings that this could cause confusion about their role, and consequently a policy decision was taken to ensure that no client was interviewed by any CAB staff or volunteers who had given or was giving them advice. Another example concerns the use of the well-being scale: advisers suggested that it would be useful to measure well-being indicators at the time of the first advice session (i.e. at recruitment) as well as at first interview.

However the very closeness to clients and their concerns meant that issues of independence and consistency were raised. If volunteers were to participate in the generation of data there had to be clear rules regarding how interviews were to be conducted, how client data was handled, to what extent interviewers could prompt, and to ensure a separation between the volunteers role as adviser and that of researcher. The strictness of CAB confidentiality procedures and the University

research team's adherence to professional codes of practice ensured that such issues were the subject of reflection and responsive action throughout. All interview recordings and transcripts were checked by the Research Officer and at least one other member of the University research team, who also checked for consistency and adherence to the interview topic schedules as well as a written set of instructions for the conduct of interviews. As well as induction sessions led by the University research team and attended by all volunteer interviewers, a series of debriefing sessions were held where the issues of independence and consistency were discussed and adherence to procedures was verified.

In summary there was distinct separation of the advisers role and the interviewing duties, clear rules and protocols were agreed and training and support was provided throughout.

The role of volunteers extended beyond interviewing and was especially useful in the construction of quantitative data sets, the data-mining of the CAB database and the construction of proxies to value outcomes. Where volunteers were engaged on this it was under strict oversight from a member of the University team and this also went for any of the evaluations of impacts made by volunteers as the final evaluation. Analysis was always checked and validated by the University research team to ensure consistency of results across the sample. In addition, all data entry into the SROI database was conducted and validated by the University research team.

The outcome of this collaborative approach has enabled a multiplication of the research effort available to the project as it has benefited greatly from the enrichment that advisers and CAB workers have brought to the study. It has also provided a clear set of procedures that have allowed us to establish independent and fair evaluation processes to measure client outcomes, to provide robust indicators and evaluation techniques. These may be useful beyond the lifetime of this particular project and guide others seeking to prove value in similar sectors, although would need development for generic application as they were written specifically for the BANES CAB office. For example, they included details of physical locations of forms, documents, petty cash for the project etc.

2.6 Applying SROI

The major means of calculating the impact of CAB advice on clients was the SROI ratio, which indicates the financial gain attributable to advice from every pound of the cost of providing that advice. The methodology of Social Return on Investment is still being debated and it requires careful handling. However, SROI was selected for this project because it provides an externally verifiable and comparable framework for our findings, and because its use in the charitable and voluntary sector is widespread.[9] This section covers the key areas of operationalising the SROI methodology with respect to advice services. Further technical details can be found in Appendix 2 (list of proxies used), 4 (SROI assumptions and rules made) and 5 (sensitivity analysis of the SROI ratio).

---

[9] See Cabinet Office (2009) A Guide to Social Return on Investment. London: Cabinet Office.

As we discuss further below in relation to the findings, our project modifies and builds on conventional SROI in the key respect that we have sought as far as possible to use real financial data rather than relying on proxies. We have used proxies where real financial outcomes were partially missing or the outcomes meant that an actual financial value could not be sourced e.g. income gained could be sourced from actual data but the effect of mental health improvement needed to be evidenced through a proxy. As we discuss in more detail in relation to our findings, we contend that our findings use SROI in the most robust possible way. Nevertheless, SROI methodology is open to criticism because it relies on hypothetical situations (since it needs to calculate the cost of counter-factual situations, for example the cost of bailiffs and court proceedings where repossessions are avoided due to debt settlement agreements). SROI specialists have sought to mitigate these problems as outlined here below. In addition, our findings are open to the criticism that 'realist' SROI calculations of value apply only to a sample group of individuals and that the ratio may differ with a different sample. We have sought in our project to respond as far as possible to these concerns by (a) ensuring as far as possible that our sample is broadly representative of the CAB's wider core population and seeking to identify and eliminate where possible sources of sample bias; (b) using all available sources of information to check data given by clients; and (c) adhering to the principles of SROI and the detail of procedures, from which we departed only where these conflicted with the specific conditions of the outcome (for example, where the length of entitlement to a specific benefit was shorter than the period conventionally assumed for purposes of calculating the value over time: see below and Appendix 4).

In addition, we undertook a sensitivity analysis to test various assumptions made through the application of SROI principles (see Appendix 5).

The following section presents the key SROI principles and outlines how they were operationalised in this project.

Attribution

How much credit can CAB take for outcomes generated? Calculation of SROI needs to find a way of taking account of the extent to which a given outcome was caused by the intervention of the social purpose organisation, and how much by other organisations or people.

We asked clients how much of the change generated can attributed to the CAB intervention (question 7 in interview topic guide, Appendix 1) in terms which follow a similar question structure to other SROI reports in advice.[10] Clients gave us their understanding of attribution but where clients felt unable to give a percentage we have had to infer this from both interview descriptions and CAB notes on the particular advice sessions. This research process may have caused a positive bias toward the CAB where clients are being asked these questions, sometimes by CAB volunteers, so there may be a tendency to inflate the attribution percentage. However, it is worth noting that there is no evidence in the transcripts of any association between the affiliation of interviewers (CAB or University) and the likelihood of attributing outcomes to CAB, or the percentage of

---

[10] See New Economics Foundation (2010) *Outcomes in Advice.* London: New Economics Foundation and Advice UK.

attribution given by respondents. Nevertheless, in order to counter any risk of positive bias, we applied a sensitivity analysis reducing attribution by 25% in all cases, as outlined in Appendix 5.

Appendix 4 gives further details on how attribution was treated with respect to clients empowered to act, the actions of other organisations and where we were unable to conduct final interviews with clients.

Displacement

To what extent is value created by the activities rather than being moved from elsewhere? This consideration is important in evaluating impact because if an outcome is simply the transfer of one outcome from one heading to another it does not represent change. Displacement is an assessment of "how much the outcome displaces other outcomes"[11]. For example, a client may have their debt repayments rescheduled over a longer period of time, but debt is still owed. In this instance, only if a client was saving money over a five year period would that value be included in the analysis. Our treatment of displacement follows other SROI reports in advice services.[12] This is because we sought primarily to measure the impact of advice on the situation of clients, whilst also evaluating the impact on other stakeholders. Appendix 4 gives further details on how displacement was treated for debt and benefits.

Deadweight

SROI needs to take account of outcomes which would have happened anyway, in the absence of any intervention.

We asked clients how much of the change generated would have happened anyway without the intervention of the CAB (question 8 in interview topic guide: see Appendix 1). This was then used to calculate the deadweight figure whereby an entry in the database ranged from 0-100% with 100% meaning the outcome would have happened anyway and 0% where the CAB was crucial to the outcome happening. We assumed deadweight at 50% for the relief of stress and depression, as there are likely to be other causal factors within this outcome.

Effect of time on the socio-economic impact of advice

One of our research aims was to investigate the effects of time on the socio-economic impact of advice. We used the start date of recruitment (March 2012) as the beginning of our analysis and the end date of the project as our final date (August 2013). This longer time period helped to enable us to see clients' interrelated issues over a period of time rather than focussing on just one advice

---

[11] Cabinet Office (2009) A Guide to Social Return on Investment. London: Cabinet Office.

[12] See New Economics Foundation (2010) *Outcomes in Advice*. London: New Economics Foundation and Advice UK.

Womens' Support Network (2011) *Social Return on Investment Pilot Reports*. Northern Ireland: Gauge and Women's Support Network (WSN).

transaction at the time of interview. Petra data was essential in helping us gain a wider perspective here on clients' interrelated issues.

Drop-off and benefit period

Drop-off refers to the rate at which outcomes decrease over time and can relate both to outcomes, where the outcome diminishes over time, and attribution, where the credit CAB can take for the outcome achieved diminishes over time. We asked clients about this as a generic question in the final interview (Final interview template in Appendix 1). The CAB records outcomes for the period of 1 year. The SROI guide[13] uses a five year period to calculate future value (5 year periods are also used in SROI NEF training materials and SROI assured reports[14]) and uses a drop off rate to take account for multiple attributions further into the future. We undertook a sensitivity analysis on different periods of benefit at a minimum of 1 year as well as a maximum of 5 (only where outcomes are seen to be lasting this long) in Appendix 5. Appendix 4 gives further details on how we calculated drop-off periods for the different advice outcomes.

Calculating input costs

Our sample of CAB clients was drawn from those receiving full advice in a scheduled advice session. Not all clients coming to the Bureau receive full advice; some are referred to other agencies or to online sources of information. For the calculation of the input cost we used the average cost per client receiving full advice in the time in which our sample of clients was receiving advice. The average cost per client of the full advice service in 2012/13 was £84.[15] The assumptions and sensitivities of this figure are elaborated further in Appendix 4.

The period of analysis was from March 2012 to August 2013. For the calculation of the input cost we used the average cost per client in the year in which our sample of clients was receiving advice. Therefore to estimate the costs of the service over this eighteen month period we calculated the following:[16]

---

[13] Cabinet Office (2009) A Guide to Social Return on Investment. London: Cabinet Office.

[14] Action for Children (2010) *The economic and social return of Action for Children's Family Intervention Project.* Northamptonshire: Action for Children and More than Outputs.

[15] CAB BANES operates a Gateway system for access to the Bureau. At Gateway, clients are seen for a short triage interview and some are referred to other agencies or to written sources of advice. The remainder move on to full advice in a face-to-face advice session. In order to calculate the average cost per head of full advice, we first estimated, following advice from the Bureau's Treasurer, the cost of operating the Gateway service for all clients (£75000). That, in turn, gives the average cost per head of Gateway (£12). In order to estimate the cost of full advice, Gateway costs were subtracted from total Bureau costs, giving a total of £350,811. That gives an average cost of full advice by itself for those clients going on to that stage (£72). However, those clients have also been through Gateway at an average cost of £12. Hence the total average cost of those clients from which our sample is drawn of £84.

[16] Using the 2012-13 data about the difference between the costs of the gateway and advice clients we have estimated the cost of clients who have received advice over an 18 month period.

Table 2.6: Input costs of CAB advice (CAB-BANES, 2012-13)

Time period	Cost per advice client over 12 month	Cost per advice client over one month	Cost per advice client through period
March 2012 (one month)	£96	£8	£8
April 2012 – March 2013	£84	£7	£84
April 2013 – August 2013[17] (five months)	£84	£7	£35
Total input costs per client over 18 month period of analysis	**£127**		
Total input costs for our 80 clients whom we have developed impact maps	**£10,160**		

Calculating financial proxies

Our use of actual data provides a greater degree of accuracy within our calculations than reliance on a range of estimated values. We also used a wide range of proxies, following SROI techniques, to value those less tangible and qualitative outcomes reported by our respondents in interviews. These included proxies for relieved stress, relieved depression, homelessness avoided and hospitalisation avoided. As part of the SROI analysis we deconstructed these different elements of the SROI calculation, illustrating how much of our value is based on client actual figures and how much is based on proxy national averages. A full list of financial proxies used is provided in Appendix 2. For the details of how and when we allocated particular proxies, see Appendix 4.

Discount rate

Discount rate refers to *"The interest rate used to discount future costs and benefits to a present value."*[18] We used a high discount rate of 3.5%, which was applied at year 0 following the guidance in the HM Treasury's Green Book. This again provides a more cautious element to the analysis.

Present value and net present value

The **present value** of benefits is the total value of the outcomes (taking into account the discount rate). For SROI this is usually calculated for a five year period[19].

---

[17] We used 2012-13 data here as we do not have 2013-14 costs.

[18] Cabinet Office (2009) A Guide to Social Return on Investment. London: Cabinet Office.

The **net present value (NPV)** is the value today of the money that is expected to be derived in the future (taking into account the discount rate) minus the investment required to generate the activity. This is calculated through the sum:

NPV = [Present value of benefits] – [Value of investments]

Calculating the SROI

Some of the practices associated with SROI provide a poor fit with CAB accepted outcome measurement techniques. For example, CAB financial outcomes for clients are categorised into four types (income gained, re-imbursement or service or loan, repayments rescheduled, debts written off) and CAB guidelines suggest that the categories should not be combined when reporting:

Income gained – Outcomes that result in additional cash in the clients pocket that does not have to be repaid (benefits, tax credits, tribunal awards, compensation, reduced bills, charitable payment)

Re-imbursement or service or loan– Outcomes that have a financial value, but the client does not achieve a gain to their income (loans, services provided for free, fees returned or paid by elsewhere)

Repayments rescheduled – Amounts of debt that have been successfully rescheduled, but the debt is still owed (renegotiated payments)

Debts written off – Amounts of money owed by the client that are no longer required to be paid back (bankruptcy, debt relief order)

The SROI methodology would treat these amounts cumulatively to calculate a ratio and would not necessarily separate them. We therefore disaggregated the SROI ratio to illustrate how the value is distributed over these different types of financial outcomes, providing a more finely grained analysis.

In summary, we followed the key principles of SROI methodology in evaluating the impact of CAB advice. However, we adapted it to the specific complexities of bespoke advice services in a number of ways. First, we used actual values wherever possible, as we were able to relate those to specific and verifiable client outcomes. Second, we differentiated between different types of value within our reporting of the SROI ratio, as for various reasons (not least funding) CAB has to distinguish between domains of advice. Third, we augmented SROI techniques to illustrate how different types of value are created for different stakeholders. The combined result of these modifications, as well as ensuring validity of results with respect to real outcomes, has been to refine SROI in respect of real outcomes (for example, in recognition of the fact that drop-off and benefit over time will vary according to the nature of the outcome), that is, fine-tuning and validating actual results.

It is worth noting that the complexity generated by our data goes significantly beyond most existing SROI calculations, which generate individual impact maps for only a very small number of outcomes or individual cases. As noted, we generated 80 actual impact maps derived from a number of

---

[19] Cabinet Office (2009) A Guide to Social Return on Investment. London: Cabinet Office.

sources which we triangulated (client narratives, CAB reporting data, and well-being self-reporting using established scales) alongside verifiable proxies.

Finally, as outlined in this last section, we applied SROI principles and assumptions on a very cautious basis, undertaking sensitivity analysis to mitigate the risk of over-attribution. We also used CAB financial reporting categories to disaggregate the financial outcomes and SROI ratio to explain how the sum is constituted of different types of financial value to provide greater clarity and transparency.

3. RESEARCH FINDINGS

As outlined above, this research was based on a range of data sourced in collaboration with the CAB. Our sample was of 80 clients, exploring the process of receiving advice and the outcomes generated from this over an 18 month period.

Research data included:

- 80 first interviews with CAB-BANES clients

- 38 second interviews with a smaller sub-section of the above sample

- Analysis of data held by the CAB about the advice sessions of these 80 clients over a period of eighteen months, with clients' permission.

- Analysis of CAB data about the characteristics of our sample population in contrast with the full population of CAB-BANES clients

- Quantitative data using the Warwick-Edinburgh Mental Well-being scale. This quantitative data comprised the 171 clients who indicated initial willingness to be involved in the research, 67 of the 80 clients who undertook the first interview (not all of them chose to fill in the forms), and 32 responses from the final interview phase. Two additional short questions on the effectiveness of advice were also asked, alongside the number of visits that clients had made to their GP (example form in Appendix 1).

The first and second interviews elicited information from clients about how they had experienced the process of receiving advice from CAB and what difference this advice made to them in their specific circumstances, as well as about whether other agencies had contributed to any outcomes. We were interested in finding out how advice contributed to any change in those clients' personal circumstances, including their health and well-being.

It is important to note here that the primary aim of the project was to measure impact using SROI methodology, as this is widely used in the sector and is externally verifiable, although as discussed above we adapted the methodology to suit the specific procedures of CAB outcomes reporting. The project generated rich data from the interviews and the well-being self-assessments, which we were able to corroborate and complete using CAB-BANES records. There is potential to develop analysis of these data. However, for the purposes of this project, we focused on using the data gathered in order to build impact maps and arrive at our calculations of value according to the SROI methodology. They were used to triangulate monetary values and inform the assumptions underlying them.

The data also generated findings on the way that clients use and experience CAB services which may be of use to CAB in future development of service delivery. For this reason we have also included some of these contextual details in the following section 3.1, which presents some initial findings from the interviews.

We also present later in this section (3.4) of the report the SROI ratio which emerged from our calculations of the value of outcomes. Building on the discussion in the previous section (2.6 above), we present individual impact maps (section 3.2) with reference to specific cases. This section, alongside section 3.3 shows how our methodology was operationalised using the triangulated data from the interviews, CAB advice notes and outcomes records, and well-being self-assessments, as well as externally verifiable proxies where appropriate.

3.1 Initial findings from the interviews

In line with the methodological approach chosen for this study, the interviews were structured in order to elicit information about the nature of the problem for which clients had sought advice; the advice process itself; the outcome of advice; attribution of outcomes and its impact on clients. This section presents some initial findings from the interviews and what they told us about the nature of CAB services and the way clients use CAB services, and what CAB meant to them personally. The detail of individual circumstances is taken up in the impact maps (in section 3.2-4 below).

The findings presented below are discussed here for illustrative purposes. Data are taken from the body of interview transcripts which were analysed using NVivo software. Any figures given here are for illustrative purposes because they do not tell the full story: interview material was only one source, albeit an important one, for the construction of the SROI values. A further point to note here, which limits the NVivo analysis for the purposes of the present report, is that within the timescale of the project all the interviews were automatically coded (using the interview topic guide structure) but manual coding was not completed through NVivo; therefore responses included in section 3.1 may not necessarily give a full account. For this reason, any figures given in this section are for illustrative purposes.[20]

Access to CAB-BANES

Asked why they accessed the CAB about their problem, most clients reported that CAB services are widely known or were told about them by friends or 'word of mouth': '*Everyone knows about CAB*'. A smaller number reported picking up leaflets at solicitors or housing associations. Seven said explicitly that friends or family had used CAB services before.

24 said they came to the CAB because they had already used its services before; however this figure understates the number of previous or on-going clients, as further evidence of previous access emerged in interviews, and in CAB reporting data.

Nine reported that they were referred by other agencies (DWP, job centre, GP, mental health worker, Swan, housing association, and three by their bank).

---

[20] As far as possible, however, care has been taken to check through all transcripts manually where figures have been given, to ensure that as full a picture as possible is presented. In addition all the transcripts were manually analysed in considerable detail to apply SROI principles and create the impact maps as illustrated in section 3.2.

A key finding from our interviews is that clients tend to feel very isolated with their problem and without CAB help they would not know how to deal with it. Three quarters of clients in our sample stated explicitly that they had received no help or advice from any other agency. Only 19 clients reported that they had received help from other agencies, but in many of these cases they also said that CAB advice had been most important or decisive. Help from other organisations mainly took the form of help with filling forms or writing letters, or in a small number of cases accessing grants or further support in employment cases.

Health agencies formed the biggest source of help outside the CAB (nurse in two cases, GP, hospital staff, NHS counsellor, Action for ME, Drugs Advisery Service), as well as housing agencies (council, housing support worker, housing department, Grasp a charity which deals with access to social housing, and independent living centres or charities (three cases). Four clients cited private sources of support (solicitor, bank, tax adviser, no win no fee agency). Five clients mentioned informal or personal support networks (church, friends). Two clients mentioned Swan, a local advice charity, and two mentioned St Johns Hospital, a local charity giving almshouse accommodation and support grants and one had used ACAS. One client had been helped by a family support worker at their child's school. One client was referred to Bristol law centre by CAB.

Several clients stressed that they felt let down by other agencies and CAB was the only organisation they could turn to: *"Coming to the CAB it was just like I was in a very dark tunnel and the CAB was the light at the end of the tunnel, because, as I said, by myself I would not have been able to do anything".*

"It's made a vast difference just to have the peace of mind to know that things have been sorted out, I couldn't have done it myself, when I was ill. It's made drastic difference, giving me the opportunity to be able to feel I'm in control a little bit of my financial situation but also helped me to recover from being mentally ill as well"

Clients' perceptions of attribution

We asked how clients perceived the impact of CAB advice on the outcomes that occurred, rather than an evaluation of outcomes as such.

Seven clients said that the same outcome would have occurred, without the help of the CAB. Three clients said they would have been gone ahead with their appeal or hearing but the CAB empowered them to act: e.g. '*I have had the confidence to deal with them because I have felt that I have been supported and have had I think very good advice*'.

The remaining clients either attributed a positive outcome entirely or overwhelmingly to the CAB, or said that things would have got worse without the CAB's intervention, e.g.: '*I wouldn't be able to do anything. I always come to the CAB for things like this*'; '*the situation would have spiralled out of control*'; '*I would have lost the appeal*'; '*I wouldn't have had the nerve to make an appeal*', '*If I wouldn't come to get advice from you, I wouldn't know what to do – as simple as that; 'I would have lost the money'; 'I would have ended up with the sharks and been even worse off'; 'I would go the wrong way'; 'they wouldn't take me seriously'; 'Without the advice I received from CAB it would have been almost impossible for me, as a foreigner, to get any further with my claim'; 'I don't really*

know what I would have done if I hadn't come to the CAB. My situation wouldn't be very good, put it that way'.

At their first interview, 73 clients reported feelings of stress, stress aggravating long-term illness, depression and anxiety, inability to sleep and irritability with family members. Of these 74% who had their problems solved or mitigated reported substantial improvement in their emotional state. Out of these people who reported improvements in their well-being, 57% had been accessing health services. Some clients explicitly stated that their mental health would have deteriorated without help from the CAB: '*sleeplessness would have got worse*'; '*more stress*'; '*I felt alone with my problem*'; '*I would have ended up in the mental ward*'; '*we would be in despair [...] – now there is some hope*'; one said s/he would have committed suicide. Four clients reported explicitly that they would have become homeless '*I would have lost my house*'. It can be seen from exploring counterfactuals and client trajectories that CAB activity prevented long term homelessness for an additional 5 clients. A further six said their debt problems would have been worse.

This means that just under three quarters of the clients in the sample attributed outcomes entirely or overwhelmingly to the CAB. This individual qualitative interview data informed our decisions on attribution and deadweight, as we outlined above (section 2.6). However, as we noted above, clients' attributions were weighted to take into account other factors we could identify: for example, we discuss above how we weighted attribution of relief of mental health problems, which clients attributed to CAB intervention in very high proportions.

3.2 Cases, vignettes and impact maps

This section provides details of how individual impact maps were created and how present values were calculated, following the SROI methods outlined in section 2.6. To illustrate this process, different cases have been described to illustrate how values have been developed and calculated from the research material, applying and using the SROI assumptions as outlined in section 2.6 and Appendices 2 and 4. This analysis process was followed with all 80 clients. For the purposes of brevity and clarity, three examples are described here to fully explain the SROI analysis and application of assumptions and rules. These three cases concern welfare benefits, debt and housing but show the complexity of presenting issues, as discussed earlier in this report.

Some personal financial values have been edited in the SROI tables below to protect client confidentiality, as the purpose of these illustrations is to demonstrate how SROI was applied in particular cases, based on the research evidence.

Client 20

Client 20 had her own business but suffered from a degenerative long term health condition. She could no longer work, her business ceased trading, and she had no income "*I had no money, I tried to survive for two years*". The client identified through the interview that she didn't know what she was entitled to and had been turned down for DLA because "*I made a mess*" of the forms. The CAB supported her in applications of and appeals for DLA and ESA, and support with Council Tax payments. The CAB also helped her to manage and reschedule her debts that she had accumulated

through the period of no income. The increase in income she received through the benefit appeals helped her to be able to continue paying her mortgage.

A multitude of outcomes occurred from this case and the impact map is shown in Table 3.1. Only the outcomes generated in the period of analysis from March 2012 to August 2013 are included in the SROI analysis.

Client 20 outcomes (see Table 3.1)

- An increase in ESA is included in the SROI because this outcome occurred in the analysis period. Actual figures from Petra are used as financial values. This outcome is attributed at 100% as the client was totally dependent on CAB actions. A 25% drop off rate was applied to this outcome as outlined in Appendix 4.

- The CAB supported the client in winning an appeal for a higher rate of DLA, an outcome generated through the period of analysis and therefore included in the SROI. Actual figures from Petra are used as financial values. This is attributed at 100% as the client was totally dependent on CAB actions. A 5% drop off rate was applied to this outcome as outlined in Appendix 4.

- The CAB supported the client in receiving financial support for council tax payments through the period of analysis which is attributed at 100% with a drop off of 23%, following Appendix 4. A local proxy for Band B council tax is used.

- The client reported an increase in well-being evidenced through comments such as:

    "I couldn't have survived without the CAB helping me." (20)

    "They've helped me immensely. My quality of life now… I don't worry now because they have helped me, they have opened the doors and shown me the direction that I should have went into". (20)

    The cost of stress counselling is used as a proxy here (further details on proxy in Appendix 2). Attribution and deadweight are both applied at 50% due to other possible compounding factors with duration at only one year.

- An improvement in a family relationship has occurred as the client says that *"my son would have had to have given up a job that he loves in London"* to support her if it hadn't been for the support of the CAB. It is not possible to clarify this from his perspective, but the client clearly views that the relationship has benefitted from CAB intervention. Therefore an improved family relationship proxy has been used with 100% attribution (from the client) but an additional deadweight of 50% applied as other factors are also likely to be present.

- Homelessness has been prevented. The benefit payments were used to continue paying the mortgage bills and the client says that without the CAB *"I would have been in dire straits, I would have lost my house"*. Attribution is at 100% here and the cost of homelessness is used as a proxy (Appendix 2).

- The reduction in stress has a beneficial effect both to the client (point 4) and to the state because the client has a long term health problem. Poor mental health increases the average

cost of NHS services for long term health conditions by £1,760 as identified by the King's Fund (2012). Further proxy details are available in Appendix 2. Both attribution and deadweight have been applied at 50% because of other possible compounding medical factors, quantity is assumed at a lower rate of 0.5 as well, as the client may still be experiencing some stress levels.

- Totalling these together using SROI calculations gives a total value of £20,615 to the client and £4,560 to the state.

Other outcomes not included in the SROI

The full value of ESA benefits received are not included as some of these occurred previously before the analysis period. The CAB also helped the client to manage and reschedule her debts that she had accumulated through the period of no income, these outcomes are not included as they occurred before the period of the analysis.

Table 3.1 SROI and impact map for client 20

Client No	Outcome Title	Annual Quantity	Financial value	Calculated annual benefit	Duration (years)	Deadweight value (DW)	Attribution value (ATT)	Displacement value (DM)	Drop off	Financial Proxy Type	Assumptions for values	Theory of change	Beneficiary-Stakeholder	Annual benefit after DW, ATT & DM (Year 1)	Sum of Benefit Year 2	Sum of Benefit Year 3	Sum of Benefit Year 4	Sum of Benefit Year 5	Present value
20	ESA increase in appeal	1	£307	£307	5		100%		25%	Client actual	Increase in ESA following appeal	CAB took action on clients behalf	Client	£307	£230	£173	£129	£97	£861
20	DLA received HRM and LCR	1	£3,879	£3,879	5		100%		5%	Client actual	DLA rates, lowest care rate, highest mobility	CAB took action on clients behalf	Client	£3,879	£3,685	£3,501	£3,326	£3,160	£15,905
20	Council tax benefit	1	£1,120	£1,120	5		100%		23%	Proxy average local	Band B assumed	CAB took action on clients behalf	Client	£1,120	£863	£664	£511	£394	£3,264
20	Improved well-being/ reduction in stress	1	£362	£362	1	50%	50%			Proxy average natic	Deadweight and attribution assumed at 50%	Client explained how her quality of life has been improved	Client	£90	£0	£0	£0	£0	£87
20	Improved family relationship	1	£1,030	£1,030	1	50%	100%			Proxy average natic	Client says son would've had to give up job to look after client	CAB took action on clients behalf	Client	£515	£0	£0	£0	£0	£498
20	Homelessness prevented	1	£4,500	£4,500	1		100%			Proxy average natic	Not including housing costs in any other proxy.	CAB took action on clients behalf	State	£4,500	£0	£0	£0	£0	£4,348
20	Reduction in stress with physical health problems	0.5	£1,760	£880	1	50%	50%			Proxy average natic	DW and ATT assumed at 50%. Quantity at 0.5 as unclear effects	Disabled and long term health condition	State	£220	£0	£0	£0	£0	£213

Client total present value		State total present value		Total present value	
	£20,615		£4,560		£25,176

Client 97

Client 97 had just moved after 10 years of living in unsatisfactory accommodation. Following an inaccurate medical test his ESA and housing benefit were stopped abruptly, without any notice. Losing the benefits two weeks after the move felt like "*a kick in the teeth*". The client found the situation extremely stressful which had an impact on his long term health condition, he could no longer pay his rent, nor did he have any income. He felt "*victimised*" and "*picked on*". The client was advised by the CAB to get letters from relevant medical professionals and consultants and he attended a tribunal with these letters. The client won his appeal and had his benefits reinstated. The client then needed further support from the CAB as a further work questionnaire was received from ATOS. He was extremely concerned that he would have to go through the whole process again. The CAB helped the client complete the questionnaire, which was subsequently withdrawn in recognition of the client's illness. The CAB also supported the client in an appeal with regard to his DLA appeal, which was granted at the lower rate. This is also an example of the longer term prevention of homelessness as without the CAB there was a risk that with no money coming through, the client could have become homeless.

Client 97 outcomes (see Table 3.2)

- The client had his ESA reinstated and the financial value is based on actual figures. The client attributed this outcome at 50% to the CAB, saying that the hospital had also supported him in writing letters of support for the tribunal. However he also explained that the adviser "*gave us really good advice basically. I mean if it wasn't for him I don't know whether I would have even thought about doing half the stuff to tell you the truth…. It's been a really good help. I personally think if it wasn't for CAB, I don't know, I may not have got my money back. There was a lot of things I didn't know sort of like getting letters off the hospital and stuff*". Drop-off is applied at 25% following Appendix 4.

- The client had his housing benefit reinstated following the successful appeal. Again attribution is applied at 50% following the client's score. Drop-off is applied at 25% following Appendix 4 as it is linked to the ESA application.

- The CAB also supported the client in a DLA application and appeal. He did a significant amount of the work himself because he could not get the adviser he wanted and attributes the outcome at 50% to the CAB. He also said that without the CAB it would have been very difficult and stressful to contest the first DLA decision due to negative experiences of trying to get information from the DWP by phone. He felt that the DWP were more prepared to provide information (quickly) to the CAB than to individual clients: "*CAB can get a lot more sense out of the DSS than I can*". Drop-off is applied at 5% following Appendix 4.

- The client expressed how stressful the situation had been and that "*If it wasn't for the CAB I don't think I would have got through the last year, to tell you the truth*". A proxy for an individual outcome in stress reduction was therefore applied with attribution at 50% (client designated) and an additional 50% deadweight due to the possibility of other compounding factors.

- This client had a long term health condition and he felt that the CAB had been able to support him through this difficult period, "*I mean it's not just advice that helps it's more compassion as well*". As poor mental health increases the average cost of NHS services for long term health conditions this was included as a saving to the NHS. Both attribution and deadweight have been applied at 50% because of other possible compounding factors.

37

- Totalling these together using SROI calculations gives a total value of £21,785 to the client and £425 to the state.

Table 3.2 SROI and impact map for client 97

Client No	Outcome Title	Annual Quantity	Financial value	Calculated annual benefit	Duration (years)	Deadweight value (DW)	Attribution on value (ATT)	Displacement value (DM)	Drop off	Financial Proxy Type	Assumptions for values	Theory of change	Beneficiary-Stakeholder	Annual benefit after DW, ATT & DM (Year 1)	Sum of Benefit Year 2	Sum of Benefit Year 3	Sum of Benefit Year 4	Sum of Benefit Year 5	Present value	Total present value for client
97	ESA reinstated for client 97	1	£7,384	£7,384	5		50%		25%	Client actual	ESA support group therefore 5 year period at 25% drop-off	CAB advised client to obtain letters of support for tribunal.	Client	£3,692	£2,769	£2,077	£1,558	£1,168	£10,366	
97	Housing benefit reinstated for 97	1	£6,600	£6,600	5		50%		25%	Proxy average local (BANES)	Asumption that client in one bedroomed property for local housing allowance	CAB supported client to appeal benefit stop	Client	£3,300	£2,475	£1,856	£1,392	£1,044	£9,265	
97	Successful DLA appeal for client 97	1	£1,008	£1,008	5		50%		5%	Client actual	Taken mid range attribution of 50%, based on client's view - also hospital intervention	CAB supported client to appeal decision	Client	£504	£479	£455	£432	£411	£2,066	
97	Improved well-being/ reduction in stress	1	£362	£362	1	50%	50%			Proxy average national	Attribution and deadweight assumed as other factors present	Stress exacerbated long term health problem, disabled	Client	£90	£0	£0	£0	£0	£87	
97	Reduction in stress with physical health problems	1	£1,760	£1,760	1	50%	50%			Proxy average national	Attribution and deadweight assumed as other factors present	Stress exacerbated long term health problem, disabled	State	£440	£0	£0	£0	£0	£425	**£22,210**

Client total present value	£21,785	State total present value	£425	Total present value	£22,210

Client 30

Client 30 was self-employed but had very little money coming in. She took out some low interest loans from a bank and credit cards but the interest soon *"hiked up"* from 5% to 30%. The client had been to the NHS with regard to anxiety and said that everything would just have got worse if she had not been to the CAB. Her health would have *"completely collapsed"*. The CAB advised the client about bankruptcy and budgeting advice and supported the client in attaining a charity payment to pay for the bankruptcy process.

Client 30 outcomes (see Table 3.3)

- The client received a Bath Municipal Charities grant to enable her to become bankrupt. Whilst this is of £700 worth of value to the client, the attribution rate is applied at 50% as another organisation is involved, following the guidelines in Appendix 4. The CAB advised her to apply for this grant and she would not have done this without the advice of the CAB.

- The advice of the CAB enabled her to go through a bankruptcy process. This debt was owed to credit cards and banks so no displacement has been calculated following the guidelines in Appendix 4. The client attributed this outcome 100% to the CAB. At the time of completion of the research the bankruptcy was in process rather than complete so an additional 50% deadweight was applied here to account for the fact that the process had not been fully completed.

- Whilst the client was still experiencing some anxiety it is clear that the advice given did prevent such anxiety from worsening as she explained that without the CAB her health would have *"completely collapsed"*. Attribution is client designated at 100% but an additional deadweight has been applied at 50% to account for other compounding factors in her health situation. The proxy source for this is identified in Appendix 2.

- Following point 3 above, not only can an individual proxy be applied for the prevention of worsening mental health, but also the CAB actions can be seen to have prevented further access of health services as the client had been to the doctor about the anxiety. The proxy source for this is identified in Appendix 2. Again an additional deadweight was applied at 50% to account for other compounding factors in her health situation.

-

Table 3.3 SROI and impact map for client 30

Client No	Outcome Title	Annual Quantity	Financial value	Calculated annual benefit	Duration (years)	Deadweight value (DW)	Attribution value (ATT)	Displacement value (DM)	Drop off	Financial Proxy	Assumptions for values	Theory of change	Beneficiary-Stakeholder	Annual benefit after DW, ATT & DM (Year 1)	Sum of Benefit Year 2	Sum of Benefit Year 3	Sum of Benefit Year 4	Sum of Benefit Year 5	Present value
30	Bankruptcy process being completed	1	£25,000	£25,000	1	50%	100%			Client estimate	Bankruptcy process happening. 50% deadweight included as probability as not completed	Client said everything would just have got worse without the CAB	Client	£12,500	£0	£0	£0	£0	£12,063
30	BMC grant for bankruptcy process	1	£700	£700	1		50%			Client actual	Attribution for BMC grant given at 50%	CAB advised her to apply for charity grant	Client	£350	£0	£0	£0	£0	£338
30	Depression relieved as a result of advice	1	£585	£585	1	50%	100%			Proxy average national	Client attribution	Anxiety caused by financial situation.	Client	£293	£0	£0	£0	£0	£283
30	Potential savings to the NHS from relieved depression	1	£2,026	£2,026	1	50%	100%			Proxy average national	Client attribution	Anxiety caused by financial situation.	State	£1,013	£0	£0	£0	£0	£979

Client total present value	£12,684	State total present value	£979	Total present value	£13,663

As can be seen, these impact maps contain specific and sensitive data reflecting the reality of clients experiences as closely as possible. Clients' actual financial gains were included wherever possible in all calculations. Proxies were used where no actual financial values were available, as illustrated. In the illustrative impact maps presented above, some of the actual values have been changed slightly to protect sensitive and personal finance information.

Whilst this section has illustrated how this detailed individual analysis approach operated with three examples, the next section draws together and outlines a summary of the total of 261 outcomes that were detailed within the SROI database generated from the 80 clients data (including null and in-process issues). In its completed state the full SROI database would print out in approximately 140 pages. The full SROI database has been shared with CAB-BANES, but public availability of such sensitive information is subject to anonymity and confidentiality rules (even with names removed), alongside CAB data handling procedures, and therefore has to be restricted.

3.3 Client and state outcomes

Section 3.2 explained and described how we went about the SROI analysis process for individual clients, using a range of data to construct specific impact maps and financially value each outcome generated. As explained each outcome generated through the CAB services had its own specific attribution and deadweight score, alongside specific durations and drop-offs, sourced from either client interviews, CAB Petra data or the SROI guidelines and assumptions (Appendices 2 and 4).

This section illustrates the diverse range of outcomes that were created by CAB services, in addition to this the type of beneficiary is distinguished. Obviously one of the main beneficiaries from advice are individuals themselves who gain better outcomes financially, in health or housing terms and often in relational and emotional ways. But there are other beneficiaries to be identified, the household benefits from better outcomes, as do local agencies particularly those having statutory responsibilities (e.g. the local authority) and the state which stands to gain if the advice results in lower costs to them, in greater efficient use of services or in prevention of outcomes such as unemployment, homelessness, and short or long term hospital stays.

Firstly taking state related outcomes, we can illustrate the range and occurrence of different outcomes that occurred to create value for the state. Attribution and deadweight ranges are also provided for these outcomes, illustrating further details of the depths of the SROI analysis for each outcome achieved. Table 3.4 details this analysis. It links together the number of times each outcome occurred within the sample, the attribution and deadweight range, the duration assumed, where financial proxies were sourced (linking the actual data analysis with the financial proxies detailed in Appendix 2), and how these outcomes were categorised, using the CAB financial reporting rules outlined in section 2.6.

Table 3.4: State-related savings

NHS SAVINGS	No. of clients outcome occurred for	Attribution range	Deadweight range	Duration	Where financial values sourced	Financial category
Prevention of in-patient psychiatric care (clients at risk of acute psychiatric care without CAB intervention)	3	Range 50%-100% dependent on client attribution and situation	50% (assumed that other factors will contribute)	Assumed 1 admittance at median length of stay = 22 days	Financial proxy (Appendix 2) £3,768	Prevention
Suicide prevention (clients reporting that they would have attempted suicide if it hadn't been for the CABs intervention)	1	100% client attribution score	50% (assumed that other factors will contribute)	Assumed 1 occurrence	Financial proxy (Appendix 2) £9,190	Prevention
Potential savings to the NHS from relieved depression (all clients previously receiving treatment for depression and reported improved well-being/ depression relieved)	13	Range 10%-100% dependent on individual client attribution	50% (assumed that other factors will contribute)	Assumed at 1 year as changes may occur over time	Financial proxy (Appendix 2) £2,026	Prevention
Reduction in stress/ depression for people with long term health problems (different clients to above)	12	Range 50%-100% dependent on situation	50% (assumed that other factors will contribute)	Assumed at 1 year as changes may occur over time	Financial proxy (Appendix 2) £1760	Prevention
Stopped misusing alcohol	1	Client attribution 100% *"All due to CAB I have got control of the situation"*	0% Client said that they would've been very ill by now from drinking if it hadn't been for the CAB.	Assumed at 1 year	Financial proxy (Appendix 2) £1,800	Prevention
Correct diagnosis received (CAB interventions provoked a more rigorous medical examination by GP)	1	Client attribution rate of 100%	Deadweight estimated at 50% as diagnosis may have occurred anyway.	NA	No financial proxy able to be sourced	NA
HOUSING	Number of clients	Attribution range	Deadweight range	Duration	Where financial values sourced	Financial category

Homelessness prevented (whilst 4 clients stated directly that they would have lost their house, it is clear from analysing the causal pathways of other clients that if the CAB had not intervened at the time they did the client was at substantial risk of homelessness)	9 (including 1 prevention of child's educational disruption, 5 people with significant health problems and 2 pensioners)	Range 50%-100% dependent on client attribution and situation, and whether other factors are involved?	Range 0-50% dependent on and whether threat of homelessness was immediate or long term prevention	Assumed 1 occurrence	Financial proxy (Appendix 2) £4,500	Prevention
OTHER STATE SAVINGS	Number of clients	Attribution range	Deadweight range	Duration	Where financial values sourced	Financial category
Detection of fraudulent activity passed on to HMRC by client	1	Client attribution score	50% as assumed that another person may also have reported this	Assumed 1 occurrence	No financial proxy able to be sourced	NA
Application for power of attorney enabled money to be accessed for care home bills – previously social services paying	1	50% client attribution to CAB	50% assumed Client said that she had felt completely alone with her problem before coming to the CAB	5 years with 50% drop off as may have discovered process in future	Actual nursing home fees (£36,400) (when compounding factors applied £16,562 present value)	Re-imbursement or service or loan (fees paid by individual rather than state)

Table 3.4 draws together all outcomes and values generated for the state (it does not differentiate between local and national state agencies)

We now look at the range of outcomes that occurred for clients. Table 3.5 focuses specifically on those client outcomes that occurred with regard to debt. It links together the number of times each outcome occurred within the sample, the attribution and deadweight range, the duration assumed, where financial values and proxies were sourced (linking the actual data analysis with the financial proxies detailed in Appendix 2), and how these outcomes were categorised, using the CAB financial reporting rules outlined in section 2.6. Table 3.5 provides this summary information about how we evaluated these debt outcomes in the SROI database.

Table 3.5: Client outcomes: debt

DEBT	No of clients	Attribution range	Deadweight range	Duration	Financial value source	Financial category
Debt written off (DRO or other)	6	50-100% usually client attribution	0-50% dependent on nature of case	1	Client actual figures sourced from Petra and interviews	Debts written off
Bankruptcy	5	50-100% usually client attribution	0-50% dependent on nature of case	1	Client actual figures sourced from Petra and interviews	Debts written off
Charity payment for DRO/small debts	3	50% as another organisation involved	0% as CAB needed to instigate payment	1	Client actual figures sourced from Petra and interviews	Re-imbursement or service or loan (no gain in income)
Charity payment for bankruptcy	5	45-50% maximum as another organisation involved	0% as CAB needed to instigate payment	1	Client actual figures sourced from Petra and interviews	Re-imbursement or service or loan (no gain in income)
Debt rescheduled / debt management plan agreed	12	75-100% dependent on client attribution	Usually 0% as CAB negotiating this process	1-5 dependent on repayment plan	Client actual figures sourced from Petra and interviews	Repayments rescheduled (see Appendix 4)
Debts paid off and cleared	3	50-95% dependent on client attribution	0-75% dependent on case	1	Sourced from clients.	Varying (including financial gain to state) and none
Bailiffs actions stopped/ suspended	2	75-100% client attribution	0%	1	Minimum bailiff fee proxy £25 (Appendix 2)	Prevention
Utilities disconnection avoided	2	100% client attribution scores	0%	1	Disconnection charge proxy £425 (Appendix 2)	Prevention
Financial support with utilities bills	13	50-100% client attribution and if other organisations involved	Usually 0% dependent on case	1	Client interviews and Petra	Varying according to case
Resolution of debts wrongly charged	4	75-100% client attribution scores	0-50%	1	Client interviews and Petra	Debts wrongly charged
Court proceedings avoided	5	75-100% client attribution scores	0-50% dependent on case	1	Minimum court fee £25 (Proxy Appendix 2)	Prevention

The following set of tables (3.6 to 3.11) present the full range of outcomes for clients, summarising the number of times each outcome occurred through the analysis. As illustrated in Table 3.4 and 3.5 each time an outcome occurred, specific attribution and deadweight scores, duration, drop-off, financial values and proxies were sourced and applied, also categorising these outcomes using the CAB financial reporting rules outlined in section 2.6. The following tables aggregate the outcomes by category of outcome rather than looking at the range of outcomes for each individual client, as was illustrated in section 3.2. Many clients experienced more than one outcome, whether in one category or across more than one, as we might expect given what we know about the complexity and inter-relatedness of presenting issues.

Table 3.6 lists outcomes relating to welfare benefits applied for and received, and Table 3.7 outcomes represented by other types of financial gain (e.g. charitable funds, or refunds from sums paid).

Table 3.8 presents a set of outcomes relating to housing.

A smaller number of outcomes related to employment (Table 3.9) and other outcomes (Table 3.10) such as the outcome of legal disputes or non-monetary gains such as the improvement of family relationships.

Finally, as previously discussed, many clients spoke in interviews about the benefits of advice for their personal health and well-being. These outcomes are summarised in Table 3.11.

Table 3.6: Client outcomes: benefits

BENEFITS ASSOCIATED WITH LONG TERM CONDITIONS/ ILL HEALTH/ OLDER PEOPLE	Number of clients
ESA appeal successful	9
Received DLA following refusal or appeal	4
Unsuccessful ESA appeal	2
Unsuccessful DLA appeal	1
Ongoing ESA appeal	1
Ongoing DLA appeal	1
ESA application, review and advice leading to receipt of ESA	4
DLA application or renewal	6
Pension credit received	3
Housing benefit reinstated or backdated for people in receipt of these benefits	2
Exemption from council tax	1
Council tax benefit	2

OTHER BENEFIT INCOME GAINED	
Child tax credit reinstated	1
Application for income support	1
Application for maternity allowance	1
Council tax benefit	1

Table 3.7: Client outcomes: other cash income and financial gain

OTHER FINANCIAL GAIN	Number of clients
Accessing or receiving money owed	2
Food vouchers given	4
Council tax rebate on overpayment	1
Single occupancy discount for council tax	3
Bank charges dropped	2
Compensation from private company	1

Table 3.8: Client outcomes: housing

HOUSING	Number of clients
Homelessness prevented	9 (including 1 prevention of child's educational disruption, 5 people with significant health problems and 2 pensioners)
Furniture bought through charity grant	1
Furniture saved when house repossessed	1
Housing improved for person with long term health condition	1
Housing benefit backdated	1
Help, reassurance and greater housing security	2
Legal dispute with landlord won	2

Table 3.9: Client outcomes: employment

EMPLOYMENT	Number of clients
Return to employment	1
Employment tribunal successful	1
Employment tribunal unsuccessful	1

Table 3.10: Other client outcomes

OTHER	Number of clients
Improved family/ partner relationship	3
Volunteering started	1
Police complaint upheld	1
PPI rebate	1
Community care grant	1
Access and parking issue resolved for disabled person	1

Table 3.11: Health outcomes for individual clients

HEALTH OUTCOMES FOR INDIVIDUAL	Number of clients
Depression relieved as a result of advice (clients stated experiences of depression)	26
Improved well-being/ reduction in stress (clients state experiencing less stress, or improved well-being as result of advice – but do not mention depression)	30
Free dental care	1

As suggested in section 3.1 not all clients benefitted from advice outcomes with 13 receiving no benefit from advice. Table 3.12 summarises this data with the reasons for no outcome occurring.

Table 3.12: Cases where nil outcome reported

No outcome	Number of clients
Nil benefit for client (n=13)	1 unsuccessful ESA appeal 4 needed more support with employment issue 4 needed more support in implementing advice (for 2 this was compounded by CAB miscommunications) 3 did not meet eligibility criteria for particular benefit/ grant 1 income tax advice not helpful

In addition to this 9 clients were awaiting outcomes at the end of the project timeline with reasons why this was the case illustrated in Table 3.13.

Table 3.13: Cases where clients were waiting for outcomes

Awaiting outcomes	Number of clients
Awaiting outcome at completion of project (n=9)	3 communications/ system failure with government department 3 waiting benefit application / appeal result (1 ESA, 1 DLA, 1 JSA) 1 employment tribunal pending 1 advice in process 1 unable to get further information

Of these 9 clients, 3 had no other outcomes occurring. Of the remaining 6, 4 had had other outcomes occur and were just waiting on one specific issue to be processed (e.g. benefit appeals) whilst 2, even though they had had no outcomes occurring still expressed that they had benefited from going to the CAB. This was usually through feeling less stressed about the problem or having specific guidance on how to approach the situation. Advice had made a difference in people's minds, even if not providing a full resolution to the problem.

3.4 SROI results

The previous sections have built a picture of how our data was analysed and how SROI principles were applied, on a case by case basis. This section summarises the final SROI results.

Having inputted the 261 outcomes (including nil and in process outcomes), and applying specific attribution and deadweight scores, duration, drop-off, financial values and proxies the SROI database was designed to apply a net present value multiplier and aggregate and add together all the different financial values of the 261 outcomes achieved. Each of these outcomes was also categorised, using the CAB financial reporting rules outlined in section 2.6. This section presents a summary of these calculations.

Clients' outcomes and the SROI analysis

Having totalled together the present value of the 261 outcomes that occurred, the total value that was created by the CAB for 80 clients was £508,066 over a period of 5 years.

Disaggregating this SROI figure to illustrate how the different forms of value combine to create the final sum, according to the CAB's financial categories (see section 2.6) the following categories, we find that most outcomes relate to actual financial gain, followed by actual saving (such as debt written off) (Table 3.14 and Figure 3.1).

Table 3.14: Breakdown of outcome values by category

Type of outcome value	Present value over 5 year period
Financial gain (Debts written off e.g. bankruptcy, debt relief order)	£110,613
Financial gain (Income gained e.g. benefits, tax credits, tribunal awards, compensation, reduced bills)	£205,615
Financial gain (Income gain following repayments rescheduled e.g. renegotiated payments)	£41,654
Financial gain (Debts wrongly charged)	£2,254
Financial gain (Re-imbursement or service or loan e.g. loans, services provided for free, fees returned or paid by elsewhere)	£77,666
Other (improved relationship, housing, sleep, employment or volunteering gained)	£29,731
Prevention (of depression, homelessness, bailiffs, utilities disconnected, hospitalisation)	£40,533
Grand Total	£508,066

Figure 3.1: Outcome values by category

Differentiating between different outcomes

- Prevention (of depression, homelessness, bailiffs, utilities disconnected, hospitalisation) 8%
- Other (improved relationship, housing, sleep, employment or volunteering gained) 6%
- Financial gain (Debts written off) 22%
- Financial gain (Re-imbursement or service or loan) 15%
- Financial gain (Income gain following repayments rescheduled) 8%
- Financial gain (Debts wrongly charged) 0.004%
- Financial gain (Income gained) 41%

In calculating these outcomes, actual quantities were sourced from either clients or the Petra reporting system; estimates were included where there was some uncertainty about the actual financial value and proxies were used in other cases, as Table 3.15 shows.

Table 3.15: Sources of calculation of value of outcomes

Original financial value source	Sum of value
Client actual	327,602
Client estimate	68,414
Proxy average local (BANES)	19,881
Proxy average national	74,939
Proxy Unit based	17,231
Grand Total	508,066

Following the logic outlined in the previous section, we also disaggregated outcome values by type of beneficiary (see Table 3.16).

Table 3.16: Value of outcomes by beneficiary category

Stakeholder	Value
Individual Total	£435,146
State Total	£69,292
Household Total	£3,579
Employer Total	£49
Grand Total	£508,066

This breakdown allows us to present outcomes according to the amount of savings to the state under each category of outcome (Table 3.17).

Table 3.17: Savings to the state by category of outcome

State related outcomes	No. of times occurred	Present Value
NHS Savings (depression or stress relieved, prevention of acute psychiatric care)	30	£23,618
Homelessness prevented	9	£15,217
Paying back HMRC an overpayment	1	£156
Client started volunteering	1	£13,739
Application for power of attorney saved social services residential home costs	1	£16,562
State present value total		£69,292

In these calculations, it is important to note that many of the proxies (see Appendix 2) that were used to calculate savings to the state were taken from lower rather than higher figures where there was a range of proxy values (e.g. a minimum homelessness cost was used where there were a range of figures to provide a conservative estimate). Nor were any state court costs included as it was not possible to source a court cost for the state in small claims cases. In addition to this most state cost proxies were subject to attribution and deadweight scores (no more than 50% attribution for depression and prevention of psychiatric care as other factors would have compounded these issues).

Calculating the SROI ratio

Section 2.6 provided details of the input costs which we calculated using averages to be £10,160 for our 80 clients through the period of analysis from March 2012 to August 2013. Using the full present value calculated from the 80 client impact maps, exemplified in section 3.3.2 we arrived at the present value of £508,066.

If we calculate the net present value this is derived by subtracting the input costs from the present value. This NPV = £508,066 - £10,160 = £497,906

This produces an SROI ratio of 1:50 over a 5 year period, based on the maximum set of assumptions made. The net SROI ratio using the net present value over the value of inputs is 1:49 over a 5 year period.

The minimum set of assumptions through the sensitivity analysis conducted in Appendix 5 reduces all client allocated and estimated attribution levels by 25% to account for over-attribution and bias toward the CAB. This may lead to an underestimate of the value of outcomes as a number of clients, when invited to reflect on how the CAB could have improved its service, highlighted areas where they felt advice was less useful to them, but in most cases they expressed a wish for more sustained advice and swifter response times rather than questioning the content or usefulness of advice as such. In addition, as we have seen above, for many clients the CAB was the only organisation involved in supporting them. The present value for reduced attribution by 25% is £335,655. This results in a SROI ratio of 1:33. This is the lowest set of assumptions and the lowest SROI ratio.

3.5 Well-being analysis

One key consideration for the project was to assess the impact that the CAB advice had on the wellbeing of clients. This issue was a potentially difficult one as it dealt with subjective feelings of people and was asking clients to assess their emotional state at critical times for them. In order for the research to proceed we needed to choose a robust measure of wellbeing that was externally tried and tested. The one that fitted our requirements was the Warwick Edinburgh Mental Well Being Scale (WEMWBS) that had been developed and tested widely across England and in national cohorts in Wales and later in Scotland (HEPS).[21] Fourteen Likert scale questions were used in the long form version cut to seven in the short form used in the HEPS project where the following seven questions were used (see Appendix 1):

    1 – I've been feeling optimistic about the future

    2 – I've been feeling useful

    3 – I've been feeling relaxed

    4– I've been dealing with problems well

    5 – I've been thinking clearly

    6 – I've been feeling close to people

    7 – I've been able to make up my own mind about things.

---

[21] The WEMWBS questionnaire has been used in other research to identify changes in well-being pre and post intervention. Please see:

Lindsay, G. et al (2008) Parenting Early Intervention Pathfinder Evaluation. Research Report DCSF-RW054. Warwick: University of Warwick

Donnelly, M. et al (2011). Patient outcomes: what are the best methods for measuring recovery from mental illness and capturing feedback from patients in order to inform service improvement? Belfast: Queen's University Belfast.

Collins, J., Gibson,A., Parkin, S., Parkinson, R., Shave, D. & Dyer, C. (2012) Counselling in the workplace: How time-limited counselling can effect change in well-being, Counselling and Psychotherapy Research, 19.

The respondents were asked to rate how they felt on a scale of one to five which indicated;

  1 - None of the time

  2 – Rarely

  3 - Some of the time

  4- Often

  5 - All of the time.

These seven questions were then asked by the researchers at three points during the research process: at first contact when clients were asked if they were willing to take part, if they gave a positive response then the questionnaire was completed. The second point was after completion of the first interview when a time period of some weeks had elapsed in order that a change in the client's circumstances might have occurred as a result of CAB advice. The third point was at the final interview where the maximum time distance the project could manage applied again to give a longitudinal aspect to the research and its findings.

The findings presented here are based on our sample as of August 2013. This is comprised the 171 clients who indicated initial willingness to be involved in the research, 67 of the 80 clients who undertook the first interview (not all of them chose to fill in the forms and some were too upset to do so), and 32 responses from the final interview phase.

Here we present largely descriptive statistics showing the results from the three cohorts questioned over the life of the project. These show a definite and sustained increase in wellbeing among the sampled clientele. Looking at the first contact we see large numbers of clients clustered in the 'none of the time' or 'rarely' grouping expressing negative outlooks. The following table displays the combined scores for indicators of low wellbeing 1 and 2 and indicators of higher wellbeing 4 and 5, at initial contact.

Table 3.18: Wellbeing Self-Assessment on Initial Contact

	Never or rarely	Often or always
I'm optimistic about the future	44%	27%
I've been feeling useful	40%	25%
I've been feeling relaxed	58%	18%
I've been dealing with problems well	40%	28%
I've been thinking clearly	29%	35%
I've been feeling close to people	31%	37%
I've been able to make my own mind up about things	20%	47%
		n = 171

Clients reported in particular negative levels of wellbeing in relation to relaxation, levels of optimism, personal worth and their ability to deal with problems. Repeating the survey at two other points after CAB advice sessions enables us to track a number of those same clients and see to what extent indicators of wellbeing levels changed. The following table (3.19) gives the percentage changes in these two combined categories across the 3 phases.

Table 3.19: Wellbeing Self-Assessment over the Phases of the Project:

Percentage of responses for combined indicators (figure in brackets shows increase on previous phase)

	Phase 1 Combined 3&4	Phase 2 Combined 3&4	Phase 3 Combined 3&4
I'm optimistic about the future	27%	34% (+7%)	48% (+21%)
I've been feeling useful	25%	31% (+6%)	58% (+33%)
I've been feeling relaxed	18%	28% (+10%)	45% (+27%)
I've been dealing with problems well	28%	38% (+10%)	61% (+33%)
I've been thinking clearly	35%	52% (+17%)	65% (+30%)
I've been feeling close to people	37%	40% (+3%)	48% (+11%)
I've been able to make my own mind up about things	47%	62% (+15%)	62% (+15%)
	n= 171	n=67	n=32

This table demonstrates a clear pattern of modest increases in wellbeing across the board at phase 2 when clients have made the commitment to go and get advice from the CAB. However this increases significantly in the final interview phase particularly in relation to those questions of personal worth here an increase of 33% was recorded, relaxation up 27%, ability to deal with problems improved in by 33% and clearness of thought showed a 30% positive movement.

Another way of looking at the data is to look across the three phases and see to what extent the mean overall score of clients for each indicator changes and in what direction. In the following table (3.20) we can again see the same positive pattern repeated across the whole of the seven indicators of wellbeing, with a more significant increase at Phase 3 (third interview).

Table 3.20: Wellbeing Self-Assessment over the Phases of the Project:

Mean Score at each Phase

WEMWBS Mean Scores	Phase 1	Phase 2	Phase 3
I'm optimistic about the future	2.71	3.18	3.48
I've been feeling useful	2.77	2.94	3.65
I've been feeling relaxed	2.41	2.84	3.23
I've been dealing with problems well	2.82	3.25	3.68
I've been thinking clearly	3.05	3.47	3.84
I've been feeling close to people	3.10	3.31	3.35
I've been able to make my own mind up about things	3.41	3.87	3.74
	n= 171	n=67	n=32

A note of caution is required here, as the data have not been subjected to detailed statistical analysis due to the small number of responses in the final phase. On the other hand, the findings presented here are suggestive of a significant increase in wellbeing due to the resolution of problems for which clients sought CAB advice and which they attribute strongly to CAB intervention. Our qualitative interview data (see section 3.1 above) corroborate and contextualise the wellbeing survey findings.

4. DISCUSSION AND CONCLUSION

The findings presented in section 3 above show that the majority of clients interviewed reported positive outcomes of CAB advice and attributed these outcomes to a very high degree to CAB intervention. These clients were able to report financial values for these outcomes but also reported other outcomes such as improved physical or mental health and wellbeing. We were able to corroborate these reports by referring to the CAB's own records and by asking clients to complete a standard set of questions about their health and wellbeing.

Our research led us to construct individual impact maps for all clients in the sample. We have provided in this report three detailed individual impact maps which both show the process followed in the project, and illustrate 'typical' pathways of clients seeking advice on debt, housing and benefits. Throughout this report we have highlighted the complexity and interrelatedness of problems typically faced by CAB clients, and the examples cited in the report above demonstrate this finding with reference to specific cases.

By triangulating data and using proxies both to confirm and fill in any informational gaps, we were able to calculate an SROI ratio of 1:50 over five years. In other words, for every £1 spent on CAB services (based on a calculation of average input costs) there is a benefit to individuals and/or state-related stakeholders of £50. This is a high ratio but it is based on detailed evidence as outlined in this report.

In order to eliminate as far as possible any bias introduced by assumptions made, we also conducted sensitivity analyses on specific elements of the SROI ratio where we had to infer from clients' interview testimonies (e.g. relating to attribution), as we outlined and discussed above in section 2.6 and in Appendix 4.

As outlined above in section 3.4, we also subjected the entire set of calculations to a further sensitivity test which reduced the ratio to 1:33 on the basis of the most cautious set of assumptions.

Even this most cautious calculation represents a substantial saving to individuals and a range of stakeholders made by the provision of CAB services. We see this as the most important single finding of the project. The amount saved is greater than suggested by most previous studies, and we contend that this is because we have achieved our objective of presenting as full as possible an account of the outcomes.

Of course, a range of issues arise from this study and its findings, both for academics (principally methodological) and practitioners (advice providers, other organisations in the sector seeking to measure outcomes) and stakeholders (funders and other state and state-related bodies). We discuss these issues further in the concluding section of the report.

4.1 Policy implications

Our research took place at a time of major upheaval in the economic and welfare policy environment. The economic downturn has increased the proportion of people struggling with debt: in 2006, the Financial Services Authority estimated that around 9% of the population struggled to keep up with household payments, and by 2010 this proportion had risen to 11% and it is has continued to rise as personal debt reaches unprecedented levels.

Changes to welfare included primarily the shift to Employment Support and Allowance (ESA), which meant all those previously claiming income benefit or incapacity benefit had to re-apply, and was intended to bring in tougher conditions for access to benefits. Other changes, particularly benefit recipients' payment of council tax on second bedrooms, came into force at a later stage in our project but already CAB staff were anticipating a consequent rise in new requests for advice. In the medium to long term, further reductions in the welfare budget are proposed and the introduction of Universal Credit will have a very significant impact locally, especially as Bath and North-East Somerset is a pilot area.

Overall we would expect such changes to increase significantly the caseload of CAB advice staff, given that debt and welfare benefits are overall the most common domains of advice.

The impact of such changes emerged in clients' accounts of the problems for which they had sought CAB advice, especially, as we have noted, given the close relationship between benefits and other presenting issues such as housing or debt.

Sixteen clients out of our sample (20% of the total) told us they had sought advice from CAB either because they needed help in claiming ESA, they needed to appeal against the results of a medical test or other decision or because their allowance had ended and their claim for further benefits had been rejected. Of these, eleven had very low income levels and were classed as being in poverty (with an additional three people whose incomes were not known). In the UK, the link between disability and poverty is particularly pronounced, with disabled people twice as likely to live in a low-income household as non-disabled adults.

Typically, advice for disability benefits is complex and involves help with form-filling, accessing medical certification, and sometimes accompanying clients through the appeal process which, they told us, they found confusing and sometimes alienating, demoralising and belittling: clients spoke of feeling '*victimised*', '*bullied*' and '*picked on*'. It is also complex because clients' medical condition (often involving mental health issues) makes it especially difficult for them to face up to the process of challenging DWP decisions. At the same time, this means that successful outcomes make a very big difference to clients' lives. In the sixteen cases we examined, four clients successfully applied for ESA, nine had successful ESA appeals, two clients lost their appeal, and one appeal was still pending.

For example, client 034 was a long-term carer for her daughter, who had mental health problems making her completely dependent on others. She was referred to CAB by her mental health support worker and was able with CAB help to access Disability Living Allowance which provided care and living support for her daughter. As a result, she said that her daughter had gained some independence and she herself had been able to develop some independent activity (voluntary work). Without CAB help, the client said they would have somehow managed to '*plod along like before*', but their situation had been causing both of them additional stress and anguish.

Client 097 had recently moved into a new address with his partner and found his benefits suddenly stopped, leading to seven and a half months on virtually no income: '*it could not have happened at a worse time*', with the risk of losing their new home. This client had a chronic physical health problem but also spoke of the stress induced by the appeal process, which aggravated his health problem. His appeal was successful, which he attributed mainly to CAB help with forms: '*I mean if it wasn't for [the CAB adviser] I don't know whether I would have even thought about doing half the stuff to tell you the truth. I know the law to an extent and stuff but obviously people at CAB are trained to know a damn sight more information than the general public is given. It's been a really good help. I personally think if it wasn't for CAB, I don't*

know, I may not have got my money back. There was a lot of things I didn't know sort of like getting letters off the hospital and stuff.'

The upheld appeals cases we investigated have also been referred to as failure demand[22] whereby an agency has failed to correctly assess a client for the appropriate benefit amount. Such systemic failures have been headline news recently with ATOS Healthcare being told by the DWP to improve its processes with up to 40% of its reports being substandard. ATOS failures themselves have cost the taxpayer more than £64 million.[23] Money due to the client is a legal entitlement, which ensures equity within public provision. This income to clients, who are usually experiencing significant poverty, provides benefits to the household and local economy.[24] It also provides savings to the health system as people with significant ill-health whose income is stopped are more likely to make additional demands on the health service as their conditions worsen. Indeed this is clearly the case in a number of interviews as clients expressed the impact of having had their benefits stopped. Of the four clients who said that they had either attempted suicide or that the CAB's support had prevented them from needing in-patient psychiatric care (counterfactual: '*I would have ended up in the mental ward because of the stress and loss*'), three of these clients sought support with DLA or ESA appeals and with the aid of the CAB successfully challenged benefit stoppage.

In the course of our research, the CAB moved its gateway service to new premises within a 'one-stop shop' launched by the local authority. This led to more efficient processing of initial queries and booking of initial advice sessions. Clients spoke in interviews of the improvement this made to CAB provision. However, at the time of writing this report, the local authority announced a future reduction of advice services funding by over half, following an earlier cut. This, together with the increased caseload caused by economic and policy changes, risk creating a multiple crises whereby a growing number of vulnerable people are left without access to help and support at a time when this is most needed.

As we have noted 38 of our sample clients presented with disabilities and longer term health issues so health figures as an important policy issue. In addition the numbers of clients reporting problems associated with stress or depression were also high and twenty five of the respondents reported significant reduction of stress or depression as a result of CAB interventions. Analysing the causal pathways of five clients with significant/ long term health problems and two pensioners showed that if the CAB had not intervened at the time they did, then these seven vulnerable clients would have been at substantial risk of homelessness. We return to the issue of health and well-being in the next section.

Policy-makers, in government and out, have long argued for the critical importance of *prevention* of harms. Whether it is in public health or social policy, early identification of potential problems followed by prompt intervention can, not only help people, but will also save significant costs that would be incurred were problems allowed to worsen. Our discussion in this section demonstrates the important strategic position that advice services occupy in preventing vulnerable clients from needing expensive statutory services. In our next section, we discuss how the CAB service offer could be extended to give further support to clients.

---

[22] New Economics Foundation (2010) *Outcomes in Advice*. London: New Economics Foundation and Advice UK.

[23] Neville, S. (2013) 'DWP tells ATOS Healthcare to raise standards.' Financial Times 22nd July 2013

[24] Wigan, J. and Talbot, C. (2006) *The benefits of welfare rights advice: a review of the literature.* Manchester: University of Manchester.

4.2 Service design implications

In their interviews, clients frequently expressed their opinion of the service that they had received from CAB BANES. In addition, they were specifically asked how the service could be improved. 45% of clients could be seen as fully satisfied, feeling that they had received the best possible service and could not think of any improvement to suggest. They said such things as: '*very quick and positive response*', '*extremely good*' and '*I could not ask for more*'.

Responses to this question and also contextual information about how clients accessed CAB indicate that that the CAB 'brand' is trusted and reliable.

Around a quarter of clients expressed some dissatisfaction with some aspect of the service. For more than half of these, the problem was the difficulty in contacting the CAB or getting an appointment (e.g. '*I think the advice is good, it's just so difficult to get hold of the CAB*'). Several clients said that contact with CAB had improved significantly as a result of a recent re-organisation whereby the local council had housed the CAB along with other frontline services in a one-stop shop in the city centre. There is an opportunity here for the CAB to diversify further the channels of access to the service by improving the telephone service for instance. There is also a case for rooting the service more thoroughly in deprived communities by training residents as gateway advisers.

For other clients, the problem was that the adviser had either not been sufficiently supportive and/or sufficiently well informed, sometimes because the same adviser had not been able to follow the same case through the whole process. Our study was not designed to look intensively at the way in which the advice process worked. However, a detailed scrutiny of the client 'journey' might suggest ways in which case handling could be developed further, particularly by analysing how clients are followed up, how cases are closed and handed over between advisers.

A further 16% of clients said that they needed more support than the CAB was able to offer: largely follow-up in debt cases or help in preparing tribunal cases. Several clients spoke of the difficulty of completing debt packs and suggested more help could be given after the initial advice session. Two clients said that there should be provision for emotional support where advisers could see that clients were in difficulty, perhaps by referral to other services if necessary. We will come back to the implications of these findings.

At this point, we should stress how important the CAB is to clients. Interviews illustrate how clients often feel they are really on their own until they come to the CAB and suggest strongly that the CAB is filling a gap not currently provided by any other agency.

"I couldn't have survived without the CAB helping me"

"Really with the resources that the CAB has got it's been really admirable, really professional and really fulfilling – I could not have gone anywhere else."

"The CAB were there when I was desperate"

"You are doing a good service and if it weren't for you people then people like me would be stuck"

'If CAB's not here, then the law will be there for middle class, rich people. Somebody like me, or somebody who's in that situation would never get help'

"If it wasn't for the CAB I don't think I would have got through the last year, to tell you the truth"

"It was amazing how suddenly within days of me having seen somebody from the CAB, things happened, finished, whole process completed so I mean that was very striking. I mean I don't know what would have happened without the CAB"

The majority of clients expressed satisfaction with CAB services. When asked if they would recommend the CAB service to family or friends who may need it, 91% people responded with the highest recommendation score of 10.

So far, we have largely concentrated on the way in which the existing service could be changed. Many of the comments made by clients, however, suggest ways in which the service could be extended or new services introduced. Analysis of the full population of CAB clients shows that 59% are in poverty, using the 60% of median income standard, and 37% are low-to-middle earners, using the Resolution Foundation definition. Only 4% of clients have an income above £36,000 per year.[25] The poor economic position of clients makes them very vulnerable to relatively small changes in their circumstances and, without help, they can easily get into debt and be threatened by homelessness or court action and become very much more likely to call on NHS services. We suggest that this implies a supportive, even interventionist, advice service that looks to the long-term situation of the client rather than the short-term solution of specific problems. This suggests a service model rather different from that recommended by Citizens Advice, which frequently suggests that receiving advice is very like going to the doctor. What then do clients in our sample say about their situation which might help with service design?

In their interviews, clients would often reflect on their experience with CAB or on their more general feelings about their situation in ways which point to needs that are only partially met by the present service. Three issues stand out. First, having come to CAB, clients think that someone is listening to them and is taking their side. For example, clients will say things like: '*I am not on my own*'. And what they often mean by this is that they are not on their own in understanding and coping with the bureaucratic systems that confront them. Whether it is a debt collection agency, HMRC or a benefits hearing, clients feel threatened, frightened and impotent. And these feelings are warranted. Many clients contrast the treatment they received before contacting the Bureau for help with that received when a CAB adviser intervened. For example, client 023 had repeatedly contacted a shop which claimed, wrongly, that she owed them money. She was brushed off both in person and on the telephone. However, her CAB adviser got through by telephone, was listened to, and the harassing calls from a debt collection agency stopped.

---

[25] Resolution Foundation, *Squeezed Britain 2013*, http://www.resolutionfoundation.org. The CAB data come from the Petra database. Median income data from DWP, *Low Income and Material Deprivation in the UK, 2011/12* at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/206850/first_release_1112.pdf. Some caution is required. Only 59% of clients seen by CAB BANES had income data recorded on Petra and we are assuming that this is a representative sample. We do not, however, believe that this will introduce sample bias given the way that the data are collected. In addition, the income bands used by Petra do not correspond precisely to the poverty and low-to-middle earners definitions. We think that this will produce a small understatement of the number of clients in poverty. We are unable to estimate any error in the low-to-middle earner category because Petra does not give us household composition data. Again, we do not believe that this could amount to more than plus or minus 5 percentage points. Finally, although most clients report incomes gross, we know that some with very low reported incomes (at less than £400 per calendar month) are actually reporting their income net of rent which is deducted from benefit. This would raise their gross income but not by enough to take them out of poverty. In addition some clients reported how their income was actually nearer zero, with benefits or employment income being zero.

Or, as another client put it, her bank trusted CAB-BANES on the presentation of her debts when they did not trust her. Clients frequently reported that organisations simply did not believe them even when confronted by evidence. For example, Client 105, who wished to claim a single-person discount on his council tax, could not persuade his local authority that his daughter no longer lived with him. A second client (008) was repeatedly asked by HMRC for proof that she was separated from her husband when they had lived in different parts of the country for ten years. In both these cases CAB was able to help. In sum, advice services help clients navigate the rules of a bureaucratic system that they do not understand and which is frequently hostile.

The second issue is that clients say that they feel much better having talked to an adviser. Given the pressures that CAB clients are under, it is hardly surprising that they feel anxious and depressed. Our study provided evidence of the effect of advice on well-being as we have pointed out in section 3.6. At their first interview, 91% of clients report feelings of stress, stress aggravating long-term illness, depression and anxiety, inability to sleep and irritability with family members. Of these, 74% who had their advice problems solved or mitigated reported substantial improvement in their emotional state. Out of these people who reported improvements in their well-being, 57% had been accessing health services and were receiving treatment from their GP. There is a second line of evidence from the study on this topic. In the client interviews, a well-being questionnaire (the Warwick-Edinburgh scale) was administered. This again confirmed the improvement in client well-being following advice, from the baseline established at the advice interview itself through first and second interviews in the study. In most of the domains of well-being used in the scale, the improvement over the whole period was over 30%.

This does not, of course, conclusively establish a causal relationship between receiving advice and reported well-being but it is, nonetheless, powerfully suggestive. In addition to this quantitative element, clients' narratives did also illustrate a causal element between advice and better health. The impact of advice did lead to them seeking less support from the NHS. For example, one client when asked what she would have done if she hadn't been to the CAB replied *"I would have ended up in the mental ward because of the stress and loss"*. Another, in response to the same question said that without the CAB *"I would be very ill by now – I was drinking a lot. But now I've stopped drinking, even social drinking. The problem was controlled and I feel happier and do not dread the post coming in the morning. The CAB gave me that."*

Clients often make it clear that their improvement in well-being following advice does not just relate to the solution of their problems but also to the support that CAB is giving them. In this context it is worth noting that many CAB clients are being treated for long term for depression and anxiety; those in poverty nationally are twice as likely to suffer from mental illness as those with higher incomes. The potentially positive relationship between the giving of advice and the relief of depression and anxiety is important, even if it is relatively short-term, in that there is a clear potential for cost-saving in the NHS.[26]

A third issue is that some clients, through lack of confidence, illness or lack of education do not implement the advice that they have been given. In this context one should note that clients do not find it easy to go to CAB in the first place. They report the difficulties in getting through on the 'phone and the length of

---

[26] See Citizens Advice, *An Overview of Possible Links Between Advice and Health*, 2012.

waiting times. And CAB can sometimes be seen as a rather distant part of the very bureaucratic system that so dismays clients.

Earlier in this report we noted that clients have often been to CAB before and they frequently present with more than one issue. For many clients there is something of a long-term involvement with CAB. These points, together with the issues mentioned above taken with the social and economic situation of most clients suggest that the service offer should include:

- longer-term interventions aimed at prevention especially training in financial management or return to work;

- support in implementing advice by continued contact with the client at the Bureau's initiative;

- services that focus on the connection between advice and health, especially mental health, including public health advice and cognitive behaviour therapy;

- support and training of clients in dealing with bureaucracy.

4.3 Methodological and related implications

The research project looked at the value given by the advice services of the CAB in the locality BANES and used the SROI methodology in order to give a financial number to that value. The research gives a clear indication that for every pound invested many multiples of pounds are returned to stakeholders in the area. As we discuss in the body of the report the ratio is sensitive to the methods one uses to calculate inputs and outputs and we have tried to be conservative in our evaluations and put forward an annual proven value exceeding £500,000 for the 80 clients involved. This produces for one pound invested the stakeholders gain £50 ratio over a 5 year period of benefit. Even if we were to reduce all attribution levels by a quarter (to take account of any over attribution by clients) this would still result in an SROI ratio of 1 to 33.

Methodologically this research project has broken new ground, firstly in its attempt to use SROI in the context of advice services for a relatively large sample of clients (the maximum was four in a previous SROI advice study)[27] and secondly in seeking to gain the outcomes of that advice from multiple respondents over an extended time period. Such results were not achieved without difficulties, three of which can be mentioned immediately. The first relates to gaining a mass sample amongst a required population that is disadvantaged and vulnerable, meaning that clients were hard to contact and sustain within the project. The second difficulty was that whilst SROI methods tend to deal with defined and particular projects here the research was confronted with multiple domains of advice all of which posed different problems and modes of resolution, the upshot was clients who presented with a complex range of problems across those domains. The third major difficulty encountered came in the measurement and attribution of value of those advice services: we found some issues where clear financial impact could be seen whilst others were less easy to financialise and demanded finer-grained methods of attribution.

The research methodology used here differs somewhat from the canonical SROI mode, as discussed above in sections 2 and 3. SROI techniques predominantly deal with small samples related to particular projects meaning that they are drawing from a specialised population pool. Within this approach there may be

---

[27]New Economics Foundation (2010) *Outcomes in Advice*. London: New Economics Foundation and Advice UK.

some actual observations but it predominantly relies upon proxies to gain *average* costs of particular transactions. Using small sample sizes within specialist domains also enables the use of fixed rates for drop-off, deadweight and displacement irrespective of particular circumstantial differences. This canonical SROI method then generalises findings across large populations without extensive and detailed research. This CAB research in contrast consulted clients directly and sought to measure *actual* cost and the longer term value of an advice event wherever possible. This brought both a realistic dimension to the outcomes as well as a qualitative approach which offers depth and insight. What this means in this research is that the PRESENT VALUE outcomes for beneficiaries that we quote are based approximately on 75% data that is actual and provable. At the same time where clients could not give any estimate of outcome values proxies were used but they had to relate to actual benefit rates or real case outcomes if possible. Furthermore because the advice domains are so diverse the research has chosen to vary the rates for drop-off, deadweight and displacement according to the circumstances of the individual. This meant that very detailed and longitudinal data populate the impact maps for every particular client and the sum of these outcomes provides the total proven value that can be set against an input cost, therefore giving what we regard as a more robust and reliable input to outcome value ratio.

The research group worked within the difficulties mentioned above to provide the most exhaustive and best available evidence on the impact of CAB advice service currently available. It took 80 CAB clients and investigated the specifics of their outcomes in forensic detail. Impact maps were constructed for all clients and robust indicators have been sought in order to trace the value given to clients and wider recipients such as state and other agencies.

The corollary of this detailed work is a huge cost in terms of time, in building the system of evaluation, in determining the appropriate proxies and in adjudicating on outcomes for each specific client and the single/ multiple outcomes they presented. The co-produced nature of this research enabled the use of the invaluable specialist knowledge of volunteer advisers with regard to the client population and also CAB procedures and practice. In addition the project could not have happened in the way it did without working inside the CAB, because of the procedures set up to protect client confidentiality and CAB staff. The detailed research work was possible because the project could draw upon a team of volunteer interviewers, analysts and co-researchers within CAB-BANES that gave an amount of unpaid time to the project estimated at £180,000. It is therefore clear that SROI *can* be used to look at advice services but the need to focus down on specific and actual outcomes engages the research in a different level of analysis and subsequently much higher costs than is usually the case for SROI.

In terms of the findings we have given a ratio of input to outputs and we can substantiate that ratio with evidence and aggregated client data. However whilst this demonstrates the high and sustained value that the CAB represents this gives us a rather simple aggregated perspective that needs qualification and further unpacking. The whole proven value of the advice given does not go just to the client alone: as we saw in section 3, other stakeholder beneficiaries include households, employers, local agencies and the state.   Value accrues to the state because it relieves or renders unnecessary statutory activity by the state and other agencies be it in terms of homelessness, hospitalisation, care or other forms of intervention. The findings are based on individual interviews and this might understate the impact of advice on relationships especially within the household and more widely. Even given these caveats it is clear that CAB-BANES makes an enormous contribution to the civic and family life of the area covered by the local authority.

The study has used the SROI methodology and dealt in proxies and quantitative measures but it has added a qualitative dimension that allows insight into more intangible issues confronting clients that are vitally important to them but are difficult to measure quantitatively. For instance how can one attribute a value to advice that brings a distressed and anxious person some measure of emotional peace and security? Numerous clients expressed how the problems they had caused them desperation, anxiety and prolonged stress of not being able to cope with their life situation and the decisions they needed to make. The wellbeing analysis in the report use descriptive statistics to indicate the transitions these clients went through as a result of CAB advice. It shows a clear impact across all of the wellbeing areas. Again, because of the aggregation of the data, this might underestimate some massive shifts for certain individuals where those problems had dominated and blighted their lives. So the overall SROI ratio is useful but it is only a partial indicator of outcomes that needs supplementing with wider considerations.

The research was co-produced in close cooperation with a local CAB as discussed above and this had three main advantages: the first is the reduction of project costs, allowing us to generate rich data for a relatively large number of clients; the second is the pool of expertise relating to clients and their use of CAB, as well as CAB procedures; and the third is the ability to draw practical and cogent service conclusions from the study that will be of direct utility to the agency and service users alike. Moreover, the study was scrupulous in developing written protocols and guidelines for each stage of the study meaning that replicability by other local CABs is eminently possible (as well as providing for a robust system of standardising approaches to interviewing and checking of interviewing processes and outcomes). The interview topic guides, proxies and data handling system were built deliberately to form a kind of research toolkit for wider use.

The project team therefore hopes and expects that its findings will therefore be of direct use to CAB locally and nationally; to the sector more widely; to funders and stakeholders; and to academics interested in developing tools to measure the impact of social purpose organisations. We are aware that the gap between the lowest and highest financial calculations of outcome casts some doubt over the reliability of the SROI methodology. As it is based in the aggregation of what are complex and multiple individual outcomes, and has to rely on proxies, SROI necessarily involves a high degree of estimation and assumption which is nevertheless based on externally verifiable and widely accepted comparison. As work on SROI progresses, we hope that future research will allow further refinement of the techniques, reinforcing their credibility and generalisability. We also feel that more longitudinal research that tracks outcomes over an extended period is necessary to give a truer picture of the value generation process. Our project has indicated how realist studies of impact – those based on real accounts of the complex process of intervention and change and calculated according to real values as far as possible – can complete and enrich the techniques, and we hope further studies will continue to build on this work.

APPENDICES

Appendix 1 Interview topic guides, information sheet, consent form and well-being questions

CAB Main Sample Interview Topic Guide

Initial checklist:

- Have you gone through the information sheet and asked the client if they have any questions?

- Explain that if you ask a question that they don't want to answer, that is fine

- If they want to stop the discussion at any time, they can just say.

- FACE TO FACE: Have you both signed the consent form? Once you are both ready to start the interview, ask if the client is ready for the voice recorder to start recording. Begin the recording by saying the client reference number and the date of the interview.

- PHONE: If the interview is being conducted over the phone and the client does not have the consent form to hand, begin by asking them if they are happy to have the conversation recorded. Once the recorder has started, begin the recording by saying the client reference number and the date of the interview, then go through the consent form to get verbal consent.

- Try not to use someone's name when the interview is being recorded so it remains anonymous.

- Try not to use too many 'listening noises', e.g. "mmm", "I see", etc. as this can make later transcription of the clients voice harder to discern.

How to use the topic guide

- You don't need to repeat questions word for word or ask them in exactly the same order.

- There is a prompt sheet for parts of question 7 and 8 that you can show the client if you are interviewing face to face.

- If you change the order of the interview questions, please check that all the questions have been covered within your discussion with the client before you finish the interview.

- It may be useful to ask 'opening out' questions that help a client expand their answer. Useful prompts and additional questions are suggested below.

Useful additional questions

In addition to the topics covered within the questions it may be useful to get the client to expand upon particular points that they make. Some useful questions to get people to expand points could include:

- "Can you tell me more about that?"

- "Can you give me an example?"

- **How** and **why** questions e.g. "How / why did things happen that way?"

- "What happened next?" "Let's move a step back, you mentioned that … could you please tell me a bit more about …"

- "How did you feel when…?"

- "What effect did that have on you?"

- "What makes you say that?"

- "What made you feel like that?"

- "Could you explain what you mean when you say …."

- "Can I take you back to something you said earlier? …"

Topic Guide Questions

1. How did you find out about the CAB?

2. Why did you make the decision to come specifically to the CAB for advice?

3. Can you tell me a bit about the situation that you have sought advice for?

   PROMPT: What caused this situation to happen?

4. Before you came to the CAB how was this issue affecting you?

   PROMPT (as appropriate): 'How did it affect…

   a. Your home situation

   b. Your financial situation

   c. Your employment

   d. Any benefits or tax credits

   e. Your health (prompt if been to the GP or been diagnosed with any issues)

   f. Any education or training (including education of children)

   g. Your relationships with family, children and friends

   h. Your relationships with other services (e.g. utility services, council services such as social workers, housing)

   i. Your general well-being and quality of life

5. What has happened in your advice sessions at the CAB?

6. How has the advice you have received made a difference to your situation (go over key areas in question 5 that were previously discussed)?

7. Did any other organisations play a part in changing your situation? How?

PROMPT: If changes have occurred to your situation to what extent was this as a result of the help you have received from the CAB and how much was due to other people or organisations? Which of the following statements do you agree with most?

    a. The change is completely because of the help and support given by the CAB (100%)

    b. The change is mostly because of the help and support given by the CAB and a small part due to other people or organisations (75%)

    c. The change is about half because of the help and support given by the CAB and half due to other people or organisations (50%)

    d. The change is mostly because of other people or organisations and a small part due to the help and support given by the CAB (25%)

    e. The change is completely because of other people or organisations (0%)

(Need to ask this question separately for the different outcomes that have been achieved)

8. What would have happened if you hadn't got advice from the CAB?

PROMPT: Which of the following statements do you agree with most:

    a. The outcome has only occurred because I went to the CAB (100%)

    b. The outcome has occurred mostly because I went to the CAB (75%)

    c. The outcome may have occurred without the help and support of the CAB (50%)

    d. The outcome is likely to have occurred without the help and support of the CAB (25%)

    e. The outcome would definitely have occurred without the help and support of the CAB (0%)

(Need to ask this question separately for each outcome that has been achieved)

(These percentages were turned round to follow the principles of deadweight e.g. the outcome would have occurred without the intervention of the CAB becomes 100% deadweight)

9. To what extent do you see that the issues have been resolved?

(May need to check if you need to contact their adviser to book further advice session if needed)

10. Is there anything else that the CAB could do to support you, if they were able to?

11. Would you have any suggestions on how the CAB could improve its services?

12. Is there anything else that you would like to add?

13. Do you have any comments or feedback on the questions we have asked in this interview?

Please don't forget to ask the client to fill in the well-being questions

Before you finish the interview, please remind the client that you would like to speak to them again in a few months' time to find out if anything has changed in their situation.

Final interview question template

Analysis and outcomes from 1st interview

See:

- (File name)

(Available from CAB in Research Project Documents/ Transcriptions folder OR

X:\Social & Policy Sciences\Research\CAB Proving Our Value\Interviews -Recordings, transcripts, notes\Transcripts and Petra analysis)

Consent process

Before the previous discussion/ interview you were sent an information sheet and we discussed how the information you provide us may be used.

I just wanted to remind you of the key parts of this.

1. Last time we audio-recorded the interview, are you happy for me to do this again?

(YES? Start the recording so that the consent process can be recorded)

Thank you. I'm starting the recording now.

2. You can withdraw at any time from the study and ask for information not to be used. You can also ask to see any information held about you. Only the CAB and University staff working on the project have access to this information

3. Do you consent that your anonymised comments may be edited and used in different reports and publications for the CAB, funders, conferences and academic publications that may be published on the internet?

4. Do you consent that University staff can access and use anonymised information about your advice sessions held by the CAB in the evaluation and associated reports and publications just described?

Final interview questions

1. Reminder of issues covered in the first interview

2. Could you update me on your situation at present?

PROMPTS:

3. Have you received any additional advice sessions since the last interview?

- Have these further appointments made a difference to your situation?

4. Have there been any other changes in your situation?

   - From your perspective what were the mechanisms that made a difference to your situation?

5. If any outcomes have occurred, which of the following statements do you agree with most:

   - The outcome has only occurred because I went to the CAB (100%)

   - The outcome has occurred mostly because I went to the CAB (75%)

   - The outcome may have occurred without the help and support of the CAB (50%)

   - The outcome is likely to have occurred without the help and support of the CAB (25%)

   - The outcome would definitely have occurred without the help and support of the CAB (0%)

6. To what extent do you see that the issues have been resolved?

7. If you hadn't received this advice what would you have done instead?

8. Have any other organisations been involved in this case? If yes, to what extent would you attribute changes to the CAB and how much is down to the other organisations?

   - The change is completely because of the help and support given by the CAB (100%)

   - The change is mostly because of the help and support given by the CAB and a small part due to other people or organisations (75%)

   - The change is about half because of the help and support given by the CAB and half due to other people or organisations (50%)

   - The change is mostly because of other people or organisations and a small part due to the help and support given by the CAB (25%)

- The change is completely because of other people or organisations (0%)

9. How long into the future do you see that the changes/outcomes are likely to last for?

10. Do you see any potential problems in association with this issue in the future? (If yes, how do you think these might be best resolved?)

   - Do you need further advice from the CAB? (**If yes, need to ensure that a message is written in the message book for their adviser**)

11. Do you have any further suggestions on how the CAB could improve its services?

Please ask the client to fill in the WEMWBS well-being scale

Please see document: "Final interview well-being questions".

If asking these questions on the phone please complete a paper copy with the clients answers as you speak to the client on the phone. If it is a face to face interview, please ask the client to complete the form. Please leave the paper copy in Beth's tray.

Proving the value of the Citizen's Advice Bureau

Consent form for interviews

1. I confirm that I have received a copy of 'Proving the Value of the CAB' information sheet and have had the opportunity to ask questions. ☐

2. I understand that my participation is voluntary and that I am free to withdraw at any time. ☐

3. I agree for my interview to be digitally voice recorded and written up as described in the information sheet. ☐

4. I understand that I can withdraw from the evaluation at any time. I can also review information held about me and ask for information not to be used within the evaluation at any time. ☐

5. I understand that my comments may be edited and anonymously quoted in training, conferences and publications as outlined in the information sheet. ☐

6. I agree that University staff can access and use anonymised information about my advice sessions held by the CAB in the evaluation and associated reports and publications described above. ☐

7. I agree to take part in the above study. ☐

_____   _____
Name of Participant   Date   Signature

_____   _____
Name of Interviewer   Date   Signature

Project number: ………… (to be filled in by interviewer, details on client recruitment form)

SOUTH WEST FORUM — the regional voice of the voluntary and community sector

University of BRISTOL

LOTTERY FUNDED

the economic impact of social action

Proving the value of the Citizens Advice Bureau

Information sheet

Thank you for agreeing to take part in this study of the Citizens Advice Bureau (CAB). This information sheet provides you with details about the process of taking part, the benefits you get from being involved and what we will do with the information you give us.

What does taking part involve?

We would like to find out whether and how the CAB has helped you. This will involve discussing what you needed advice for and whether anything has changed. We can discuss this either face to face or over the phone, whichever is easiest for you. We would like to talk with you twice over the next 4 to 6 months to find out about any long term impact of the support we provide. The discussion will take about 30 minutes of your time on each occasion. You won't be receiving specific help in the interview, so if you need this we will notify your adviser to get in contact with you.

Benefits of taking part

We want to hear about your opinions and experiences of the CAB to help us to understand how we make a difference and how we can improve our services. We will give you all out-of-pocket expenses such as travel costs. To thank you for the time you have voluntarily given to tell us about your experiences we would like to give you a thank you gift of Sainsbury's vouchers. You will receive £5 after the first discussion and £10 after the second. You can withdraw your involvement and any information that you give the study at any stage and you don't have to give a reason. If you decide not to take part, this will not affect the services and advice you receive from the CAB.

What will we do with the information you give us?

If you agree, we would like to record our discussions using a digital voice recorder so that we can write up anonymised notes and quotes. We will remove your name and any identifying information from these notes. We are also asking for your permission to be able to use anonymised data that may be held by the CAB about your case, so that we can understand your situation and whether the help you have received has made a difference. Information from our discussions will be stored on the CAB and University of Bath computer systems. You can request to see what information is stored about you. Nobody else other than the CAB and University staff who are working on this project will have access to the information you give us. We would like to use this anonymised information and quotes from the interviews in different publications including reports for the CAB,

their funders and the Southwest Forum Proving our Value programme. We may also use it for training, conferences and future publications including books, journal articles and reports that may be published on the internet. We will be sharing what we learn from this project with other charities and social purpose organisations.

Contact details

If you have any further questions please contact:

Michelle Farr, University of Bath, Tel: 01225 385593, Email: m.farr@bath.ac.uk

Thank you for your time and involvement in this project.

This study is one of five projects being managed by the South West Forum and funded by the Big Lottery as part of a wider programme called Proving our Value, which helps social purpose organisations prove their social and economic impact.

Client's Project Number: ……… Date: ………… (Interviewer, please fill in)

Understanding how your situation affects you

We would like to find out how your situation affects your life and whether the support you receive from the CAB makes a difference to your well-being over time. Please could you answer the following:

1. **How is the problem that you needed support for currently affecting your life?**
   Please can you respond on a scale of 1 to 10:

   Not   affecting   **Completely**
   my life at all   **affecting my life**

   1   2   3   4   5   6   7   8   9   10

2. **How likely is it that you would recommend the CAB to a friend or family if they needed this service?**

   Very unlikely   1   2   3   4   5   6   7   8   9   10   Very likely

3. **How many times in the last 3 months have you visited your GP?..............................**

The Short Warwick-Edinburgh Mental Well-being Scale (SWEMWBS)

Below are some statements about feelings and thoughts.

Please tick the box that best describes your experience of each over the last 2 weeks

STATEMENTS	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	1	2	3	4	5
I've been feeling useful	1	2	3	4	5

I've been feeling relaxed	1	2	3	4	5
I've been dealing with problems well	1	2	3	4	5
I've been thinking clearly	1	2	3	4	5
I've been feeling close to other people	1	2	3	4	5
I've been able to make up my own mind about things	1	2	3	4	5

"Short Warwick Edinburgh Mental Well-Being Scale (SWEMWBS)

Appendix 2 Financial proxies used and their sources

Average cost of family outings per annum	£1,030	This proxy is used as a willingness to pay proxy for improved family relationships.	http://www.ons.gov.uk/ons/rel/family-spending/family-spending/family-spending-2012-edition/index.html
Sleep patterns improved	£102	Value of sick days taken from work due to sleep shortfall of 99 mins per day. Annual estimated cost to the economy due to lack of sleep (Travelodge 2010) divided by working population suffering from depression, anxiety or any other mental disorder which prevents average sleep (http://cep.lse.ac.uk/pubs/download/special/cepsp26.pdf))	http://www.travelodge.co.uk/press_releases/press_release.php?id=381
Help, reassurance and greater housing security	£297	Value per person from moving to average to good quality homes	(Fujiwara, 2013: 28) Also used as a proxy for outcomes, Client moved into better housing as a result of the diagnosis, and Access and parking issue resolved as carer of husband with stroke as client was thinking of moving.
NCVO estimate of value of volunteering	£30,196	Volunteering contribution per volunteer per year for the state	http://data.ncvo-vol.org.uk/almanac/voluntary-sector/finance-the-big-picture/how-big-is-the-voluntary-

			sector-compared-to-the-rest-of-the-economy/
Subjective well-being for individual who is volunteering	£11,800	Proxy uses the wellbeing valuation technique with the objectives of valuing volunteering from the participant's perspective	http://www.wikivois.org/index.php?title=Volunteering_(well-being_valuation) and http://research.dwp.gov.uk/asd/asd5/WP112.pdf (£13,500) We have taken a lower value for the same proxy of the value of well-being through regular volunteering to be £11,800 from Fujiwara (2013)
Quality of life improvements associated with a reduction in depression	£585	Quality of life benefits were calculated at £585 based on utility values from Revicki and Wood (1996) for depression. This is a similar value to a willingness to pay to avoid depression value calculated by Smith et al (2012) "What's It Worth? Public Willingness to Pay to Avoid Mental Illnesses Compared With General Medical Illnesses", Psychiatric Services	http://www.lse.ac.uk/LSEHealthAndSocialCare/pdf/Report-HC-WC-1-6.pdf and http://ps.psychiatryonline.org/data/Journals/PSS/22159/pss6304_0319.pdf
Acute in-patient psychiatric care avoided at median length of stay	£3,768	Average NHS cost of stay on a psychiatric ward per week is £1,199 per week and median length of stay is 22days	http://www.pssru.ac.uk/pdf/uc/uc2010/uc2010_s02.pdf and http://www.hsj.co.uk/resource-centre/best-practice/care-pathway-resources/its-intensive-but-is-it-for-the-best/5048343.article
Employment gained - average increase in income	£8,240	Increase in income in comparison with being on welfare benefits	http://www.employabilityinscotland.com/key-themes/social-return-on-investment/sroi-real-jobs-evaluation/ and

			http://www.wikivois.org/index.php?title=Gaining_work_value_to_the_individual
Homelessness prevented	£4,500	Valuation of the minimum homelessness cost calculated by Crisis (2003) at £4,500	www.crisis.org.uk/downloads.php/121/HowManyHowMuch_full.pdf and http://www.wikivois.org/index.php?title=Permanent_social_housing_costs_for_homeless_people
Average unit cost to the NHS of treating someone with depression	£2,026	Average unit cost to the NHS of treating someone with depression	Accessed from http://www.wikivois.org/index.php?title=Depression_costs_to_the_NHS McCrone, P., Dhanasiri, S., Patel, A., Knapp, M. and Lawton-Smith, S. (2008) Paying the price: The cost of mental health care in England until 2026. London: The King's Fund
Bailff charges for visit for debt under £100	£25	A minimum fee is used here and is based on council tax recovery. Again this is at the lowest debt rate and so is a minimum value.	http://www.bailiff-mediation.com/wp/dealing-with-bailiffs/
Disconnection of utilities avoided	£425	An individual has to pay a sum of costs if they are disconnected as detailed in the source.	http://www.consumerfocus.org.uk/assets/4/files/2009/11/86_20080928000502_e_@@_Debt_and_Disconnection.pdf
Cost of stress counselling to help service users maintain their stability in the face of stressful circumstances	£362	An average of three different stress counselling courses.	An evaluation of social added value for Real Jobs, the Action Group, Edinburgh Funded by The Scottish Government, Employability and

			Tackling Poverty Division August 2010 http://www.employabilityinscotland.com/media/121757/sroi_real_jobs_evaluation_accredited.pdf
Storage of 2/3 bed house contents for 52 weeks	£1,482	Value of furniture saved due to home being repossessed	http://spacecentreselfstora-px.rtrk.co.uk/cheapstorage.php
Suicide prevented	£9,190	Potential cost saving or value of resources reallocated	Potential cost saving from 2009. Sourced from http://www.wikivois.org/index.php?title=Serious_suicide_attempt_costs_per_unit based on S. Walby, 2004, 'The cost of domestic violence', Women and Equalities Unit
Unfair dismissal financial settlement following a tribunal	£5,000	Median award of unfair dismissal financial settlement following a tribunal	https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/32701/12-1038-unfair-dismissal-compensatory-awards-impact.pdf
Value of carpeting for flat and bunk bed	£750	Budgeting loan for the cost of replacing basic household items (1 year)	http://www.adviceguide.org.uk/scotland/benefits_s/benefits_help_if_on_a_low_income_s/help_for_people_on_a_low_income_-_the_social_fund_and_other_welfare_schemes.htm divided by 2 as based on 2 year
Proxy value for court costs of debt under £500	£105	Court costs are dependent on debt sums and we have used a low fee for a debt under £500 as a proxy. We considered adding solicitors fees to this sum but most clients said they could not afford a solicitor so this has not been	Pre check (£55) and hearing fee (£50) for debt under £500 at http://hmctscourtfinder.justice.gov.uk/courtfinder/forms/ex050-eng.pdf

		included. An underestimated proxy in some cases with higher debt sums.	
Treatment of alcohol misuse on the NHS	£1,800	National average per person per year.	http://www.wikivois.org/index.php?title=Alcohol_misuse_(adult). Original data from NICE Clinical guidance 112 (2012).
Cost of mental health problems exacerbating a long term health condition	£1,760	Poor mental health increases the average cost of NHS service use by each person with a long term condition by £1760	http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/long-term-conditions-mental-health-cost-comorbidities-naylor-feb12.pdf

References for proxies

Bauer, A. and José-Luis Fernandez, J.L. (2012) 'Economic Analysis of the Health Champions Scheme in Hammersmith and Fulham' Commissioned by Turning Point – Connected care and Hammersmith and Fulham Primary Care Trust. London: Personal Social Service Research Unit (PSSRU) LSE Health and Social Care, London School of Economics and Political Science. Accessed on 31st August 2013 from http://www.lse.ac.uk/LSEHealthAndSocialCare/pdf/Report-HC-WC-1-6.pdf

Fujiwara, D. (2013) 'The social impact of housing providers' *Housing, people and communities,* London: HACT. Accessed on 3rd September 2013 from http://www.hact.org.uk/social-impact-housing-providers-report

McCrone, P., Dhanasiri, S., Patel, A., Knapp, M. and Lawton-Smith, S. (2008) Paying the price: The cost of mental health care in England until 2026. London: The King's Fund. Accessed on 31st August 2013 via http://www.wikivois.org/index.php?title=Depression_costs_to_the_NHS

Naylor, C., Parsonage, M., McDaid, D., Knapp, M., Fossey, M. and Galea, A. (2012) 'Long-term conditions and mental health: The cost of co-morbidities' The King's Fund: London. Accessed on 31st August 2013 at http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/long-term-conditions-mental-health-cost-comorbidities-naylor-feb12.pdf

Smith, D.M., Damschroder, L.J., Kim, S.Y.H. and Ubel, P.A. (2012) 'What's It Worth? Public Willingness to Pay to Avoid Mental Illnesses Compared With General Medical Illnesses' *Psychiatric Services*, 63 (4), pp.319-324.

The Action Group (2010) 'An evaluation of social added value for Real Jobs,' The Action Group, Edinburgh. Funded by The Scottish Government, Employability and Tackling Poverty Division, August 2010. Accessed on 31st August 2013 at http://www.employabilityinscotland.com/media/121757/sroi_real_jobs_evaluation_accredited.pdf

Appendix 3 Analysis template

Using the information on Petra and the interview transcript, please can you summarise the main issues and outcomes for the client. Please save this file as "Client project number 1st/2nd interview Analysis Date of interview"; e.g. '015 1st Analysis 05-05-12'. If you are working at the CAB please save the file in the Transcriptions folder in Research project documents.

Client Project Number:

Date of interview:

Verbal consent? Yes to all points/ Yes to some (No to which?)/ No (please delete as appropriate)

Petra client profile filled in?

Date of Birth:	Y /N
Ethnic Origin:	Y/ N
Disability/ Health problem:	Y/ N
(if Y Type of disability/ Condition):	Y/ N
Gender:	Y/ N
Household type:	Y/ N
Housing type:	Y/ N
Household monthly income:	Y/ N
Occupation:	Y/ N
Child dependents	Y /N

- How did the client find out about the CAB?

- Summary of the issue/s that the client brought to the CAB

- How was the issue affecting the client? (e.g. stress, home life)

- What support/advice was given?

- What outcomes have occurred? Please detail where sourced from i.e. Petra (include dates from Petra) or interview transcript (include monetary values wherever there are details)

- Are there any additional ways in which these outcomes have affected the client? (for example, are they sleeping better, feeling less stressed, less alone with their problem?)

- From the transcript, to what extent does the client attribute these outcomes (4 & 5) to the CAB? Please list a percentage for each separate outcome wherever possible. Please highlight where we don't have a percentage for a particular outcome

- Were any other organisations active in the creation of these outcomes? How?

- How did these outcomes occur/ not occur (How and who took action?)

-

- (e.g. client empowered to take action, CAB took action on clients behalf, CAB gave client additional information, CAB did not have appropriate support available e.g. employment lawyer)

- What would have happened if the client hadn't been to the CAB?

- Are there any outstanding issues that the client is waiting on (e.g. outcome of appeal, benefits application)?

- Has the client been back to the CAB since the date of the interview? Please provide summary and dates if yes.

- Does Petra include reference to any additional issues that were not spoken about in the interview? (Please note if the client has previously been to the CAB before the current issues occurred)

- Did the client have any suggestions for how to improve the services or find any aspects of the service that did not meet their needs?

- Any questions important to ask at 2nd interview?

- Please cut and paste below any particular quotes from the interview about the impact of the CAB and the difference that the CAB made to the client.

Number of primary advice issue codes	1	2	3	4	5	6	7
Number of clients	43	22	10	3	0	1	1

Appendix 4 Operationalising SROI in the context of specific domains of advice

Displacement

Repayments rescheduled where the debt is still owed and debts written off may be subject to displacement, where although value is created for clients, it may be at the expense of another group. This issue of displacement can also be considered for successful benefit applications. However displacement has not been used in this way in other SROI reports on advice services (Maxwell 2009; NEF 2010).

How did we treat repayments rescheduled?

A client still owes their creditors but payments have been rescheduled to a more manageable monthly sum.

Treatment: Look at total debt owed. Calculate how much they were paying pcm before and after the debts were rescheduled. Are clients saving any money from this rescheduling over a 5 year period? Yes, enter this amount of money as the value. No, no value included.

Issue: This does not take account of additional interest charges, but as these are unknown it is not possible to include this value. This may reduce the SROI ratio slightly. Nor does it take account of the financial benefits of having a higher monthly spending amount as a result of debts being rescheduled to lower monthly amounts. Accounting for these would increase the SROI ratio slightly.

Drop off: We have not included any drop off calculations within debts rescheduled, assuming that the amounts agreed continue. We asked about this where possible in the final interviews, however where we did not have data no drop off has been included.

How did we treat debts written off?

A client benefits from the sum written off but the creditor loses their money.

Treatment: The individual benefits from the sum written off. Displacement is calculated dependent upon whom the debt is owed to.

- Credit card company or private sector loan company/ debt collection agency: displacement is not considered here as private sector companies allow for a certain amount of debt to be written off within their accounting practices. There were two cases where debt written off to credit card companies were very large sums that had the potential to increase the SROI ratio substantially. In one case we set attribution and deadweight to 50% each, reducing the debt amount to 25%. In the second case we set deadweight at 50% as the client says they may have eventually gone down the bankruptcy route and attribution at 100% which was client designated. Attribution was further reduced in all cases by another 50% as part of our sensitivity analysis. We also conducted a sensitivity analysis including and excluding all debts written off. All ratios and present value sums are disaggregated to illustrate how much percentage value is due to debt written off.
- Debt written off to state benefit agencies such as DWP is a value to the client. There were only a small number of cases where this occurred and the values were minimal. DWP will account also for a number of debts written off as above point so these (minimal) values have been included in the analysis

- Debt written off for council tax is not included as a financial value as the council funds the CAB so there is a clear displacement issue here.

How do we treat successful benefit applications and appeals?

It could be argued that an issue of displacement occurs when the CAB successfully supports a client to attain the correct level of benefits that they are due through support with an application or support for an appeal when a claim has been turned down or assessed at the incorrect rate. These latter incidences have also been referred to as failure demand (NEF 2010) whereby the institution has failed to correctly assess a client for the appropriate benefit amount. Such systemic failures have been headline news recently with ATOS Healthcare being told by the DWP to improve its processes (Financial Times, 2013) with up to 40% of its reports being substandard. ATOS failures themselves have cost the taxpayer more than £64 million (Financial Times 2013). Displacement is not included in these instances as the money due to the client is a legal entitlement, which ensures equity within public provision. This entitled financial income to stakeholders' who are usually experiencing significant poverty, provides benefits to the household and local economy (Wigan and Talbot 2006). It can also be argued that it provides savings to the health system as people with significant ill-health whose income is stopped are more likely to make additional demands on the health service as their conditions worsen. Significant numbers of clients whom we spoke to were living below the poverty line as detailed in the main report[28].

Benefit period and drop-off

Drop off - rate at which the outcomes decrease over time

Benefit period – length of time over which the benefit is likely to endure

Benefit period and drop off of welfare benefits Current changes in welfare benefit rules have an impact on our calculations of drop-off and duration. We have therefore applied the following rules to these benefits:

- **Disability Living Allowance (DLA)** Whilst there are changes to new DLA applicants with the forthcoming introduction of the Personal Independence Payment (PIP), this is less likely to affect current claimants within the next 5 years. We have calculated a 5% drop off rate for all DLA claims and calculated the duration to be up to 5 years unless other case information is available that may affect this.
- **Employment Support Allowance (ESA)** Government guidelines suggest that if clients are in the work-related activity group, contribution-based ESA will only be paid for 12 months, whereas if clients are in the support group there is not a time limit on ESA claims. Where we have information that clients are in the support group we have calculated this at 5 years with a 25% drop off rate to take account of any potential changes. Where clients are in the work related activity group we have calculated benefit for 1 year.

- **Council Tax Reduction (formerly Council Tax Benefit)** Council Tax Benefit was withdrawn from 1 April 2013, with the replacement Council Tax Reduction. Within BANES the average person previously eligible for council tax benefit is now paying approximately £28 pcm. Therefore a drop off has been calculated at 23% dividing this reduction by the average council tax in BANES. This is applied year on year and is therefore likely to be an overestimate of the reduction in benefit, reducing the SROI ratio.
- **Council Tax Single person allowance** Drop off calculated at 25% as clients may have changes in circumstances.

Calculating input costs

Assumptions and Sensitivities of the input costs

1. The method we have used gives an average cost rather than the actual individual cost of advising the clients that we interviewed. Unfortunately, it proved impossible to calculate an actual cost from the data to which we had access. The CAB Petra database does not record the time taken to advise each client and there are no other usable proxies to calculate cost per individual client. However, we have no reason to believe that our interviewed sample of clients is not representative of the all clients.

2. Clearly a very important input to the advice service comes from the volunteer advisers. We have not included a valuation of their time in our cost per client although one SROI study of advice services by the New Economics Foundation (NEF) does do that.[29] However, we would argue that BANES-CAB very deliberately employs volunteers partly to keep costs down and it is perverse not to reflect that. For those who wish to compare our findings with those of the NEF study, the value of volunteer time in BANES-CAB in in 2012/13 was £462,000[30]. The inclusion of that value would make the cost in that year £132 per client. We have not used this higher figure including volunteer time, as this is one of the fundamental ways in which the CAB keeps costs low. Our input figures do include all the actual costs of volunteer support however.

- The cost per client does change from year to year. We have chosen the years in which our client sample was advised. In the year 2010/11 the cost per client was £69 and in 2011/12 it was £63 (including all Gateway and advice clients). The fall in cost was caused by the introduction of the Gateway system which increased the number of clients radically. The state of the economy and the threat of changes in welfare must also have contributed. The Bureau met this increased demand by training and using more volunteers.

---

[29] New Economics Foundation (2010) Outcomes in Advice. London: New Economics Foundation and Advice UK.

[30] Wage-rates for various volunteer roles are based on the amount paid for equivalent roles in the Bureau discounted to reflect the impact of the very part-time nature of volunteer's commitment.

SROI treatment of specific outcomes and allocating proxies

Depression, anxiety and mental health problems

For a state proxy to be allocated to the client they must have been going to the GP for their mental health problem, and have reported an improvement in their mental health problem as a result of intervention from the CAB.

For an individual proxy to be allocated the client must have self-reported feelings of depression, anxiety or other mental health issues (but not just stress), and have reported an improvement in their mental health problem as a result of intervention from the CAB.

For an individual and co-morbidity state proxy to be allocated the client had a long term health condition and reported feelings of depression and anxiety. In these cases it is unclear that client received treatment for depression, but they did have an underlying long term health condition that may have been exacerbated by depression. It has been estimated that poor mental health increases the average cost of NHS service use by each person with a long term condition by 45% (King's Fund 2012).

One year duration was allocated for each of these proxies due to other compounding factors, attribution and deadweight were both usually calculated at 50% and 50%. Attribution was client specific where clients precisely gave an attribution score in relation to this outcome.

Stress

Where a client said that they felt less stressed as a result of going to the CAB (but did not express feelings of depression and anxiety which avoids double counting) and had not been to the GP, an individual stress relief proxy has been included. This is based on an approximation of the cost of stress counselling that helps people to retain their stability within stressful situations (used in The Action Group, Assured SROI Report, 2010).

Where a client states that the stress from the issue they received advice for affected either their mental or physical health and they have an underlying long term health condition or disability that may have been exacerbated by the stress, an additional co-morbidity proxy has been included as above. This financial proxy is used when the client says that their stress was reduced after they had been to the CAB.

One year duration was allocated for each of these proxies due to other compounding factors, attribution and deadweight were both usually calculated at 50% and 50%. Attribution was client specific where clients precisely gave an attribution score in relation to this outcome.

Homelessness

There were two categories of homelessness prevention, **direct** where CAB actions have immediately prevented homelessness and **long term** where debt management or benefit advice prevented homelessness in the future. In these cases if a client was unable to afford rent due to benefits being stopped and the CAB was able to increase income to pay rent, this can be considered as long term prevention of homelessness. If the situation had continued as it had, this would have meant that in the long term homelessness could have occurred due to rent or mortgages not being paid. Long term prevention has only been included where there was a clear long term trajectory or the clients have said that they would have lost their home if it hadn't been for the CAB.

Examples of direct prevention of homelessness: Advice regarding repossession court case, successful benefit appeals cases where housing benefits were due to clients and debts written off following threat of bailiffs and repossession.

Examples of long term prevention of homelessness:

Previously homeless person now housed being supported to manage debts and benefit issues supporting long term prevention, support to manage situation with respect to benefits, client says that "I could have been evicted maybe because the rent wasn't paid".

50% deadweight and 50% attribution has been included for the long term prevention cases unless clients specifically raised the attribution level (on occasion to 100% attribution), reducing the proxy by 50-75% as other factors may intervene in the longer time period.

Appendix 5 Sensitivity Analysis

Elements of our sensitivity analysis included:

- Using the full present value calculated from the 80 client impact maps has been chosen as the main present value figure upon which the SROI ratio is calculated. A cautious approach has been applied within this in the creation of individual impact maps and the sourcing proxies from a range of locations, using lower values where appropriate.

- As part of the sensitivity analysis, where there were particularly high present values for specific clients, the University research team unpicked and reviewed all the assumptions made to ensure that they were appropriate to the clients' situation and followed our own guidelines as set out on Appendix 4.

- The precise element of overly positive attribution toward the CAB is hard to establish. However we have done a sensitivity analysis reducing attribution by 25% to take account of this. This may be overly cautious for a number of reasons. It is clear that there were a significant number of clients within interviews that had expressed dissatisfaction with elements of the service or had felt let down where outcomes had not occurred or they had felt the advice not to help. Therefore it is clear that many clients did not feel pressured to say overly positive things about the CAB. We also ensured that advisers did not interview clients that they themselves had advised so that clients could be honest and open in their answers and to reduce potential sources of bias. Clients also explained that often they did not have anyone else to turn to, therefore attribution to the CAB can be confidently ascertained in these examples as no other actors were involved.

- We have calculated a sensitivity analysis on different periods of benefit at a minimum of 1 year following CAB outcomes guidance as well as a maximum of 5 using SROI guidelines (Cabinet Office 2012). The 1 year period has been calculated to illustrate how the CAB may be underestimating the value of its outcomes as they are only calculated on the basis of one year duration.

- We have disaggregated our SROI ratios and present values to illustrate how the different forms of value combine to create the final sum and illustrated how the ratio would change if debts written off were taken out of this present value. We have left debts written off in the main present value (as it is an important value to clients) and illustrated the percentage value that it contributes to the total.

- The minimum SROI ratio reduces all client allocated and estimated attribution levels by 25%.

Testing for positive bias toward the CAB – reducing attribution rates

We have lowered all attribution scores by 25% to account for any positive bias toward the CAB. Lowering all attribution scores by 25% (taking out any negative attribution scores and keeping them at zero) gives a present value of £335,655 which is distributed as follows:

Type of outcome value	Present value over a 5 year period
Financial gain (Debts written off)	£82,571
Financial gain (Income gained)	£138,269
Financial gain (Income gain following repayments rescheduled)	£31,218
Financial gain (Debts wrongly charged)	£1,583
Financial gain (Re-imbursement or service or loan)	£38,815
Other (improved relationship, housing, sleep, employment or volunteering gained)	£16,053
Prevention (of depression, homelessness, bailiffs, utilities disconnected, hospitalisation)	£27,145
Grand Total	£335,655

Original financial value source	Sum of present value over 5 years
Client actual	£228,989
Client estimate	£36,158
Proxy average local (BANES)	£12,594
Proxy average national	£45,767
Proxy Unit based	£12,147
Grand Total	£335,655

Stakeholder	Sum of present value over 5 years
Individual Total	£292,430
State Total	£40,801
Household Total	£2,387
Employer Total	£37
Grand Total	£335,655

This present value of £335,655 creates a SROI ratio of 1:33, which is the minimum set of assumptions employed.
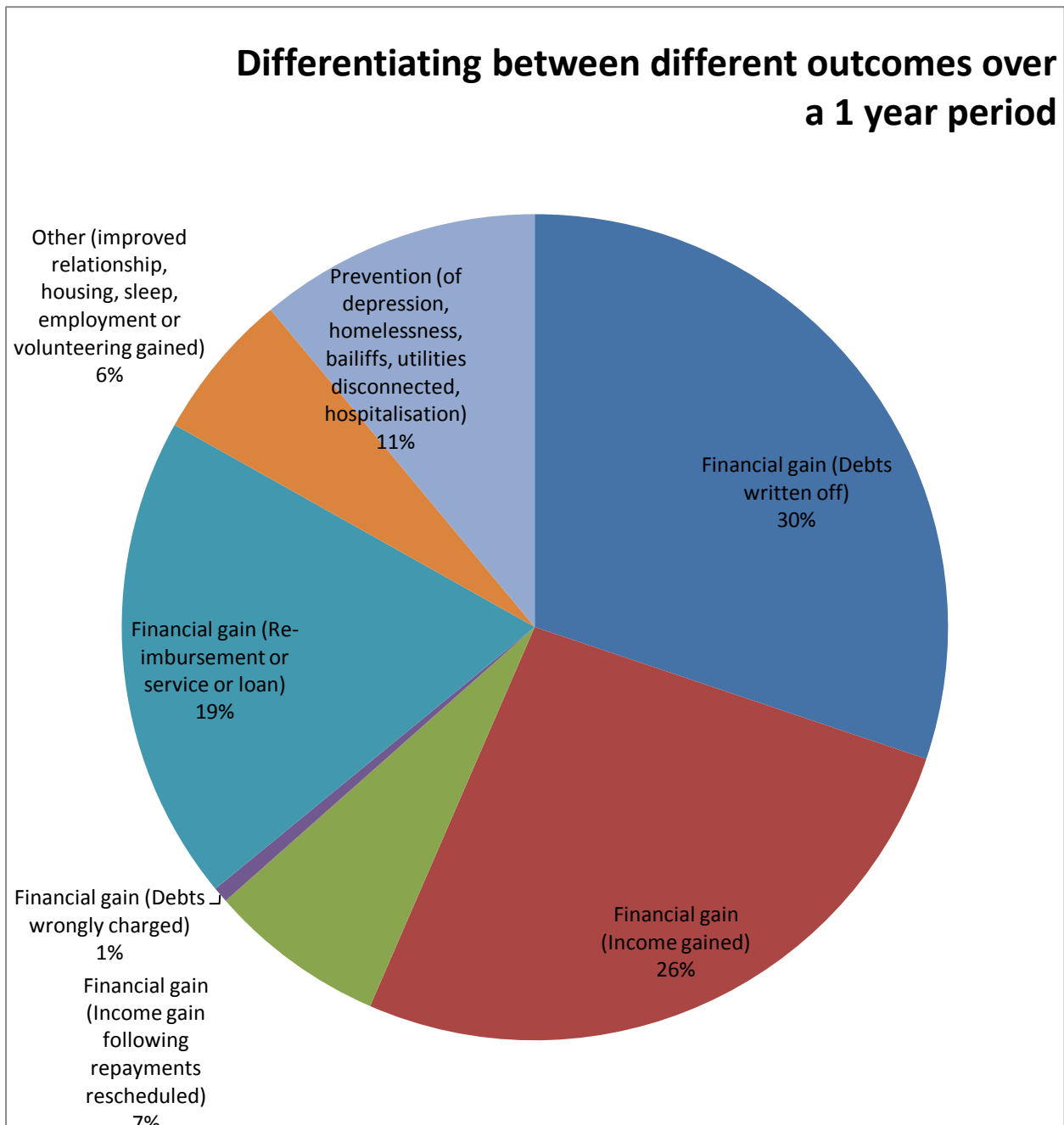
Duration/ benefit period

We have calculated a sensitivity analysis on the period of benefit at a minimum of 1 year following CAB outcomes guidance. This produces a present value of £366,674. The main change in values, as indicated in the table below is a reduction in income gained, repayments rescheduled and other financial gains. These values were usually projected forward in our cases where there was grounds to indicate that income gained would be likely to benefit the client beyond one year.

Type of outcome value	Present value for 1 year duration	Present value for 5 year duration
Financial gain (Debts written off)	£110,613	£110,613
Financial gain (Income gained)	£96,651	£205,615
Financial gain (Income gain following repayments rescheduled)	£25,461	£41,654
Financial gain (Debts wrongly charged)	£2,254	£2,254
Financial gain (Re-imbursement or service or loan)	£69,897	£77,666

Other (improved relationship, housing, sleep, employment or volunteering gained)	£21,266	£29,731
Prevention (of depression, homelessness, bailiffs, utilities disconnected, hospitalisation)	£40,533	£40,533
Grand Total	£366,674	£508,066

The distribution of value for a 1 year benefit period would be as illustrated below. The percentage of value as debts written off becomes higher (30% in 1 year as opposed to 22% over a 5 year period) as these were calculated benefits in year 1.

Differentiating between different outcomes over a 1 year period

Other value distributions for the benefit period of one year are as follows:

Stakeholder	Value
Individual Total	£307,969
State Total	£55,077
Household Total	£3,579
Employer Total	£49
Grand Total	£366,674

Original financial value source	Sum of value
Client actual	£217,088
Client estimate	£65,014
Proxy average local (BANES)	£8,851
Proxy average national	£64,996
Proxy Unit based	£10,725
Grand Total	£366,674

Taking out debts written off

It has been indicated through CAB financial; reporting guidelines that debt written off can become a distorting figure in any outcome reporting. Indeed when the benefit period is calculated at 1 year, debts written off occupies 30% of the value. If all debts written off were now taken out of the calculation the present value for the 80 clients becomes £256,062 for the period of 1 year. The distribution of this value is illustrated below, the table compares this with the value created for clients over a 5 year period without debts written off:

Type of outcome value	Present value for 1 year duration without debt write off	Present value for 5 year duration without debt write off
Financial gain (Income gained)	£96,651	£205,615
Financial gain (Income gain following repayments rescheduled)	£25,461	£41,654
Financial gain (Debts wrongly charged)	£2,254	£2,254
Financial gain (Re-imbursement or service or loan)	£69,897	£77,666
Other (improved relationship, housing, sleep, employment or volunteering gained)	£21,266	£29,731
Prevention (of depression, homelessness, bailiffs, utilities disconnected, hospitalisation)	£40,533	£40,533
Grand Total	£256,062	£397,453

So taking the minimal assumption of a one year period with no debts written off, the value of £256,062 is distributed as follows.

Differentiating between different outcomes at a 1 year period with no debts written off

Prevention (of depression, homelessness, bailiffs, utilities disconnected, hospitalisation)
16%

Other (improved relationship, housing, sleep, employment or volunteering gained)
8%

Financial gain (Re-imbursement or service or loan)
27%

0%

Financial gain (Income gained)
38%

Financial gain (Income gain following repayments rescheduled)
10%

Financial gain (Debts wrongly charged)
1%