

We spoke with Behind Closed Doors, about how they have used social value measurement to improve projects and serve their stakeholders better.

What does Behind Closed Doors do?

We support women and men who are victims of domestic violence and abuse (DV&A) who live in the Leeds area. People experiencing current abuse who are at high risk or who have significant practical issues, like housing, welfare or debt are helped by BCD staff working as part of the contracted Leeds Domestic Violence Service. Where risk is low and people's primary need is for support to reduce the likelihood of abuse escalating or recover after ending an abusive relationship, then we offer support through our grant funded Prevention and Recovery Service (PARS).

We work directly with people aged 16+ and offer whole-family support to promote recovery of clients' families. All our support is delivered 1-1, in the Community, in places where people feel safe and we work closely with the other agencies supporting clients and their families.

We deliver certified and bespoke DV&A training to statutory and voluntary sector professionals and HR professionals and managers in the private sector. We also offer Volunteer training based on our in-house Volunteer programme. All our training is based on our own experience.

Why are you measuring social value and how?

We have monitored, recorded and evaluated the impact of our services on clients since BCD began in 1997 and saw social value as a logical extension of this process. Initially, we saw it as a way of supplementing and better using and managing the data we collect to evidence achievements.

We follow the Principles of Social Value and always work to the following targets:

- Understanding what changes, the outcomes we create and how we can evidence these in our projects.
- Valuing the things that matter to all our stakeholders, not what we assume they value and understanding the relative importance of the outcomes for them.
 - Only including information that gives a true picture of the impact created.
- Claiming only the value that we are responsible for creating.
- Always being transparent, accurate and honest about how we have calculated the social value we create.
- Verifying the result through reporting conclusions to stakeholders and discussing them with them.

An experienced SROI Consultant worked with key BCD staff to embed the learning and skills within the team and write our impact report. We apply the Social Value Principles through:

- Defining the parameters of the study.
- Identifying stakeholders and assessing their materiality.
- Interviewing them by phone or surveying them electronically.
- Asking them about the changes and outcomes they experienced; asking them to describe how these came about and to explain the role we (and others) had in making these happen.

- Using the data we collect to construct chains of events for each stakeholder group showing outcomes and how these had been created.

We validate results and data with groups of clients, volunteers and the BCD team and attribute values to the outcomes, using stakeholder values, Global Value Exchange and Social Value Bank.

How many changes have you made because of end user feedback?

The study did much more than just show what we'd achieved; it helped us to discover ways to work even better and we introduced eleven clearly identifiable changes. As a result we made changes to the services themselves and to the way we monitor and measure them.

We are:

- Introducing new ways for people to access our services including extended opening hours and offering the choice of phone or online support as well as face to face meetings to better meet the needs of clients with work, childcare commitments or disabilities.
- Creating new 'extended hours' volunteer roles, so that people who are employed/busy during working hours can volunteer and to provide 'progression' for volunteers who want it.
- Developing and embedding a Whole Family Approach to better support clients' children and other family member and make client's recovery more sustainable.
- Planning to trial personal development groups where people who want further support can continue to develop without being defined as DV&A victims.
- Introducing Client Focus groups every 6 months to review project and give clients a greater say in developing our services.
- Revising all our Client Outcomes and indicators.
- Developing new support documentation and user guidance sheets for new Needs Assessment, Support Plans, Review and End of Support forms.
- Introducing netbook/tablets to capture the information immediately so that it is available for all client work.
- Changing our database system to improve recording and reporting on outcomes and value.
- Developing new Monitoring summaries.
- Embedding Social Value in all aspects of our support delivery, monitoring and evaluation.

Do you have a specific example of how measuring social value has impacted your projects?

The data we collected showed that the majority of the clients we worked reported problems with their mental health and well-being, so , in spring 2016, we began a 12-month project to provide a specialist, fast-response service to people with mental health problems related to current or historic DV&A identified by health professionals .

Although we achieved good outcomes for our clients, their feedback and feedback from other key stakeholders meant we had to be flexible and

continually adapt the way we work. Clients told us they had come to trust their Worker and did not want to be referred to other agencies or tell their story again, so we provided much more direct support work than we had originally planned; they needed more flexible appointments to enable them to cope with their changing circumstances and pressures within the CCG meant that training and awareness sessions for professionals which we had planned at the start of the project were delivered towards the end of the project.

Our willingness to change and adapt meant that the 67 clients we supported improved their overall wellbeing and mental health by 100% and their physical health by 50%, as well as increasing their self-esteem, ability to cope, optimism about the future and improving their community networks. Health professionals who took part in the training said it increased their understanding of DV&A, in particular the complexity of the problems victims faced and increased their ability to identify, deal with and refer cases.

The learning and innovation from the project has already been integrated into our services: we now routinely use CORE-5 to help us better understand and measure clients' psychological distress & are increasingly using a surgery based approach, meeting clients in private rooms in Community-venues like one-stop centres because we have seen that this encourages clients to leave their homes and feedback is that this can be empowering for them.

The learning and trainee's feedback has also helped us develop the training products we offer.

Did you learn anything from this process?

We learned that we:

- Should all take time to appreciate and celebrate what we achieved as this is what makes us so different from many other organisations.
- Should be even more confident in promoting our services and what they achieve.
- Need to continue listening to the voices of those we reach and feeding this back to those who commission us.
- Should resist being side tracked from our mission by what commissioners are prepared to pay for.
- Must remain agents for social change and celebrate being small, specialist and creating life-long value.

Are you embedding social value across the organisation?

Yes. We see Social Value Management as a continuous process, which adds value to everything we do, particularly in our Prevention and Recovery Service where we are not constrained by anyone else's outcomes. We have reviewed client outcomes and set new indicators, using the Social Value study outcomes and indicators as a starting point and set up a new system to collect outcome data from Families taking part in the Family Work, making sure that there are no overlaps with client data. This is currently being trialled and will be reviewed and modified at the end of the year. We are reassessing Stakeholders for materiality annually and adapting data

collection accordingly. We are involved in early conversations with partners who are based out of area, looking at opportunities to pilot new and existing activities in partnership and using the same approach to measuring social value.

What would you do differently next time?

Our biggest learning has been that it is crucial to get the timing right when asking stakeholders for their views. Statutory service stakeholders and stakeholders from partner organisations were reluctant to reply to our surveys either by phone or by email during the Social Value study and when they did reply, often failed to answer the questions. In contrast, asking them to routinely comment on the same points just after they have worked closely with us has produced a much better response rate and much more considered and useful responses.