Social Return on Investment: a Case Study in Health

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## About Us

# Social Enterprise

**Registered B Corp** 

Triple bottom line management consulting firm specializing in economic development, microfinance & new ventures

#### **Recent clients:**

- Solar Richmond (CA)
- USAID ARIES project, Afghanistan
- The SEEP Network's Value Initiative, Marina GanaVida, the Philippines

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Consulting and applied R&D firm specializing in impact measurement, management and communication.

#### **Recent clients:**

- Stewards of Affordable Housing for the Future
- OneCalifornia Bank & Foundation
- Golden Mean Capital (Sust. Agriculture in W. Africa)
- Social Evaluator (SROI tool + coaching)

## Agenda



- Social Return on Investment Overview
- Example Project Description & Status
- Group Exercise
- Discussion



#### **SROI Overview**



## Social Return on Investment (SROI)

- Non-financial value created by an organization relative to the investment required – measuring our impact
- Goals
  - Assess actual value created
  - Inform management decisions
  - Align investment with value
- Answer questions such as:
  - Where is the best place to spend the next dollar?
  - What resources are we leveraging from our partners?
  - What is the social return on the investment in health promotion?



## **Evolution of Impact Mgmt & SROI**

- 1800s: Cost-benefit analysis first developed
- 1970s: Cost-benefit analysis required for US federal gov't spending
- 1993: First known SROI by social enterprise fund: Coastal Enterprises
- 2000: First SROI Methodology documented by REDF
- 2006: SROI Framework published by group of practitioners
- 2008: SROI Network forms to promote consistency and ongoing development of methodology
- 2009: Scottish and UK Governments pilot adoption of SROI for government grants; SPM Network emerges in microfinance
- 2010: Mushrooming applications and versions
- **Investors:** Large institutional investors (CalPERS, AIG, UBS), venture capitalists (community development, cleantech), philanthropists and foundations (diverse fields)
- **Company & Nonprofit Managers**: NGOs (advocacy, politics, human services, green building, education, health and prevention, etc.), private corporations (family-owned, venture, emerging markets), publicly-listed corps (Nike, Philips), McKinsey, KPMG, etc.



...Not an exhaustive list...

## Measuring *impact* relative to *investment*

#### Investors







#### Corporations



#### **Nonprofits and Foundations**



#### **Academic Institutions**



#### Government



...Not an exhaustive list...

## **State of the Industry**

#### Know-How: Approaches

#### **SROI** Network

And many practitioners: SROI Lite (GSBI) SROI Toolkit & Calculator (SVT Group) SROI, OASIS, etc (REDF)



ABDUL LATIF JAMEEL Reverty Action Lab

Social Enterprise

SOCIA



mours

The World Bank

svt group

Technology: Cost-Savings

social e-valuator™

true impact





#### Demand: Leadership





IMPACT REPORTING AND INVESTMENT STANDARDS Creating a Continue Language for Assessing Social and Environmental Impact

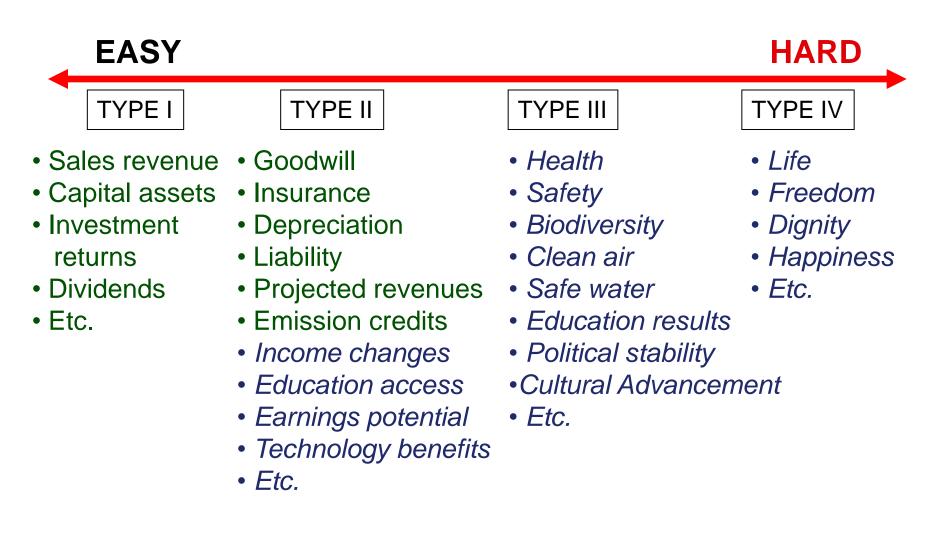






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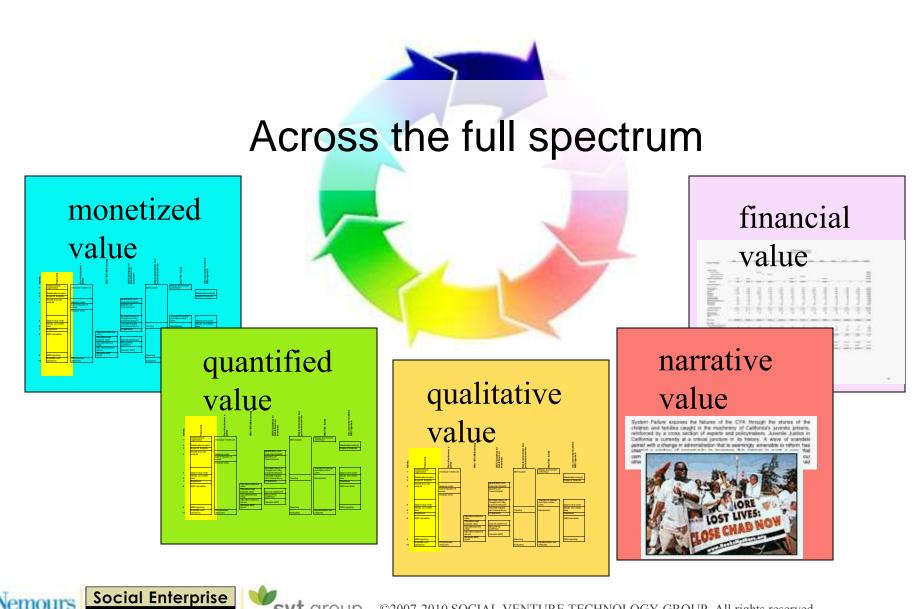
## **Tangibility Spectrum**



**Social Enterprise** 

emours

#### **Valuation of Impact**



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SSOCIA

### **Types of Information about Value...**

Five basic ways of articulating an organization's value creation:

Financial information

Monetizable

Quantitative

Qualitative

**Narrative** 

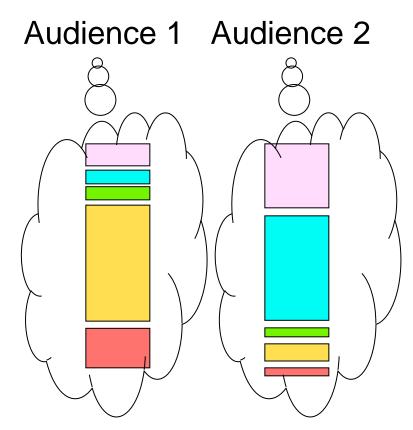
 accounting: cash in, cash/work out

translating non-financial value into \$ equivalent

numbers: size, magnitude or degree

 description: kind, type, or direction

storytelling



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#### ... Speak to Different Audiences

Five basic ways of articulating an organization's value creation:

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Monetizable

Quantitative

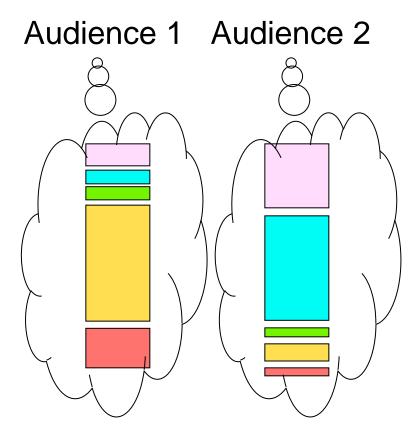
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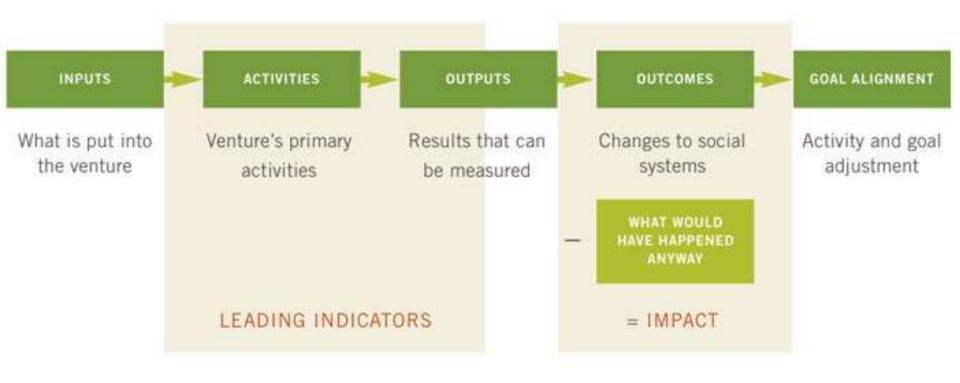
Narrative

### SROI "10" Steps

- 1. Define Scope/Subject of Analysis
- 2. Define Theory of Change
- 3. Identify Stakeholders
- 4. Calculate Costs
- 5. Break Out Activities
- 6. Specify Outputs
- 7. Determine Outcomes and Subtract "Deadweight" and Attribution to Others => Impact
- 8. Determine Indicators
- 9. Value Indicators (in dialog with Stakeholders)
- 10.Calculate SROI

#### .....analyze, manage and repeat! 13

### **Impact Value Chain**





## NHPS SROI Project Description and Status



## **Background on NHPS & SROI Initiative**

#### **About Nemours**

- Nemours Health & Prevention Services
- Tell what Nemours is and what they are doing and why





- Wanted to answer question for the board, "How do we know the highest & best use of the next \$1"
- Multi-year initiative
- Use as a management tool
- Providing explicit way to compare costs/benefits, pros/cons of different programs
- Partnership with team of consultants to bring best in the field efforts and develop cutting edge analysis

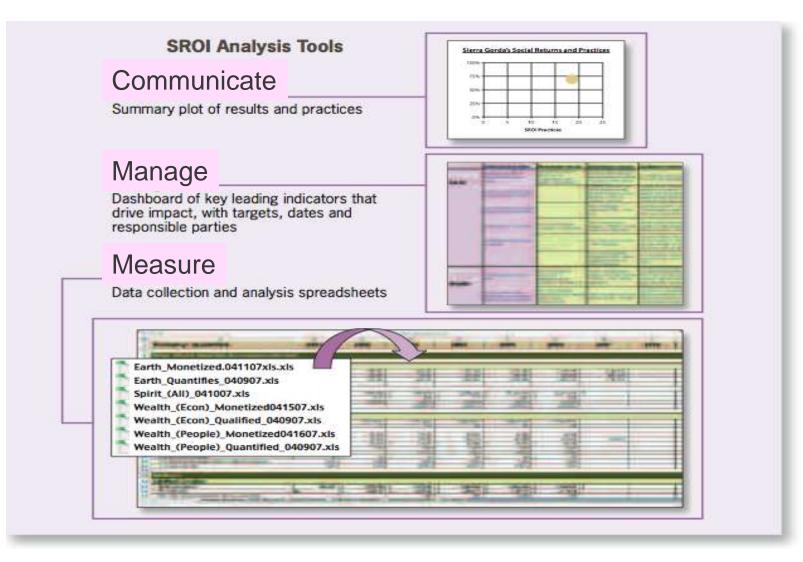


#### **Expected NHPS SROI Outcomes**

- Evaluate potential SROI of NHPS activities that may be embedded in all projects and initiatives so that we can make "good" decisions
- Measure the actual SROI of NHPS projects over time to better manage the results
  - Key NHPS business process
  - Enable consideration and measurement of long-range impact of initiatives, along with shorter-term measures of effectiveness
  - Enable NHPS to use the data strategically to manage and maximize potential community impact
- Capture the value community partners bring to the table and how we are leveraging additional resources to advance our mission



#### **SROI Toolkit**





### **Project Components**

- 1. SROI Lite Calculator
- 2. Childcare Policy SROI Analysis
- 3. SROI 360 Degree Sussex County

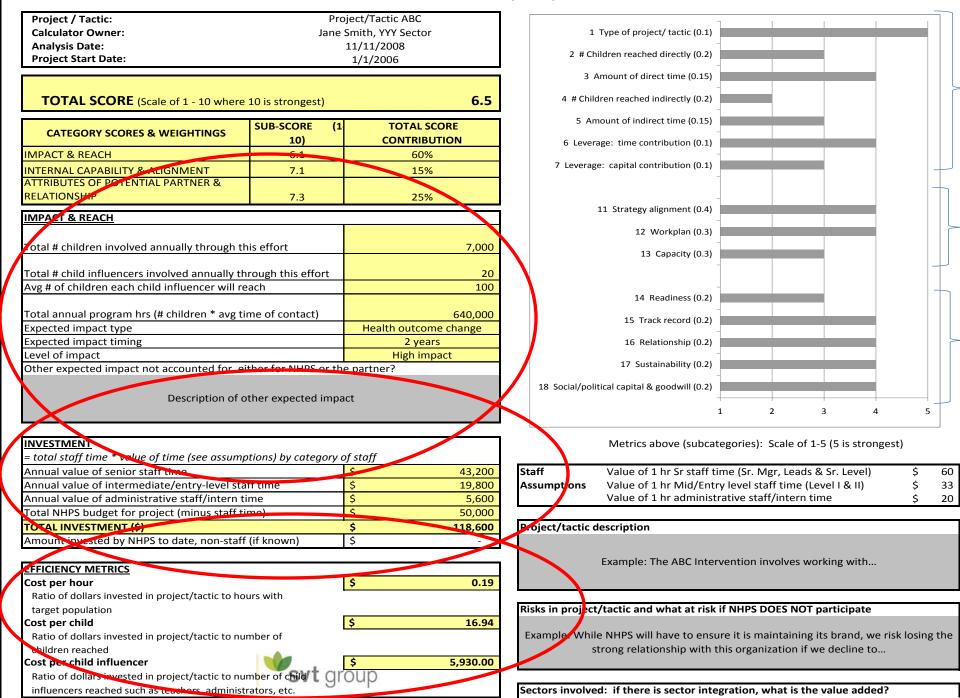




### **SROI Lite Calculator Input Sheet**

17		II. INVESTMENT			
18	А.	Duration	How long is project/tactic?	Length of engagement in weeks (max=52 weeks or rest calendar year)	52
19	в.	Senior staff#	How many senior staff involved?	Number of senior staff involved	2
20	c.	Senior staff time	How much time spent by senior staff on project/tactic?	Average weekly time spent by each senior staff (0 to 40 hours)	20
21	D.	Intermediate/entry level staff#	How many intermediate/ entry level staff involved?	Number of intermediate/entry level staff involved	2
22	E.	Intermediate/ entry level stafftime	How much time spent by intermediate/ entry level staff on project/tactic?	Avg weekly time spent by each intermediate/ entry level staff (0 to 40 hours)	20
23	F.	Administrative staff/interns #	How many administrative staff/interns involved?	Number of administrative staff/ interns involved	1
24	G.	Administrative staff/interns time	How much time spent by administrative staff/interns on project/tactic?	Avgweekly time spent by each administrative staff/interns (0 to 40 hours)	10
25	н.	Non-staff expenses	What are annual non-staff expenses of project?	Total NHPS annual budget for project less stafftime (includes in-kind, publications, materials, contracts, sponsorship, swag, etc)	\$ 5,000
26	I.	Previous investment	How much has NHPS invested to date in this project/tactic?	Amount invested by NHPS to date, non- staff (if known)	\$ 1,000
27		III. IMPACT AND	O REACH		
28	1	Type of project/tactic	How well established is this type of project or tactic?	Level of research-based validity for this type of project or tactic	Emerging trends/practices
29	2	# Children reached directly	How many children are reached directly?	Estimated number of kids reached in targeted population annually	10,000
30	3	Amount of direct time	How much prorgram time is between NHPS / partner and children, i.e. if there is class time, how long; if it involves tech. assist., how long?	Please estimate the amount of program time (in hours) each recipient will receive with this project/tactic over time period (up to 1 year).	10 mins to 1 hour of programming

#### Annual Social Return on Investment (SROI) Lite Calculator Tool V.1.0



## **Childcare Policy SROI Analysis**

Impact if NHPS Child Care Policy Practice Work Achieves 2% Reduction Within 1 Year in DE	
1. Health costs in DE due to children obese/overweight/at risk in 2009	\$ 223,560,000
2. Health costs per child obese/overweight/at risk in 2009	\$ 2,931
3. Health care cost savings, NHPS reduces children	
obese/overweight/risk by 2% in 2009 for one year	\$ 1,139,409
4. NHPS Child Care Team Expenses for 2009	\$ 318,220
5. Social Return on Investment (SROI) 2009 (Line 3/Line 4)	3.58

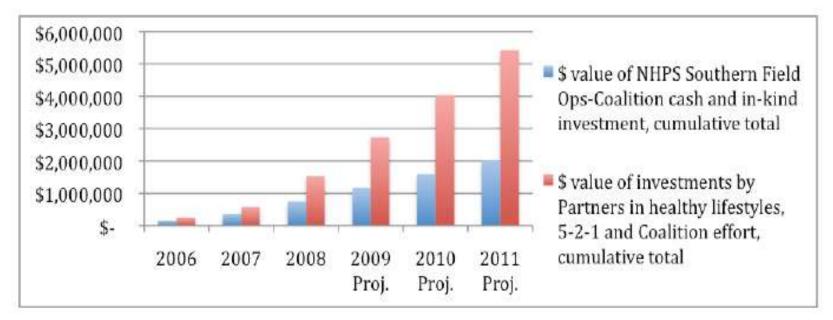
SROI for NHPS's expenses on child care 3.6:1; health care cost savings to the "system", rising thereafter. 'Social profit' significant

Table 3. Breakeven Analysis		2008	
NHPS child care team expenditure per year	\$	318,220	
Health costs per kid obese/overweight/at-risk	\$	2,749	
# Children who would need to be removed from at risk/overweight/obese			
category each year, to reach breakeven		116	

If NHPS child care efforts reduce incidence of obesity by 116 children, achieves 'breakeven' on expenses for the child care team



### More Resources Devoted to Obesity Prevention Based on Nemours Investment: Nemours as a Catalyst for Change



Note: Includes staff time, the value of volunteer time priced at the cost of time for local a job of equivalent skill, cash and in-kind expenses, and sponsorships. Value of time is priced at same rates as for NHPS. Source: SROI 360 Partner Models, Version 1.0 (2008) for Woodbridge School District, Western Sussex Boys & Girls Club, Delaware Technical & Community College Child Development Center. Credibility: Medium



## **SROI – Important Program Information**

- Children tend to lose track of 5-2-1-Almost None principles when they go home
  - Need to engage children in communicating with their parents and educate parents through NHPS social marketing efforts
- The impact of one partner may be visible at sites of other partner organizations
  - Children eating healthier while in school may be reflected in data collected by youth-serving organizations
  - Individual partner results tell a different story than the collective measurement needed to truly understand impact
- The collective impact of these partners working together towards a common health outcome is beginning to show
  - NHPS and partners now have models to more efficiently track metrics, manage performance and communicate with stakeholders
- NHPS is using this SROI information to inform our programmatic decision-making to ensure that it is more effective



## Next Steps: 2010 and Beyond

#### 2010

- Alignment of SROI Calculator & SROI 360 in common platform
- Developing systems and documentation for on-going use including further customization. For example: Social Marketing
- Dissemination of findings

#### ...and Beyond

- Tools will have lifelong impact at NHPS
- Will be better able to align budget with NHPS' mission and number of children impacted
- Confirming NHPS' projects are impacting Delaware children The "social return" on our dollar investment



#### **Group Exercise**



## **360 Degrees – Sussex County Objectives**

- 1. Understand impact child health promotion approach to childhood obesity
  - Consume 5+ fruits & vegetables daily
  - Limit screen time to <2 hours</li>
  - Spent >1 hr on active play or exercise
  - Drink almost no sugary beverages
- 2. Develop a 360 degree geographically-focused SROI assessment
- 3. Pilot partner-friendly tools to assess both progress today and progress going forward







### **360 Degrees – Sussex County Deliverables**

- Excel tracking tool for each partner
- SROI 360 report for each partner
- Overall Sussex 360 SROI report with combined outcomes of all pilot partners

NHPS-Sussex County Child Health Promotion Coalition 360° SROI AnalysisSocial Return on Investment (SROI) AnalysisNHPS and Sussex CoalitionVERSION 1.0

RESULTS SUMMARY

5-2-1 Component	2008 Efficiency Metric		2008 Results	
	\$ invested by NHPS-Coalition in 2008	\$	391,970	
Investment	\$ invested by Coalition partners in 2008	\$	949,090	
	Ratio of partner to NHPS/Coalition investment		2.42	
Partner	Estimated number of high impact partners who are active		16	
	Total \$ invested by NHPS per high impact partner who is active		24,498	
Engagement	Number of active partners per \$1000 invested		0.04	
	Estimated number of all participants who can provide correct 5-2-			
	1 definition		784	
Awareness:	Total \$ invested per participant who can provide correct 5-2-1			
Children	definition	\$	1,211	
	Number of participants who can provide correct 5-2-1 definition			
	per \$1000 invested		0.83	
	Estimated number of participants reaching recommended daily			
	fruit/vegetable consumption		233	
5	Total \$ invested per participant reaching recommended daily			
5	fruit/vegetable consumption	\$	870	
	Number of participants reaching recommended daily			
	fruit/vegetable consumption per \$1000 invested		1	
	Estimated number of participants limiting screen time to 2 or			
	fewer hours per day		130	
2	Total \$ invested per participant limiting screen time to 2 or fewer			
2	hours per day	\$	1,003	
	Number of participants limiting screen time to 2 or fewer hours			
	per day per \$1000 invested		4.04	
	Estimated number of participants attaining 1 hour or more per day			
	of physical activity		1,979	
1	Total \$ invested per participant attaining 1 hour or more per day			
-	of physical activity	\$	379	
	Number of participants attaining 1 hour or more per day of			
	physical activity per \$1000 invested		2.6	
	Estimated number of participants eating equal to or less than			
	recommended daily sugary snack consumption		932	
	Total \$ invested per participant eating equal to or less than			
Almost None	recommended daily sugary snack consumption	\$	218	
	Number of participants eating equal to or less than recommended		1.00	
	daily sugary snack consumption per \$1000 invested		4.60	

### **Scenario School Partner for 360 Degrees**

- NHPS and Woodbridge
  - Your turn

Discussion

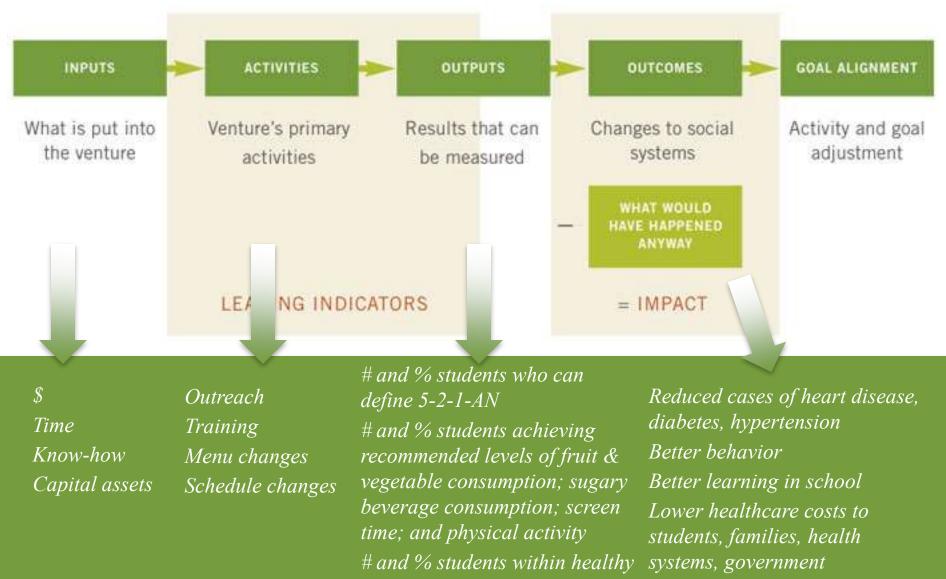
- What are the specific indicators you think are most important to track?
- How would you determine what would have happened anyway?
- What would you do to collect the necessary data on an ongoing basis?



### **Case Study: Brainstorm**

ACTIVITIES	- OUTPUTS		BASE CASE
Venture's primary activities	Results that can be measured	Changes to social systems	What would have happened anyway
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#### **Proving the Theory**



<u>BMI</u>

## Discussion Q & A

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