



# GWYNEDD PARENT CARERS SOCIAL RETURN ON INVESTMENT (SROI) EVALUATION REPORT

Evaluating the support for parents who are carers

*“Mae Cynnal Gofalwyr yn atal pethau rhag torri lawr”  
“Carers Outreach prevents things from breaking down”  
(Mam / Mother)*



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## Executive Summary

Funded by Derwen and Children in Need, Gwynedd Parents Carers provides a service for parents in Gwynedd who have caring responsibilities. The service was analysed using the Social Return on Investment (SROI) framework to understand the total value created for parents, children and health and social care agencies. Stakeholders were involved in this analysis providing us with an insight to what changes because of this service. The results demonstrate that significant value is created through the activities of Gwynedd Parent Carers by Carers Outreach.

**The result of £5.82:1 indicates that for each £1 of value invested, £5.82 of value is created.**

The success of this service is having the Field Officer available to support and advice on various concerns, but also the contact with other families was essential. That peer support was so valuable and was only possible because of the activities organised by Carers Outreach. Having an opportunity to see others going through similar experiences and that support network was so valuable to families.

This report is not about putting a price on everything, but allows us to demonstrate the value of having support for parents who are carers in Gwynedd, allowing us to see how we can create even more social value in the lives of people.



## Acknowledgements

This report would not have been possible without the involvement of a range of people. I would like to thank all the parents that spoke to me in focus groups, events and on the phone. Without their input this report would not be possible. I would like to give a big thank you to Gwyneth for all her support during this and my admiration for her is huge! I would also like to thank all other staff involved in Carers Outreach who also contributed.

Diolch yn fawr / Thank you

## 1.0 Introduction

This report analyses the value of the role Carers Outreach has in supporting parents who are carers through their Gwynedd Parent Carers programme. The report looks at all the activities that they have for parents which include the parent groups set up around the county, the family fun activities and the family fun days out, but also the role of the Field Officer in supporting families' day to day. The evaluation will focus on the value created for the parents and children through the support available for them and the activities provided, and the report will also look at value created for other stakeholders such as the Health Board or Social Services.

Through engaging with the families and gathering information and data, appropriate estimations have been made based on secondary evidence in order to arrive at an assessment of the value created by Carers Outreach.

The report will initially set out the background of this support service, followed by a discussion of the Social Return on Investment (SROI) framework used to evaluate the service. The SROI results will then be discussed in detail to explain the 'story of change' and value for key stakeholders.

## 1.1 Background & Context

### Key Organisation

Carers Outreach is a charity (Charity Number 1066262) that supports adult carers in North West Wales. They provide support and information on entitlements, services and individual and group support as well as social opportunities.

‘At Carers Outreach Service we recognise the diversity of caring roles by offering a service that encompasses carers’ needs at every stage of the caring journey. We listen and respond to carers needs by making sure they receive appropriate and timely information and support.’ (Annual Report 2013-14)

## Project Outline

### **Gwynedd Parent Carers, Carers Outreach**

Carers Outreach provides a service for parents who are carers in Gwynedd. This is only one area of service that they offer as an organisation. A similar service will also now be available in Anglesey but this report will focus on Gwynedd. There is a 4-day position shared between two Field Officers, one working 3 days and another working 1 day with duties shared as needed. However, out of those 4 days, 1.5 days is specifically towards supporting parents and coordinating these event as the other 2.5 days focuses on other activities. It’s the services provided within that 1.5 days that this report will focus on.

The Field Officers are available as a contact point for carers who are parents and they cover the whole area of Gwynedd and are there to support families with any issues they have, and if they are unable to support then they will refer to another service or will provide the information needed. Figure 1 demonstrates how the carer is central to this organisation and shows all the services available for Gwynedd Parent Carers. This report mainly focuses on those services highlighted in green as these are the activities being funded by Derwen and Children in Need. The Field Officers role also includes representing them in various meetings such as the Derwen Board (Integrated team for Disabled Children) to provide a voice for carers in Gwynedd. Carers Outreach provides regular newsletters with information such as grants, services, changes to legislation, activities and much mor

Figure 1



Funding is provided through Derwen to coordinate the Gwynedd Parent Carers group meetings that happens in various locations in Dwyfor, Meirionnydd and Arfon. They also receive funding from Children in Need towards organising Family Fun activities throughout the year as well as Family days out. The intention of the days is to create opportunities to

have a fun day in a safe and relaxed atmosphere where the children can enjoy but also where parents can socialise and interact with each other. This analysis will look at the role of the Field Officer and the activities including the parents group meeting, the family days out and general contact.

The aims of this analysis is to;

- Understand what changes the project creates for the families, if any;
- Analyse the value created to parents and children from the support and activities;
- Consider the possible savings for public service providers.

The nature of the SROI framework, as will be explained, is to demonstrate the value to involved stakeholders of often intangible impacts on their lives, and will provide a 'story of change'. Carers Outreach commissioned Social Value Cymru to conduct this analysis in April 2015 and the final report was completed in December 2016.

## Establishing the need

### Carers in Wales

"We recognise that each caring situation is unique and carers have many different needs. Our friendly and experienced team understands what it's like to be a carer and can help you to cope with your caring role. Whether you need information, support or just some time for yourself, we are here for you." (Carers Outreach 2016)

In the 2011 census, it showed that there were 370,230 people providing unpaid care in Wales, which represents 12.1% of the nation. This is likely to be much higher as many will not consider themselves to be a carer which is especially true for parents who are carers as they will see themselves as a parent first as discussed in the reports published by Carers Trust,

“...parents caring for disabled children still see themselves as parents, not carers. It is a constant endeavour to make the mental shift. It is not just about how the state defines you but also how you define yourself.” (p.12 Care Act for Carers, One Year on.)

### Legislative framework

There have been many legislative developments over the last few years that specify new rights for carers. The Social Services and Well-Being (Wales) Act 2014 changes the way people’s needs are assessed and ensures that carers have an equal right to be assessed for support. It looks at preventative services within the community and ensures carers can access information, advice and assistance about the type of support available for them.

Local authorities and local health boards must assess the need for care and support in their area including carers;

“There is a new duty to support carers, if a local authority determines that a carer’s needs meet the eligibility criteria then the authority must consider what could be done to meet those needs.” (p.2 Supporting Carers and delivering new duties in the Social Services and Well-being (Wales) Act 2014. (see <http://www.ccwales.org.uk/learning-resources-1/carers-and-the-act/>)

The Well-being of Future Generations (Wales) Act 2015 will change the way that organisations work across all sectors. Underpinning this act are 7 well-being goals that gives a shared vision of the kind of Wales that people want including a Healthier Wales, A More Resilient Wales and A More Equal Wales.

“To tackle these we need to work together. To give current and future generations a good quality of life we need to think about the long-term impact of the decisions we make.” (P.4 – Well-being of Future Generations (Wales) Act 2015 – The Essentials)

This Act requires public bodies to work together to ensure the well-being of all citizens, and this will hopefully allow Carers to have a voice in what services or support they require.

The Carers Strategy for Wales (2013 - 2016) provides a framework within which agencies can work together to deliver services and support for carers. This strategy looks at the key actions to be done for the remainder of the Assembly term in regards to support for carers. The key outcomes for carers set out in the Carers Strategy (2013 -2016) ensures that the carers are central to any service and treated fairly. It ensures that carers are involved in all stages of service delivery including strategic planning and giving support to carers so their needs are met as well as providing opportunities for them “to maintain as normal a life as possible, are enabled to have a life outside of the caring role, and are supported when the caring role ends”

“It is vitally important that these unpaid carers are themselves supported and are not disadvantaged as a result of caring.” (p.4 Carers Strategy for Wales.)

### Research on the impacts of Caring

The Welsh Health Survey (2011), showed that

“in general, carers aged 16-44 tended to report poorer health (especially mental health) than non-carers the same age.”

In the report, Carers at Breaking Point by Carers UK, it discusses the challenges faced by carers daily,

“...unless urgent action is taken we will see even greater numbers of carers pushed to breaking point, at great costs to family life, public services and our economy.” (p.3)

The report discussed the high level of stress, anxiety and depression among carers. For parents who worry about their disabled children living with lifelong conditions, the report discussed that this can be much higher. The Tinder Foundation has also looked at the health and well-being of carers and key findings showed that carers have little time to consider their own health and that they often feel very unsupported.

However, early intervention services can help carers ensure that they look after their own physical and mental health needs and ensuring the continuation of their caring responsibilities,

“Carers’ biggest priority is the health and well-being of those they care for, rather than their own, but our research revealed that many feel they need to learn to look after and create space for themselves in order to continue caring.” (page 12, The Health and Wellbeing of unpaid Carers, The Tinder Foundation.”

It’s clear there is a heavy reliance on unpaid carers, and it is recognised without intervention to ensure the health and well-being of the carers, that the cost to individuals and the increased demand on statutory services could be heavy.

The Welsh Government has a 10-year strategy for improving mental health and well-being, ‘Together for mental health’. They have 6 high level outcomes that they wish to achieve and these include;

- The mental health and wellbeing of the whole population is improved;

- The impact of mental health problems and/or mental illness on individuals of all ages, their families and carers', communities and the economy more widely, is better recognised and reduced.

Many of the parents who are carers are likely to suffer from mental health problems themselves, but will also be carers for children with mental health issues.

"Families and carers too can play a crucial and positive role in the Care and Treatment Planning for people with mental health problems. Service providers need to ensure that families and carers get good information, help and support, and have real choices." (p.31. Together for Mental Health.)

"Maintaining the health of unpaid carers requires a health service which identifies carers' health needs early, and which proactively supports them to look after their own physical and mental health needs. Signposting and referral to appropriate agencies which can offer peer and emotional support is crucial, as well as support for carers to access leisure opportunities and breaks from caring." (p.32)

Carers in the UK also have an impact on other stakeholders such as NHS and Social Services. In May (2011), The Guardian reported that Carers in the UK saves the country £119bn a year. This calculation was made by Carers UK and researchers in the University of Leeds and the report states that without carers, the NHS budget alone would need to double.

These impacts could also be seen in other statutory services such as Social Services and especially savings for the departments who supports children with disabilities. In Gwynedd, the Integrated team for Disabled Children is called Derwen. As mentioned above they do work with Carers Outreach to ensure support for families. However, following consultation in

2016, Derwen will lose £175,000 of its budget over the next year which will have an impact on their delivery as well as their current partnership with Carers Outreach.

This report will look at what potential savings if any Carers Outreach creates for statutory services and the possible increase in demand if the service was not available, and most importantly would look at what impact the service has on parents and children.

## 2.0 Social Return on Investment (SROI) Framework

Based on seven principles, SROI explicitly uses the experiences of those that have, or will experience changes in their lives as the basis for evaluative or forecasted analysis. This does not mean that SROI can generate an 'actual' value of changes, but by using monetisation of value from a range of sources it is able to provide an assessment of projects that changes the way value is accounted for – one that takes into account economic, social and environmental impacts. Social Value UK (2014) states;

*'SROI seeks to include the values of people that are often excluded from markets in the same terms as used in markets, that is money, in order to give people a voice in resource allocation decisions'*

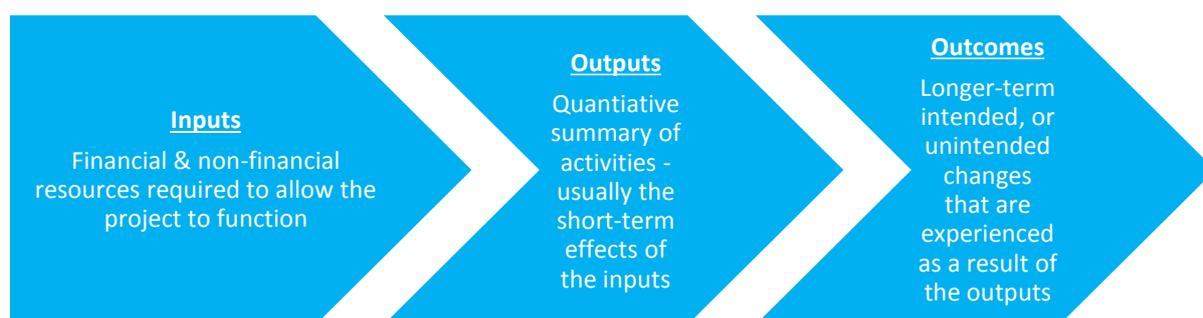
### Social Return on Investment Principles

1. **Involve stakeholders** Understand the way in which the organisation creates change through a dialogue with stakeholders
2. **Understand what changes** Acknowledge and articulate all the values, objectives and stakeholders of the organisation before agreeing which aspects of the organisation are to be included in the scope; and determine what must be included in the account in order that stakeholders can make reasonable decisions
3. **Value the things that matter** Use monetisations of value in order to include the values of those excluded from markets in the same terms as used in markets
4. **Only include what is material** Articulate clearly how activities create change and evaluate this through the evidence gathered
5. **Do not over-claim** Make comparisons of performance and impact using appropriate benchmarks, targets and external standards.

6. **Be transparent** Demonstrate the basis on which the findings may be considered accurate and honest; and show that they will be reported to and discussed with stakeholders
7. **Verify the result** Ensure appropriate independent verification of the account (socialvalueuk.org)

The guiding principles ensure that *how* value is accounted for remains paramount. To ensure a consistent approach is used, chains of change are constructed for each material stakeholder explaining the cause and effect relationships that ultimately create measurable outcomes. These chains of change create the overall Value Map (attached separately as appendix 4), and these are equally as important as the result of analysis. In fact, SROI is best thought of as a story of change with both quantitative and qualitative evidence attached to it. Figure 2 summarises the different elements for each chain of change included within the SROI analysis (before the impact of outcomes is calculated).

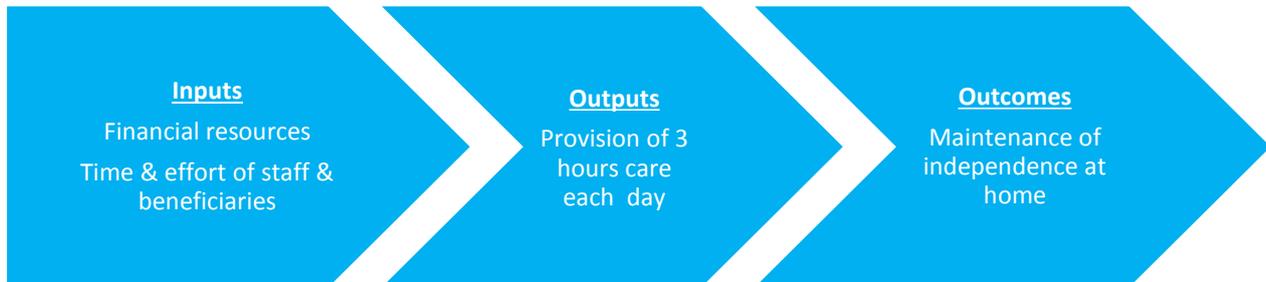
**Figure 2 – Outline of the Chain of Change**



SROI is an outcomes-measurement approach, and only when outcomes are measured is it possible to understand if meaningful changes are happening for stakeholders. To illustrate this idea, figure 3 displays a brief theory of change for a domiciliary care programme to assist people

to remain in their own home - only by measuring the final outcome, is it possible to understand the impact of the care-programme.

Figure 3 - Example Chain of Change –



As will be discussed at the point of analysis, SROI also incorporates accepted accounting principles such as deadweight and attribution to measure the final impact of activities that are a result of each particular activity or intervention. Importantly, SROI can capture positive and negative changes, and where appropriate these can also be projected forwards to reflect the longer term nature of some impacts. Any projected impacts are appropriately discounted using the Treasury's discount rate (currently 3.5%). The formula used to calculate the final SROI is;



Overall, SROI can create an understanding of the value of activities relative to the costs of creating them. It is not intended to be a reflection of market values, rather it is a means to provide a voice to those material stakeholders and outcomes that have been traditionally marginalised or ignored. Only by measuring impacts are organisations able to not only demonstrate their impacts, but also importantly improve them. This thereby strengthens accountability to those to which they are responsible, which in the third sector is fundamentally the key beneficiaries of services.

### Case Study 1 Mrs A

Mrs A has a daughter that was diagnosed when she was 5 with a mental health condition. The time of diagnosis was particularly hard she remembered as you do go through a 'grieving stage' almost and reality hits you that your child will need extra support now and for the years to come. As a result of her caring duties and going through diagnosis she suffered from depression and was taking anti-depressant medication.

"I was desperate for help when I was going through it."

After being told about Carers Outreach through her Social Worker, she decided to go along to the parent group meeting in her local area, and has since been attending every 2 months for many years. She describes how the sessions are very beneficial for her emotionally and in terms of giving her practical advice also such as advice on sleep patterns or mindfulness.

She said that the group had helped to *improve her mental health* and reduced the risk of her deteriorating. She's been free of anti-depressant for 3 years which is an indicator of this, also she had to give her work up at the time but she is now able to volunteer for SNAP Cymru a charity that supports parents, children and young people with learning difficulties.

The fun day activities also mean a lot for them as a family, because of the extra needs her daughter has, she doesn't feel confident enough to take her daughter on many days out alone, but says these events are much more suitable for their needs and they feel relaxed. Her daughter also *gains confidence* from these events as she is able to *interact and socialise* with other children and sees other children with similar condition and needs to her.

## 3.0 Stakeholder Engagement & Scope of the Analysis

Including stakeholders is the fundamental requirement of SROI. Without the involvement of key stakeholders, there is no validity in the results – only through active engagement can we understand actual or forecasted changes in their lives. Only then can SROI value those that matter most.

To understand what is important for an analysis, the concept of materiality is employed. This concept is also used in conventional accounting, and means that SROI focuses on the most important stakeholders, and their most important outcomes, based on the concepts of

relevance and significance. The former identifies if an outcome is important to stakeholders, and the latter identifies the relative value of changes. Initially, for the evaluation of Carers Outreach, a range of stakeholders were identified as either having an effect on, or being effected by the project – table 2 highlights each stakeholder, identifying if they were considered material or not for inclusion within the SROI analysis.

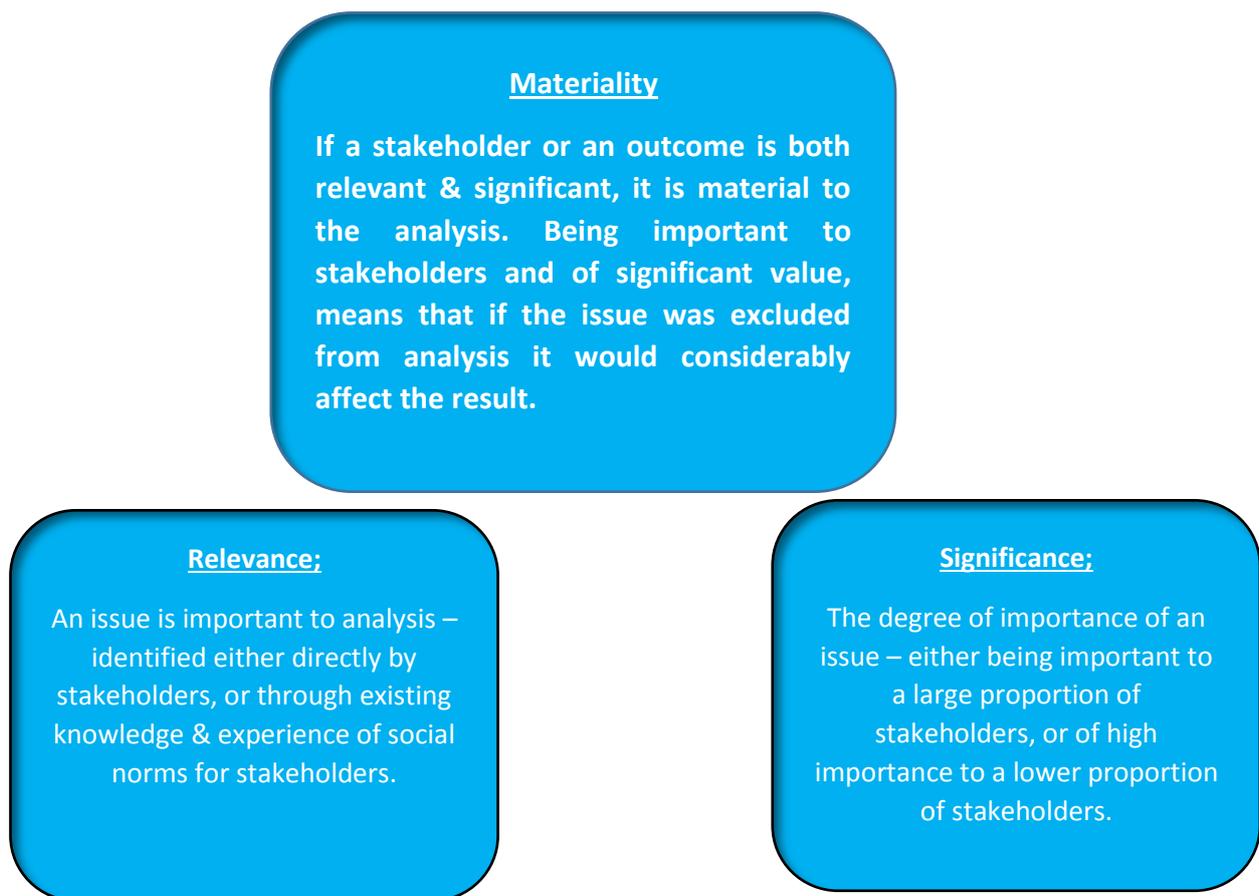


Table 2 – Stakeholder List & Materiality

Stakeholder	Material stakeholder?	Explanation
Parents	Yes	As key beneficiaries of the service these are the most important stakeholders and some changes experienced will be both relevant and significant.
Children	Yes	The children will experience some changes either directly or indirectly and their experiences will be equally relevant and significant.
Wider Family	No	Although the wider family network is likely to have experienced changes also as a result, engagement was beyond the scope of this report. This was also not recognised as being significant by the majority of the Parents who are the key beneficiaries of this service.
Carers Outreach Staff	No	The role of the Field Officer is crucial towards creating change in the carers lives and therefore their contribution will be discussed. But their outcomes are not significant.
NHS	Yes	Although they are not involved in the delivery of the service, the outcomes are likely to have an impact on their services and demand. This is based on the engagement with the parents and secondary research regarding the health impacts on carers.
Carers Outreach	Yes	The involvement of the organisation is crucial for any change and inclusion of their outcomes is included.

Children in Need	No	Funded the activities, but their outcomes are not material.
Derwen (Integrated team for Disabled Children)	Yes	Provides funding towards part of this service. Although they are not involved in the delivery of the service, the outcomes are likely to have an impact on their services and demand.
Gyda'n Gilydd (Team around the Family, Families First)	No	Although there have been some families working with Carers Outreach and Gyda'n Gilydd – the outcomes aren't significant and is not relevant to this evaluation.
Social Services	No	In the survey – many recognised that they would possibly need more intervention without this preventative service. However, this wasn't significant to a larger proportion of the stakeholders. Derwen is a partnership between Betsi Cadwaladr Health Board and Gwynedd Council Social Service, therefore including Social Services separately here would lead to potentially over claiming.
Schools	No	Changes in the families lives and in the children's skills is likely to have a positive effect in school, but isn't significant for this report.

Having identified the material stakeholders for analysis, table 3 highlights the size of the populations, the sample size engaged with and the method of engagement.

Table 3 shows how we engaged with the various stakeholders. There are 172 families currently on the Carers Outreach database that are receiving support from Gwynedd Parent

Carers. However, they will vary in the use of the services that they receive and what elements of the services that they will use. For example, some may contact the Field Officer when they feel they need support but does not attend the family events, others will be attending the Parents group as well as all family event.

An initial conversation was conducted with the Chief Officer of Carers Outreach to understand the scale, scope and purpose of the evaluation. This was then followed by a meeting with the Field Officer who gave a general overview of the services and to outline potential material stakeholders and effects of the project. This led to the comprehensive list of possible stakeholders as seen in table 2.

A Parent Group Meeting was attended that was already scheduled at Ysgol Hafod Lon, Y Ffor, Pwllheli on the 16<sup>th</sup> May 2016. They meet here every other month as they do with all other group meetings that covers other areas of the county. There were 7 parents present in this meeting, and following an explanation about the purpose of the evaluation a focus group discussion was conducted about the meetings as well as other support they might have from the organisation. Although some questions were asked, there was an emphasis on this being a discussion and allowing parents the freedom to discuss what they did in the meetings and what it meant to them. Leading questions were avoided and freedom was given for them to discuss any potential outcomes followed by a few more questions to further understand those changes they identified. To identify those final outcomes, questions were asked such as “what has changed?”, “do you do anything differently now?”, “what could have happened if the support wasn’t there or the group didn’t exist?”. They were also asked if there were any negative outcomes.

This focus group was followed by 6 telephone interviews with different parents which followed the same approach. Although there is disadvantage perhaps to not being face to face to someone, the conversations were natural and there was a willingness to discuss their experiences.

Unlike quantitative methods, qualitative interviewing does not have a statistical method for identifying the relevant number of interviews that must be conducted. Rather, it is important to conduct sufficient number until a point of saturation is reached – this is the stage at which no new information is being revealed. After the focus group and telephone interviews, a total of 13 parents had been spoken to and by this stage no new information was being revealed. Although parents' involvement with Carers Outreach varied, the same outcomes was being identified.

This allowed the creation of a chain of change to start mapping out the outcomes. This was shown to the Field Officer in order to have her professional opinion as well as to the Manager at Derwen.

Being confident with those outcomes and to further test them a questionnaire was created, which can be seen in appendix 3. These questionnaires were completed in Family Fun days which also allowed us to have qualitative data also from parents. Some questionnaires were also completed in other parents' meetings. Although it would have been an advantage to have a bigger sample – between the questionnaires, focus groups, and interviews and verified by the staff and other stakeholders, this provided significant confidence to ensure that the outcomes were correct.

Table 3 – Stakeholder Engagement

Stakeholder	Population size	Method of engagement
Parents	172	1x focus groups 6x phone interviews 23 surveys completed in Family Fun days as well as parents' meetings
Children	186 From the data we received we worked an average of 1.35 children per family.	Outcomes discussed with parents' using engagement methods as seen above.
Carers Outreach	1 Organisation Engaged with 3 members of staff	Interview held with Chief Officer and several meetings with the Field Officer. Also, engaged with the Field Officer that is doing the role in Anglesey.
NHS	1	Direct contact with NHS departments was not possible for this analysis. However, the information collected from those directly involved in the service and data from Carers Outreach provided sufficient information to arrive at reasonable estimations of impact.
Derwen	1	Phone discussion with the Service Manager at Derwen

## 4.0 Project Inputs

This section of the report describes the necessary inputs from multiple stakeholders. Some inputs are financial, whereas others are not – yet where possible inputs are monetised.

### Parents

Although this service is free and does not require financial input, parents still need to input resources for the service to work. This is a voluntary service and no one is required to be involved however their willingness, trust and time is needed to ensure that any changes can happen. They can be referred by various ways including self-referral, health visitor, GP, Derwen, Social Services and others. Their time is not being monetised, however, it was decided that due to the rural nature of the county, that it was appropriate to value their travel expenses to go to the meetings or to attend family days out. This is not being covered by the organisation, so is an indicator of the value that they see in travelling to the events. The distance to the meeting will vary, so we worked on an average of a 30 miles round trip. We looked at 80% of families and used an average of 2 meeting / events being attended per year (based on parent's discussions) as to not over claim and worked this out at 0.45p per mile. This gave us a total of £3,715.20 in travelling expenses.

### Children

Most of the outcomes for the children will be because of the support for parent who are carers. However, for the Family Fun days and days out, their time and trust and willingness is also an important input. Their time will not be monetised in line with current guidance from Social Value UK.

## Carers Outreach

The financial input for this service is managed by Carers Outreach which includes £8,000 by Derwen and £10,000 by Children in Need for the activities. This funding pays towards 1.5 days of the Field Officers time to work specifically on this project and this also pays for all the activities – parents group meetings, Family Fun days, days out.

As well as the financial inputs the time and skills of the Field Officer involved is essential towards the success of this service. Many parents commented on how valuable her role is,

“She’s a good ear for us, and losing her would be terrible.”

“She’s fabulous. She has all the time for you and you know they listen.”

Parents and other stakeholders commented on the wealth of knowledge the staff has and their experience. This was also supported by the Derwen Manager.

As well as the funding towards these activities and for the Field Officers time, it is only fair that we should also include some overheads for things such as office space, phone costs, line management etc. We were unable to identify an exact cost but in line with other projects an additional 25% has been included. This adds £4,500 on top of the £18,000 funding received.

## National Health Service

Although this stakeholder does have material outcomes, they do not provide financial or non-financial inputs in to the service.

## Derwen

Derwen provides a financial input to this service, they provide £8,000 which is managed by Carers Outreach. Their willingness and time to engage with the Field Officer and with the

organisation is also vital towards the success of this service and therefore should be highlighted. As seen in table 4, the £8,000 funding is included with Carers Outreach financial input.

### Total monetised inputs

The total inputs for the project over the 2015-16-year period have been calculated as £26,215 created by both financial and non-financial inputs from the range of stakeholders above. This information is displayed in table 4, and is compared to the costs per individual befriended (whatever the key stakeholder is you can identify the input value per key stakeholder).

Table 4 – Total Monetised Inputs for Carers Outreach Parent Support

Stakeholder	Financial input	Non-financial input	Cost per key stakeholder
Parents	£3,715.20	Time, willingness and trust	£26.92
Children	N/A	Time, willingness and trust	N/A
Carers Outreach	£22,500	Management, skills and expertise	£131
Derwen	£8,000 (included above)	Partnership and expertise	N/A
Social Services	N/A	Nothing	N/A
NHS	N/A	Nothing	N/A

## Case study 2

This family lives in a rural area of Meirionnydd and they have a son with severe autism who has high level care needs. He also suffers from many other health conditions and therefore they often need to attend many appointments which usually means a long distance trip. There have been times when he's had 'break downs' which means he needed 24 hr care and couldn't attend school and this resulted in some health problem for his parents also, with the mother suffering from depression and exhaustion and the father having health problem such as high blood pressure.

Being involved with Carers Outreach means they have an "clust i wrando / ear to listen", and knowing they can always pick up the phone for a chat or to discuss any problems *gives them reassurance*. This reassurance has also come from meeting other parents who are also carers through the group set up by Carers Outreach. Without the organisation she didn't feel this connection with other parents would have happened, "dwi'n gryf oherwydd y grŵp, a byddai'r grŵp ddim yn bodoli heb Cynnal Gofalwyr./ I'm strong because of the group and the group wouldn't exist without Carers Outreach"

Mum describes having a place to go to off-load and share experiences is like therapy, and she felt that their health could have deteriorated further without this support as she reports having *better mental health* now. The group meetings and all correspondence from carers Outreach has also helped her to *increase her knowledge of other services and benefits available to them*. This as empowered her to feel better able to cope so she can know there are some services available for her to support the family.

Totals	£26,215.20		£189
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## 5.0 Outputs, Outcomes & Evidence

In 2015-16 Carers Outreach had 172 families in Gwynedd on their database who receive a service and all families will be contacted in some way over the year. If they do not attend any of the event listed below, then they will be contacted by phone by the Field Officer to see if they need any support and to see how things are. As is true with any projects, not all families will experience positive outcomes from working with an organisation. There were a small percentage of the stakeholders that we engaged with saying that they didn't experience any

change. The percentage of families experiencing the outcome of Feeling Reassured and Less alone in situation is higher than other outcomes from the data we received as because the very existence of the organisation can contribute towards this or the one phone call a year could contribute to feeling less alone in their situation. Therefore, we looked at 90% of the families for this outcome giving **155**, and for all other outcomes only 80% therefore **138 families**.

The outputs for this service includes the following organised in 2015-2016;

- 15 family fun days
- 10 soft play sessions
- 1 family fun day out (Greenwood)
- 4 events 'Dathlu Teulu / Celebrating the family'

As well as 18 meetings of parents' groups were organised in Gwynedd over the area in 3 different areas. This year the Dwyfor parents organised 6 extra sessions themselves to ensure that they meet every month. This shows how the group has gained confidence however we will not claim these in this report but it's worth recognising this here with the outputs.

As well as this the coordinator attended Derwen meetings to represents all carers but also to support other parents that are there, and was available to support families either over the phone or face to face for an average of 150 hours per year.

For the children, the main output is the family fun days and the days out.

It is these outputs that leads to the outcomes that create the story of change. Only by looking at these outcomes and the chain of change can we truly understand the impact of this service for Gwynedd Parent Carers and also for the other stakeholders. The chain of change

can be seen in appendix 1 and 2 and shows how the change happens. A simple version is demonstrated in Figure 4 below. Table 5 summarises all the outcomes for the stakeholders and which are included or excluded from the value map.

Figure 4

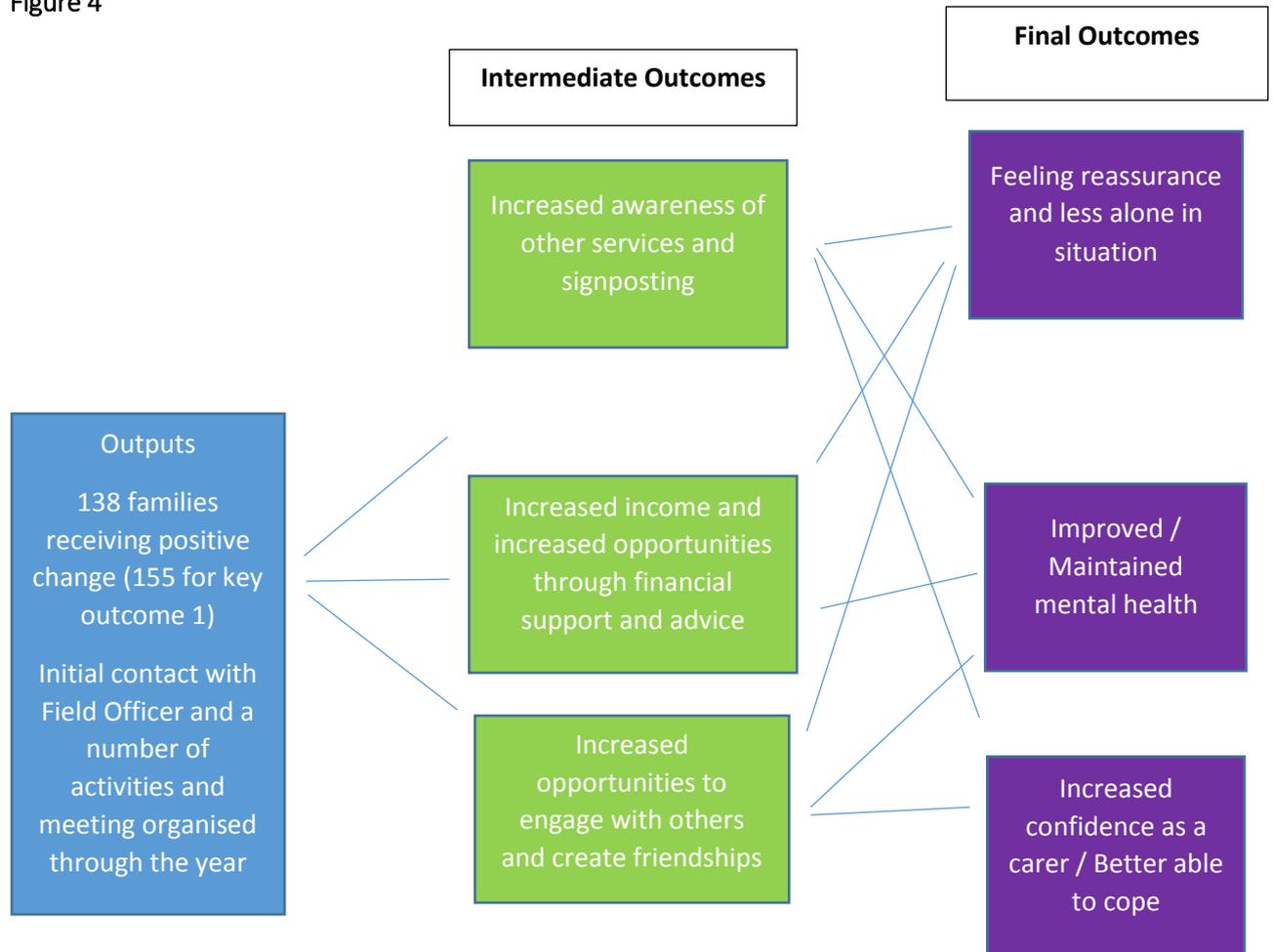


Table 5 – Stakeholder Outcomes

Stakeholder	Outputs	Outcomes	Included / Excluded
Parents	<p>15 family fun days organised                      1 Family fun day out – Greenwood                      10 soft play sessions                      4 ‘Celebrate Family’ events                      18 number of parent group meetings held</p>	Feel reassured and less alone in situation	Included – this is a key outcome experienced by parents and is both significant and relevant.
		Increased awareness of other services / signposting	Excluded- this is a key outcome experienced by parents and is both significant and relevant. However, this leads to the outcome ‘Feel reassured and less alone in situation’. This outcome will be discussed but is not a key outcome therefor would not be valued separately to avoid over claiming.
		Increased income and increased opportunities through accessing financial support they are entitled to.	Excluded – although this was discussed with some families, and discussed with Carers Outreach and Derwen staff, only a few saw a change here therefore it wasn’t relevant. This also leads to other outcomes and therefore does not stand alone.
		Feel better knowing someone is representing them	Excluded- this is a key outcome experienced by parents and is both significant and relevant. However, we feel this leads to the outcome ‘Feel reassured and less alone in situation’. This outcome will be discussed but is not a key outcome therefore will not be valued separately to avoid over claiming.
		Maintained / Improved mental health	Included - this is a key outcome experienced by parents and is both significant and relevant.
		Better able to socialise / Made new friends	Excluded- this is a key outcome experienced by parents and is both significant and relevant. However, this leads to the outcome ‘Feeling reassured and less alone in their situation’ and ‘Maintained / Improved mental health’. This outcome will be discussed but is not a key outcome therefore would not be valued separately to avoid over claiming.

		Increased confidence as a carer / better able to cope as a carer	Included - this is a key outcome experienced by parents and is both significant and relevant.
		Better family relationship	Excluded- Although some families recognised the ability to go out as a family as an important event, many didn't think it had changed their relationship
		Increased volunteering activity	Excluded- low incidence of this happening so failed relevance test
		Ability to start working full or part time	Excluded - low incidence of this happening so failed relevance test
<b>Children</b>	<b>15 family fund days organised 1 Family fun day out – Greenwood 10 soft play sessions 4 'Celebrate Family' events</b>	Better relationship with parent	Excluded – although some recognised a positive change, many expressed that this was already developing.
		Better relationship with siblings	Excluded - although some recognised a positive change, many expressed that this was already developing, therefore there was only a low-level change due to the project and therefore change the relevance test.
		Increased confidence to try new things	Included - this is a key outcome experienced by children according to the parents and is both significant and relevant.
		Made new friends / able to socialise more	Included - this is a key outcome experienced by children according to the parents and is both significant and relevant.
		Their personal skills have developed, for example, social skills, communication etc.	Included- this is a key outcome experienced by children according to the parents and is both significant and relevant.
		They have more opportunities to be children	Excluded - although some recognised a positive change, many expressed that this was already occurring, therefore there was only a low-level change due to the project and therefore

			change the relevance test.
<b>Staff – Carers Outreach</b>	48 of events and parent’s groups coordinated. 150 Number of hours’ availability to parents for support and number of Derwen meetings attended in meeting representing Carers.	Increased partnership working, better reputation and staff skills	All outcomes are immaterial for Carers Outreach. They are not relevant to the analysis; rather their role is the creation of value for other material stakeholders.
<b>Derwen</b>	Reduced potential demand on services	Reduced potential costs of having to deliver services to parents who are carers.	Included – Parents recognised this as being significant and relevant.
		Improved relationship with partners and with carers due to	Excluded – Although this is seen by Derwen, Carers Outreach and parents as being important in having this representation, this isn’t significant for this report.

		having a staff representation on the board who also supports parents who are on the board.	
<b>Social Services</b>	Reduced potential demand on services	Reduced potential costs of having to deliver services to parents who are carers.	Excluded – Although some recognised this as a potential change, dealing with Derwen would be over claiming if including both.
<b>NHS</b>	Reduced potential demand on services	Reduced potential costs of delivering services to parents	Included - Parents recognised this as being significant and relevant. Improvements or maintaining mental health is a key outcomes and therefore will reduce potential demand on services.

### Case study 3 Mrs C

Being a full-time carer for her son she explains the overwhelming feeling of loneliness and isolation before, during and after diagnosis. Getting in touch with Carers Outreach she said was like a,

“weight being lifted off my shoulders.”

She’s received various support from the Field Officer, emotionally and practically. When she had a situation with Social Services, Carers Outreach was able to act on her behalf and take away some of that strain and stress. Through this support also she was *signposted to other services* such as SNAP Cymru and Gyda’n Gilydd and now receives additional support because of this information.

Through the parents group and the family events, she’s able to off-load and then is “ready to fight again”. Knowing that someone is at the end of the phone and knowing other parents are also going through similar experiences has *reduced her feelings of loneliness and isolation*.

The family events mean a lot to her and her son she explained, as this is “their special time together”. Apart from the parents group and the family events, she explained that she barely goes anywhere and doesn’t socialise at all. These events are in a “safe and comfortable environment” and they can both relax. She felt that her son’s *confidence had increased* through making friends at these events and meeting with them on other occasions also. He is able to bond with some of the children because of similarities in their condition, and that has had a huge positive effect on him.

When asked where she would be without Carers Outreach she said,

“I’d be lost without them”.

### Outcomes

As mentioned before, it is only by looking at outcomes that we can truly understand what has changed in people’s lives. This section of the report will highlight the outcomes experienced by the material stakeholders and look at the main key outcomes (those that are included in the Value Map). There are also 3 case studies in this report on pages 14, 23 and 25 that highlights the changes in the families lives because of intervention by Gwynedd Parent Carers. Identifying the key outcomes is important to understand what the main changes are in the families lives,

and what is most important to the clients. Considering the links between all the outcomes is essential so we can see what is the 'story of change' and to ensure that we do not over claim.

As with other elements of the report, these outcomes were discussed with staff, clients and Derwen to confirm understanding of the changes.

## Material Outcomes for each stakeholder

### 5.1 Parents

#### Outcome 1 –

##### Increased awareness of other services / signposting

Until someone is in a situation of becoming a carer, knowing what services are available can be difficult. Many parents discussed how they became aware of other services available to them through Carers Outreach, for example SNAP Cymru, Gyda'n Gilydd (Team around the family, Families First), Deaf Association Wales or CAB Gwynedd & Môn were some that parents were referred to. Being a carer can be very lonely and isolating, therefore having services available can be comforting and can help to increase their confidence in the services available for them.

Although the outcome of increased income has been excluded as seen in table 5, this can also be recognised here under referral to other services as many have benefited from different grants and financial support for respite for example, which is an opportunity for the carer to relax.

Although this was clearly important to many, a value has not been included on this as it does lead to the key outcome of 'feeling reassured and less alone' as well as Improved mental health. Having the knowledge of what services is available has meant more support for parents and having in some cases specialised support such as Deaf Association Wales.

## Outcome 2 –

### Feel better knowing someone is representing them

The Field Officer represents carers by sitting on the Derwen, Integrated team for Disabled Children, Board meeting, as well as attending various other meeting to do with service delivery and development with the new legislation in Wales. The Field Officer will also support parents who sit on the Board to ensure that they are heard and to explain anything to them if needed.

Many of the carers felt comforted by knowing that they “are a voice for us,” as well as being regularly updated through the group meeting, family days and newsletters.

Many of the families also discussed a particular situation they might have had with organisation such as Derwen, Social Services or CAMHS, and how the Field Officer was able to support them and make calls on their behalf.

As one parent commented, “It made the situation much less stressful to have support and to have an organisation to speak on your behalf.”

Although many discussed the importance of this, this is also leading to the key outcome of ‘feeling reassured and less alone in situation’. We will only value this key outcome to avoid over claiming.

### Key outcome 1

## Outcome 3 – Feel reassured and less alone in their situation.

Many parents commented on how lonely they felt when the reality of being a carer became clear to them. Carers Outreach is an organisation that’s there to support carers and their

families and knowing that they are there when the families need any support is a comfort to many.

“Mae gwybod bod Gwyneth ochr arall i’r ffôn yn gymorth mawr.” (Knowing Gwyneth is on the other end of the phone is a big comfort.) Mother.

Apart from knowing that the staff from Carers Outreach are there, the biggest comfort for many was being able to meet others in a similar situation to them and share experiences and learn from each other. 96% of parents engaged with said they had experienced a change here in the questionnaire, and this was also heard in all the focus groups and one to one discussions. One mother who had been a carer for many years, but had only started attending the parent groups 2 years ago said she regretted not coming earlier as she could now see the benefits of being able to engage with others and she felt much more comforted by being able to off load with other in similar in situations.

“I kick myself for not coming sooner, this is a great therapy.” Mother

Others also referred to the benefits of meeting other families in a similar situation as it can be difficult to have the time to make the connections, especially living in rural areas. Being able to bring people together who are “in the same boat” has been a great help to many.

When asked could they have got together without Carers Outreach, many expressed that they didn’t think that would have happened. As many of the children need to travel to school, many of the parents don’t have an opportunity to meet each other, and therefore having Carers Outreach organise the events was beneficial.

Many of the parents said that they do now meet each other outside the group as well as friendships had been made, and many said that they would continue to meet if the organised

meeting would come to an end. Some of the parents in the Dwyfor area do arrange their own meeting now 6 times a year to ensure a meeting once a month. However, they all said that for new carers, meeting others would be difficult without this support.

In the report by Tinder Foundation about the health and well-being of carers, one of the key findings they found was that carers can feel very unsupported,

“Many are resigned to the fact they have to take on the burden of caring alone, feeling family, friends, society, the health and social care system don’t understand what it’s like.” (p-4-5)

This supports the findings through our stakeholder engagement of parents feeling alone and isolated in their situation. The support that they need includes practical, financial and emotional support. The findings that we had from speaking to the parents is that Carers Outreach does provide this support either directly or by referring or signposting to other available resources.

As seen above, the outcome of ‘Increased awareness of other service/ signposting’ was recognised as important for many, and this leads in to the key outcome of feeling more reassured.

When the parents were asked to prioritise the outcomes, this outcome was recognised as most important by the majority, and this was supported by the values placed on them as seen in the value map in appendix 4.

#### **Outcome 4 –**

##### **Better able to socialise / make new friends**

As already recognised – being a carer can be isolating and lonely. Many families also discussed how although they have family and friends, the level of understanding isn’t always there. Being

able to engage with others in similar circumstances means that you have a common bond, and many parents described how they could build new relationships with parents in a similar circumstance, as well as the children being able to socialise together -(this will be discussed with the children's outcomes.)

Some parents said that they hardly leave the home or the family at all, and if it wasn't for the family days or the parents meeting, then they wouldn't socialise very much at all. 82% of the parents who completed the questionnaire said there had been some change in their socialising.

## Key outcome 2 –

### Outcome 5 – Maintained/ Improved mental health

As discussed in section 1, the impact of caring can have a negative effect on their mental and physical health. Through stakeholder engagement, many discussed feeling at “breaking point” at some stages, as well as many suffering from depression with some taking medication.

One parent explained how she felt very low at the time of diagnosis, and having the support of Carers Outreach and also the support of other parents was extremely valuable she thought,

“dwi'n gryf oherwydd y grŵp, a byddai'r grŵp ddim yn bodoli heb Cynnal Gofalwyr.” (I'm strong because of the group, and the group wouldn't exist without Carers Outreach.)

As well as expressing how the support and the reduced feeling of loneliness had a positive impact on their mental health, many also discussed practical advice that is given to help them maintain or improve their mental well-being. Many discussed having mindfulness support as well as advice with sleeping patterns that helps them to relax.

In the focus group, the parents discussed how they can feel very low at times, and how going to the group meetings they are able to off-load and feel better. One parent was clearly very keen

to discuss an incident that had happened in the week, and being able to share and get support and advice was clearly comforting. One parent said how the support “prevents things from breaking down.” She saw the organisation as the glue that holds everything together.

Many referred to the sessions as a form of counselling, and saw it as a way of reducing stress. They explained how busy and chaotic their lives could be with their caring duties, work, keeping appointment etc. and therefore having “time out” means they get to focus on their needs for a few hours.

In the Tinder Foundation Report, *The Health and Wellbeing of Unpaid Carers*, one of the key findings when examining how caring can have an impact on carers health and therefore an effect on their caring duties, is the pressure it gives on their mental wellbeing.

“26% of carers reported they never felt relaxed, a further 46% rarely feeling relaxed.....In addition, 20% of carers consider themselves to have a mental health condition and 15% consider themselves to have a condition that limits basic physical activity. .” (p.11)

Carers UK also considers the impact of caring on carers mental health in their report *Carers at Breaking Point (2014)*.’ It discussed the impact of caring causing situations of stress and anxiety as well as living them feeling lonely and isolated.

“These feeling of mental exhaustion can build to crisis point, with respondents saying they had ‘nervous breakdowns’ which required medical treatments, hospitalisation or emergency care.” (p.5)

This supports much of the information heard from parents, about how they do have periods of stress and depression and that the support they have helps towards improving this or maintaining a good state of wellbeing to avoid deterioration.

This is a key outcome as all other outcomes can lead into this one. This was seen as second most important outcome for families and this is again reflected in the values.

### Key Outcome 3

#### Outcome 6

#### Increased confidence as a carer / Better able to cope as a carer

By reducing their loneliness and having a support network that they possibly wouldn't have otherwise the overall outcome is that they are able to cope.

By maintaining or improving their own mental health, and being able to share and off load on others, they are able to cope with everyday life. One mother said that after every meeting or any phone call with the field officer she feels "ready to fight again."

All carers expressed how they are better able to cope because they know that the organisation is there to support them should they need it, and knowing that others are also going through similar experiences.

Many commented how "amazing" and "fantastic" the staff member is who can empathize with them and is always available with information or if not she will go and find an answer for them.

### 5.2 Children

Carers Outreach is there to support the carers, and for this service, they are there to support parents who are carers. When engaging with the parents, it was clear that the support they received from the Field Officer and the parents group meeting was their time to reflect and focus on their own needs.

"It's an opportunity for us to focus on ourselves."

“It’s like the weight is lifted off my shoulders.”

However, the outcomes for the parents will have an impact on the children also, and the family fun days allows for them to have the support also through the staff, and other families.

## Outcome 1 –

### Increased confidence to try new things

In the questionnaires 64% of the families thought that their children have increased confidence as a result of the family fun days and the fun days out. Although some said that they would go for days as a family apart from these events, many said how much more relaxed they would all be because of them being in a room full of people who “understands”. As the parents are more relaxed, then the children were also more at ease.

One mother discussed how her child had the confidence to go for a work with a friends without her supervision for the first time.

“He went off on his own with other kids without adult supervision and he wouldn’t do this anywhere else because he wouldn’t have the confidence.”

Another mother discussed how her 4-year-old boy’s confidence had grown over a few months by attending the fun days. He was afraid of the bouncing castle at first but after the support by others and a few sessions they could see his confidence growing which made them very proud.

“The trampoline, bouncy castle etc. really helps with balance and physical skills.”

Other indicators of this was outlined by parents by seeing them much more confident to go and play and feeling more relaxed. Another indicator was seen in one of the family days when a child coming there with his support worker sat in the room with others for 30 minutes. The Field

Officer explained how this was a major improvement as usually he wouldn't come in at all or would leave after a few minutes.

As well as this being true for the children who need care, many also expressed how this was true for the brothers and sisters. This allowed them all to spend family time together and to play in a safe environment.

"Thank you for arranging this day out, I'm always wary of taking C anywhere because he runs off and makes a scene, but today he's had a really good day and his two brothers have enjoyed themselves too." (Parent)

#### Outcome 2-

##### Made new friends / able to socialise more

"Great to see the kids playing with the friends they've made at the session." (Mother)

As well as this being true for the parents, this is also the case for the children. As families going through similar circumstances have met through the days out or through the parents group meeting, they have been able to socialise more together as this supports both parent and child. There were examples of families with children who had similar health conditions being able to meet up together, and the children being able to relax and engage better with each other than perhaps they would with children in school.

One example is a family who had children starting in the same school and following the event invited them to his birthday party which opened doors for them to establish a new friendship and support network.

### Outcome 3 –

#### Personal skills have developed

“Really helped with developing our son’s social skills.”

Many saw that their children’s personal skills had developed as a result of these activities. There were many examples of children communicating better with others, or doing things that maybe they had never done at home before. One example was a child who refused to drink from a cup who came to the table and drank a whole cup of water after spending time watching the other children.

One parent said how being in a “safe and comfortable environment” helped her child to relax and could develop more than he would if they went somewhere else.

### 5.3 Carers Outreach

As discussed above none of the outcomes here are material and will not be included.

### 5.4 Health and Social Care

#### Derwen

Derwen do provide an input into this project in terms of funding towards the parent groups. The manager expressed that for the little that they invest that they do get value for money and that the parents benefit a lot from this. There are two identified outcomes here;

### Outcome 1 –

#### Reduced demand of the service.

Not all families that Carers Outreach supports are also receiving support from Derwen. Derwen will have criteria for families where Carers Outreach is open to any parent that feel they have

caring responsibilities. Some families might start with Derwen but then will be of the 'list' but will continue to work with Carers Outreach.

57% of families felt that if it wasn't for the intervention and support by Carers Outreach that they would need to make more of a demand for services by Derwen. However much of this might be perception. When asking the Manager at Derwen what kind of impact it would have on them without Carers Outreach, she recognised that there would be a gap but that it would be impossible to say what impact it could have.

Having spoken to families about this as well as staff, it is likely that more would seek further support from Derwen.

### Improved relationship with partners

Derwen saw this as the biggest outcome for them as a stakeholder. Being able to get a member of staff from Carers Outreach that can give her views and challenge them but in a friendly manner is recognised as a benefit as well as having her there to support the parents who attend. They did value this support and are trying to ensure that they don't lose the funding for this which demonstrates how important they see this as having a good relationship with carers and the third sector. However, we have not put a financial value on this in the Value Map.

### NHS

All outcomes for health and social care providers relate to the potential for cost reallocation. There is much evidence on how carers mental and physical health can be affected because of the demand put on them as stated in section 1.

By engaging with the parents it's clear that the majority have identified an improvement in their health since they have been receiving support. As well as this 44% believe they would use the

GP more often if it wasn't for the outcomes they had identified as a result of receiving support from Carers Outreach. Some did say this could be up to 4 times a month more but so not to over claim this is estimated at only once a month.

Table 6 below looks at some of the outcomes and the indicators that demonstrated these during the assessment as well what possible indicator that Carers Outreach could measure in the future to demonstrate their social impact.

Table 6 – Examples of the Outcomes and the Indicators

**Stakeholder**                      **Outcomes**                      **Indicator**                      **Possible Indicator that Carers Outreach could measure in the future.**

<b>Parents</b>	Feeling Reassured and Less alone in their situation	Many families expressed how lonely they felt at time, and how the meetings and events helps them to see that others are also going through similar experiences.	Could measure their well-being – possible Outcome star or The Warwick- Edinburgh Mental Wellbeing Scale (WEMWBS)
<b>Parents</b>	Improved mental health	Many said that they were on medication for this, and have now stopped. Many also expressed that they visit the GP less often.	Could measure their well-being – possible Outcome star or The Warwick- Edinburgh Mental Wellbeing Scale (WEMWBS)
<b>Children</b>	Increased confidence to try	There were many fantastic case studies of children doing	Annual survey regarding the changes

	new things	things for the first time during these events, for example going on their own with a friends, or spending time engaging with others.	for children
<b>Children</b>	Their personal skills have been developed	Children communicating with others or doing things for the first time by copying others – such as drinking from a cup.	Annual survey regarding the changes for children
<b>Derwen</b>	Reduced potential demand on the service	The families told us that if it wasn't for the service they believe they would need more support from this service.	
<b>NHS</b>	Reduced potential demand on services	Many expressed having improved mental health and going to the GP less often, as well as reducing use of medication.	Measure number of GP visits that parents make for their own health.

## 6.0 Valuing Outcomes

The difference of using SROI to other frameworks is that it places a monetary value of these outcomes. By using monetisation, it allows us to not only give the story of what's changes in people's lives put also allows us to put a value on that so we can speak a familiar language. This isn't about putting a price on everything, but it allows us to demonstrate what impact the service has on other stakeholders and possible saving an intervention can create.

## Parents

Using the focus group, parents were asked to play the value game. The value game allows us to compare soft outcomes to material things that we can buy so we can place a value on these important changes identified. By playing the value game this allows the clients to decide how much value they would put on these outcomes they have identified. This allows us to fully comply with principle 1 of SROI which is to involve stakeholders.

However unfortunately the 3<sup>rd</sup> key outcome, Increased confidence as a carer, was not valued as this was established later with the one to one interviews and the questionnaires. This value was therefore taken from the Global Value Exchange (see <http://www.globalvaluexchange.org/> )

Global Value Exchange is a crowd based database of outcomes, values, indicator and stakeholders. This value is taken through using Revealed Preference Technique and is a value for Increased Confidence and self-esteem for families. This can be compared to the outcome here as it is also about families. This figure might be undervaluing this outcome when comparing it to the other key outcomes for parents, however, when parents were asked to prioritise the outcomes in order of importance to them and the most valuable the order the order was as below, from high to low;

- Feeling Reassured and Less alone in their situation

- Improved mental health
- Increased confidence as a carer / Better able to cope as a carer

## Children

For the children, it wasn't appropriate to ask them to place a value on these changes so outcomes were recognised through the parents as discussed above. To put a value on these we used already existing values from HACT and Global Value Exchange. HACT deals mainly with the housing sector, but have published some well-being values for individuals with many for children and youth. Although these might not give an accurate value for this stakeholder group, they do allow us to use existing values as we were unable to put a value on these from the stakeholder.

## Health and Social Care

To put a value on the reduced potential demand for both Derwen and the NHS, the published Unit Costs Health and Social Care 2015, by PSSRU were used. By asking the parents how often they think they would use these services without the support of Carers Outreach and looking at the percentage of change that they recognised, these costs were relevant to put a value on these.

**Table 6 – Examples of Outcome Valuations**

Outcome	Identified value	Value of average distance travelled	Quantity of stakeholders experiencing outcome
Parent; Feeling reassured and less alone in their situation	Average of value games revealed value of £9,360 Involvement can be for many years, if the family needs them. This value was identified through the Value Game where they agreed that this was at least as valuable as a mortgage being paid for 1 year.	Taking the lowest point for our questionnaire scale where (little change =0%, some change = 25%, some change = 50%, quite a lot = 75%, a lot of change = 100%). To avoid over claiming we used the mid-point. – results show multiplied by number of respondents $(1*25) + (11*37.5) + (11*50)/23 = 43\%$ . We then took 43% of the value = £4024.80 Although based on low sample size the results were in line with tone of interview comments – this was cited as an extremely significant change.	<b>172 families - usually one parent take advantage of the service so although the number of parents are probably higher, this number is kept to avoid over-claiming. Also, according to Carers Outreach - all will receive service in some form or another, therefore will only look at 90% 155 families to avoid over claiming. So here will look at 43% of 155 families which gives us 67 families receiving positive change for this outcome.</b>
Parents; Improved mental health	Average of value games revealed value of £9,360 Involvement can be for many years, if the family needs them. This value was identified through the Value Game where they agreed that this was at least as valuable as a mortgage being paid for 1 year.	Taking the lowest point for our questionnaire scale where (little change =0%, some change = 25%, some change = 50% quite a lot = 75%, a lot of change = 100%) To avoid over claiming we too the mid-point – results show $(3*25) + (10*37.5) + (7*50)/23 = 35\%$ . We then took 35% of the value = £3,276 Although based on low sample size the results were in line with tone of interview comments – this was cited as an extremely significant change.	<b>172 families - usually one parent takes advantage of the service so although the number of parents are probably higher, this number is kept to avoid over-claiming. Also, according to Carers Outreach not all will take advantages of services other than the occasional phone call - will only look at 138 families which is 80% So here will look at 35% of 138 families which gives us 48 families.</b>
Children; Increased confidence to try new things	This value was taken from HACT Social Value Calculator – Increased confidence in youth. £9,283	Taking the lowest point for our questionnaire scale (little change =0%, some change = 25%, some change = 50%, quite a lot = 75%, a lot of change = 100%) To avoid over claiming we too the mid-point here – results show $(5*25) + (7*37.5) + (2*50)/22 = 35\%$ . We then took 35% of the value = £3,209.05  Although based on low sample size the results were in line with tone of interview comments – this was cited as an extremely significant change.	<b>Total number of children were 186 based on an average of 1.35 per family from the data we received. From the questionnaires, it was revealed that 35% experienced change which means a total of 65 children.</b>

NHS; Reduced potential demand on service	£44 per GP appointment	We looked at 44 families (30%) using the GP at least once a month more. We took 30% of the 48 families having Improved Mental Health. So, 14 families' x 12 appointment extra per year = 173 more visits x £44 = £7,612 before deadweight or attribution.	14 of families (30%) said they would use GP at least once a month more if it wasn't for Carers Outreach.
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## 7.0 Establishing Impact

To assess the overall value of Gwynedd Parent Carers service outcomes it is important to establish how much is specifically a result of the project. SROI applies accepted accounting principles to discount the value accordingly, by asking; What would have happened anyway (deadweight)? What is the contribution of others (attribution)? Have the activities displaced value from elsewhere (displacement)? If an outcome is projected to last more than 1 year, what is the rate at which value created by a project reduces over future years (drop-off)? Applying these four measures creates an understanding of the total net value of the outcomes and helps to abide by the principle not to over-claim.

### Impacts of Carers Outreach – support for parents

SROI analyses use accepted accounting principles to calculate the overall impact of activities. Considering any deadweight, attribution, displacement and drop-off factors, means that SROI analyses will avoid over-claiming value that is not a result of the projects activities. The boxes below outline each of the impact factors.

### Deadweight

This asks the likelihood an outcome could have occurred without an activity taking place. So for example if it is believed that there was a 10% chance that someone could have found work without a training programme, the value of that outcome is reduced by 10%.

### Attribution

Considers what proportion of an outcome is created by other organisations/individuals, so can therefore not be legitimately claimed by the SROI analysis. For example, if external agencies also support someone receiving training, that organisation is responsible for creating some of the value, not just the training organisation.

### Displacement

This asks if an outcome displaced similar outcomes elsewhere. This is not always a necessary impact measure, yet must be considered. For example, if a project reduces criminal activity in one area, which results in increases in other locations, there is a need to consider the displaced outcomes.

### Drop-off

Outcomes projected for more than one year must consider the drop-off rate. This is the rate at which the value attributable to the focus of the SROI analysis reduces. For example, an individual who gains employment training may in the first year of employment attribute all of the value to the training organisation, but as they progress in their career less value belongs to the initial initiative owing to their new experiences.

## Deadweight

Deadweight allows us to consider if these changes could have happened anyway, without your intervention. If Carers Outreach service wasn't available, what other options would there be for parents. It might be the case that there isn't any other option, and this is what many families expressed. However, to not over claim it is realistic to think that perhaps some would have received similar support through friends and family, Derwen, Gyda'n Gilydd or the schools perhaps. In the questionnaire 62% thought that there were very little chance or no chance at all these outcomes could have happened without Carers Outreach.

"There isn't a service like this. Other organisation can support you with some things but they listen to you and if they haven't got an answer they will find it." (Parent)

The table below discussed the deadweight numbers and the reason behind these percentages.

<b>Outcome</b>	<b>Deadweight</b>	<b>Justification</b>
<b>Parents</b>		
<b>Feel Reassured and less alone in situation</b>	30%	Most parents told us in the discussions and in the questionnaire, that they didn't think they would have experienced this change without Carers Outreach support. Although there is a possibility that they could have met other parents for example through the school, having someone available over the phone that is separate to family and friends or statutory services was particularly reassuring.
<b>Improved / maintained mental health</b>	30%	Many parents discussed being at breaking point and having this service and the meeting as a lifeline and something helps them to "carry on". This offloading could have been done with family or they could have had counselling sessions so there is a probability they could have happened anyway.
<b>Increased confidence as a carer / Better able to cope as a carer</b>	30%	Although having the support from Carers Outreach and other parents was crucial, there is still a possibility that this confidence could have increased over time. This is therefore reflected by the moderate deadweight figure included.
<b>Children</b>		
<b>Increased confidence to try new things</b>	50%	The deadweight for the children is higher because there is a greater chance for children to get support elsewhere through statutory services. However as mentioned above when discussing outcomes, the support that they have as a family from Carers Outreach will allow them to get outcomes from this service.
<b>Made new friends / able to socialise more</b>	50%	Possibility this could have happened through schools or other organisations.
<b>Their personal skills has developed</b>	50%	Ability to meet other people with similar conditions which allows them to learn and develop through each other. There is a chance this could happen though others.

## Attribution

Attribution allows us to recognise the contribution of others towards achieving these outcomes.

There is always a possibility that others will contribute toward any changes in people's lives such as family members or other organisations. Attribution allows us to see how much of the change happens because of Gwynedd Parent Carers.

In the focus group, interviews and the questionnaires, parents were asked how much of the change was because of Carers Outreach. Most the families thought that the majority of the

change was because of Carers Outreach, but also the other parents who they had developed a relationship with through the meetings and the events. Although many noted that without Carers Outreach, they didn't think they would have had an opportunity to meet, a percentage of the change should be attributed to other parents.

Considering the families' feedback, and speaking to other professionals, an attribution of 70% has been applied on all the outcomes. This percentage might seem high, however to avoid over claiming, it is important we recognise how others, especially other parents, have contributed to these changes. The initial contact with other parents and other services are recognised as being made because of Carers Outreach, but then many of the outcomes should be attributed to ensure that we see the real impact. This ensures that we are not over claiming but also attributing value to others such as SNAP Cymru, Disability Wales, Young Carers, Derwen, Gyda'n Gilydd, Family and friends, schools etc.

## **Displacement**

We need to consider if the outcomes displace other outcomes elsewhere. For example, if we deal with criminal activity in one street, have we just moved the problem elsewhere.

Displacement does not need to be considered here as this service is very different to any other service. This service is available to anybody who feels they have caring responsibilities and does not restrict any family from becoming involved.

## **Duration & Drop-off**

There isn't a restricted time on how long any family can become involved with Carers Outreach or with the parents' groups. A family can start attending at any point they feel they need to and

can stay as long as they feel they need the support. Some families that had worked with Carers Outreach from very recently up to as much as 15 years. By continuing their involvement, they could be ensuring that those outcomes remain year after year, for example maintained mental health. However, for those who choose not to attend after a few sessions or can't attend for any reason, there is a possibility that these outcomes would not be maintained.

When families were asked about duration, many still said that they had those outcomes,

“I always know he's there if I need support.”

“I feel better after going to group.”

That feeling of knowing that they are there if they ever had any issue allows them to have the maintained feeling of reassurance and feeling less alone in their situation.

However, when asked what would happen without Carers Outreach, the answer did vary. Many would still have the support of the group and the network of friends that they have now created. Others felt that it would be a big loss and that they would deteriorate without the knowledge that Gwyneth (Field Officer) was there or that she could attend group to off-load.

We have decided therefore to look at this for a minimum of 1 year with a treasury discount rate of 3.5%. We have also noted that the changes will not start until the second year of them being involved with the organisation. However, for the outcomes of Increased Confidence as a Carer / Better Able to Cope we did put a duration of 2 years here as it can be seen that this confidence would continue for a longer duration without intervention. As well as this a drop off rate of 50% has been given. After the first year, it is likely that other things will be in place to allow those outcomes to continue, so a 50% drop off is fair here to avoid over claiming.

For the children, a slightly higher drop off rate has been identified as children are more likely to get other things going on in school or through friends. This is set at 60%.

**SROI Results**

This section of the report presents the overall results of the SROI analysis of the services offered to parents by Carers Outreach

As was stated, this analysis examines the value of the services for parents offered by Carers Outreach. It analyses at the very existence of the service and the role that has to play when carers needs to contact someone, but also all the service they offer and coordinate including the parent meetings and family days. It has analysed the value to the families and also the relevant effects on health and social care services. Throughout the evaluation has adhered to the principles of Social Return on Investment.

The value created for parents and families is significant. Although the investment is very low and the hours put in every year by the Field Officer is relatively low at - 1.5 days a week, the impact and the value is very high. Knowing that somebody is there to assist when they need it, and having an opportunity to engage with other parents and families means that positive changes are created for most of the families that are referred.

**Table 6 - Total Present Value Created for each Stakeholder**

Stakeholder	Value created as a result of Carers Outreach	Proportion of total value created
Parents	£93,153	60%
Children	£48,759	31%
Derwen*	£12,640	8%
NHS*	£1,602	1%

\*Derwen has 8% of the value which means for every £1 invested they get a return of £1.58 in value, and the NHS has 1% of the value without investing anything in the project. However, the

value created for the families also belongs to the Health and Social Care agencies as it is the improved health and wellbeing of families that prevents them from needing statutory care. Also, it should be noted, that grant funding from Children in Need to fund these activities should also be seen as value by these agencies as it provides a service that would otherwise not be available to families or would need funding from these organisations.

Table 7 - Present Value Created per Individual Involved

Stakeholder	Average value for each individual involved
Parents	£675
Children (182)	£262

Table 8 – SROI Headline Results

Total value created	£
Total present value	£152,629
Investment value	£26,215
Net present value (present value minus investment)	£126,414
Social Return on Investment	<u>£5.82</u>

The result of £5.82:1 indicates that for each £1 of value invested in these activities, a total of £5.82 of value is created.

8.0 Sensitivity Analysis

The results demonstrate highly significant value created because of Carers Outreach activities for parents, and is based on application of the principles of the SROI framework. Although there are inherent assumptions within this analysis, consistent application of the principle not to over-claim leads to the potential under-valuing of some material outcomes based on issues such as duration of impact.

Conducting sensitivity analysis is designed to assess any assumptions that were included in the analysis. Testing one variable at a time such as quantity, duration, deadweight or drop-off allows for any issues that have a significant impact on the result to be identified. If any issue is deemed to have a material impact, this assumption should be both carefully considered and managed going forwards. To test the assumptions within this analysis, a range of issues were altered substantially to appreciate their impact. The results are presented in table 9.

**Table 9 – Sensitivity Analysis Summary**

Variable	Current assumption	Revised assumption	Revised SROI	Proportion of change
Parents – Improved mental health	Deadweight 30%	Deadweight 50%	5.47	6%
Parents – Increased confidence – better able to cope	Drop off 50%	Drop off 70%	5.80	3%
Children – Increased confidence to do new things	Deadweight 60%	Deadweight 80%	5.51	5%
NHS	Quantity 173	Quantity 100	5.80	3%
Derwen	Quantity 684	Quantity 300	5.56	4%

Although some of the sensitivity tests indicate changes to the result, owing to the scale of the amendments made and the verification of assumptions and data with stakeholders, the results

still indicate that if a single variable were significantly altered, the overall results remain highly positive.

## 9.0 Conclusion

**This report has demonstrated that Carers Outreach Parent Services has created over £. 150,000 of value in a year and for each £1 invested, £5.82 of value is created;**

**What that means in practical terms is that people's lives have been positively changed.**

Parents who are carers will understandably see themselves as a parent first, however when they find themselves in a carers' role, it can be a very lonely and isolated time in their lives. Especially living in rural areas of Gwynedd, and having the challenges of needing to go to various medical appointments and adapting to the various needs, their own needs are often put to the one side.

Just having the knowledge of Carers Outreach existence and having a phone call from the Field Officer can be enough to start having that reassurance and reduced loneliness. The Field Officers' experience and personality was highlighted through all the conversations with parents and other stakeholders and must in itself be seen as valuable to this service.

"It felt like the weight was lifted off my shoulders." Mother

Meeting other parents and realising that other people are also having the same challenges in life helped them to feel supported. In the Dwyfor and Meirionnydd areas it was mentioned how the parents will arrange meetings, play dates or an evening out in between activities organised by Carers Outreach. This shows how valuable they see their time together, and how it helps them to cope. However, it was felt that without this organisation, it was unlikely that they would have built such a strong network of support.

Caring duties can have a negative impact on a person's mental health, and many parents mentioned needing counselling at the time of diagnosis and after, as well as needing medication for depression. By being able to go to family events and engaging with other families, as well as having someone there to call should they ever have any questions, helped them to improve or maintain their mental health. As one mother said "Carers Outreach prevents things from breaking down." Again, credit must be given to the Field Officer for her support and persistence in finding the right support if they are unable to help themselves. In the family fun days, the opportunity was taken to hand out information on different services and support available for them and it's this signposting and information that could open new doors for families.

For the children, it was an opportunity for them to engage with other families in a relaxed and friendly environment. As the parents can relax and feel less anxious, the children also benefit. There were many case studies of children improving their personal skills and increasing their confidence by having the opportunity to engage with children with similar conditions.

In line with recent legislative development in Wales, this report measures the contribution that Gwynedd Parent Carers provides to the new Acts. The service look at preventing the families from decreasing health conditions due to the isolating and lonely nature that a caring role can create. By offering a variety of services and support networks, the organisation looks at the long-term sustainability of these outcomes and maintain the well-being of carers. Working closely with Derwen and other third sector partners ensures a joint up approach to providing support and care for parents who are carers in Gwynedd.

Gwynedd Parents Carers provides a positive impact on families in Gwynedd and the quotes below allows us to close with this reports in their own words,

*“I was desperate for help when I was going through it. It means a lot to me.”*

*“They’ve got all the time and they listen to you”.*

*“I’m strong because of the group, and the group wouldn’t exist without Carers Outreach.”*

## 10.0 Recommendations

This report demonstrates the positive impact and the value that Carers Outreach has and these are some recommendations following the analysis to ensure that they can continue to create positive impact, as well as embedding social value measurement into the organisation.

### **Funding**

Considering the positive Value that is being created by Carers Outreach, it is no surprise that the main recommendation is that this work continues to be funded. In a time where cuts are being made it is understandable that the value of each service is being considered, however, as demonstrated here, Carers Outreach has a positive impact. There is positive value being created to both Derwen and the NHS through having this intervention and preventative service.

However, most the value belongs to the parents. In a difficult time for families when faced with diagnosis, having the ‘Reassurance’ of having somebody to call, give advice and signpost proved to be extremely value. As demonstrated, some parents meet and would continue to meet without Carers Outreach involvement, however they all specified that without the Parents groups or the Family fun days, establishing these contacts and friendships would be very unlikely to happen.

Having them there to represent carers is also vital to fulfil the needs of the new legislation in Wales. Having carers needs assessed is a statutory duty, and from this investment, having the Field Officer representing the parents helps to ensure this coproduction of service delivery.

### **Data Collection**

Currently there isn't any monitoring being done in terms of the distance travelled for the parents, that is looking at what changes and to what extent it changes. Families might be involved with Carers Outreach for many years, the longest that was revealed during this research was 15 years. Every event is being evaluated on the day using innovative ways such as a comment wall or a picture table for the children. However, to truly understand the impact of the whole service for parents and the changes being created in their lives, it would be beneficial to have a way of measuring this change.

When a family becomes involved with Carers Outreach, this usually means an initial meeting either in the home, in the office or via the phone. This is an opportunity to understand what support the families would like to receive and what they hope that will change for them. Every year the Field Officer will contact families over the phone to see how they are doing and if there is any additional support they would like. This is an opportunity to ask them what changes has happened over the year, if any, as a result of their service. This can be incorporated into the conversation, and would not mean any additional meetings. This would understandably mean more time in inputting data, but hopefully would mean at the end of the year then, the distance travelled information is already available for the organisation to be able to look at the impact they've had over the year. Creating a Social Impact report annually then could be done by using this data followed with some stakeholder engagement to confirm the outcomes. Only by measuring impact we are able to manage and ensure that we create the best value for our clients.

Looking at what outcomes are most important for clients also can help Carers Outreach to priorities their work. In this report the most valuable outcome was that of Feeling Reassured and Less alone in their situation followed by Improved Mental Health. This also allows Carers Outreach to consider policies and practices that can maximise the value created for their key stakeholders.

As mentioned in the report referrals are made through different ways – self referral, Derwen, Social Services, GP and many more. It would be good to have a detailed list of where all referrals come from to understand a pattern that can then be managed.

### **Digital forum**

One element of feedback from parents when asked if there was anything that they saw as a negative or anything that they would change is having more opportunities to meet. One solution might be is to set up a digital forum where people can communicate on an on-going basis. A report from The Tinder Foundation, “The Health and Wellbeing of Unpaid Carers.” Looks at how Carers can benefit from digital technology,

“Carers value the internet for enabling social connection and emotional support through online communities.”

Having a forum through Facebook, LinkedIn or other social media sites could allow parent to raise any concerns or have a means to off load and is a way to keep contact when they do have a gap between meetings.

### **Meetings**

For the majority of the stakeholders engaged, with the parents meeting were more valuable or at least as valuable as the Family Fun days. This was an opportunity for parents to off-load, share experiences and support each other. However, the results demonstrate that most of the parents attending are mothers. There are various reasons for this, but the Family Fun days are a

way to attract more fathers which is an opportunity to increase the value of the activities (<http://menssheds.org.uk/>). One suggestion that was given is that perhaps an alternative could be organised for the parent meeting occasionally – perhaps looking at something like the Men’s Sheds meetings. Although not recommending creating any divisions between genders, this option attract other carers.

SROI Principle	How we complied
1. Involve stakeholders	We have involved stakeholders at all stages of this research. The main stakeholders are the parents and through a focus group,

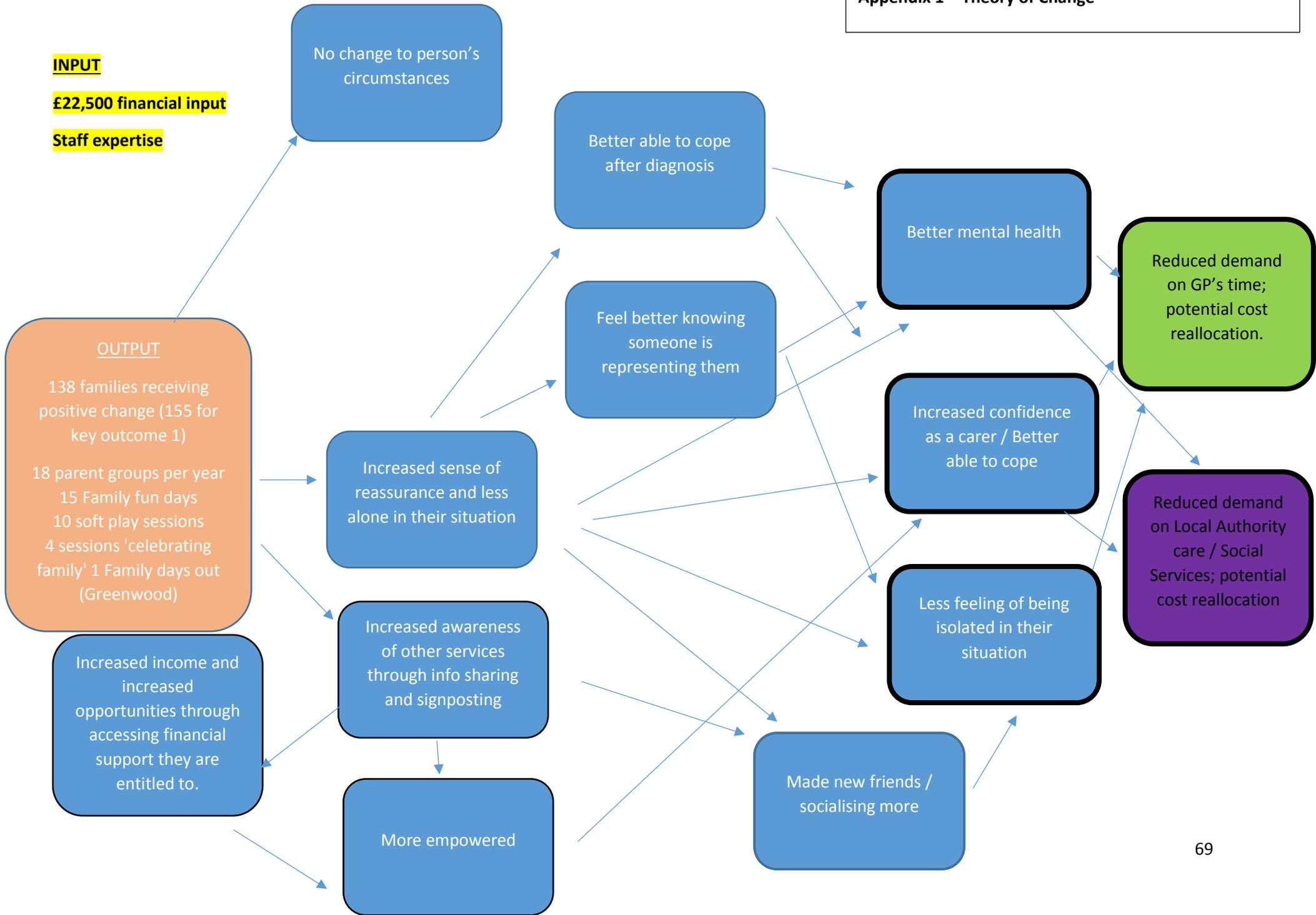
	<p>phone conversations and questionnaires we allowed the parents to tell us their story about what change. We also discussed the children's' outcomes with the parents as asking the parents what has changed would not have been possible.</p> <p>We also spoke to Carers Outreach Chief Officer and Field Officer to discuss the outcomes and worked closely with them. We also spoke to the Manager at DERWEN, Integrated Service for Disabled Children, to ensure that we had their input on what changes might have happened and see what possible impact the service has for them.</p>
2. Understand what changes	As seen in the report and in the theory of change, we have considered all possible outcomes from the discussions, and decided on what is material as well as what are those key outcomes. Although 'Increased awareness of services' was seen by many to be significant and relevant, this led in to the key outcome of feeling reassured. Again, we included this in our discussions in order to get to those final outcomes.
3. Value the things that mater	We looked at all outcomes that the clients identified and looked at what was material and relevant. For the parents in the end we had 3 key outcomes
4. Only include what is material	We did the materiality.
5. Do not over-claim	We made sure that we didn't over claim by looking at only 172 individuals although we're sure many families had 2 or more carers receiving support. For some outcomes, the feedback from staff and parents was that all 172 received positive outcomes, however to avoid overclaiming we only took 90% for some outcomes and 80% for others. We then used the questionnaire results to look at the distance of change and only took the smallest number.
6. Be transparent	
7. Verify the result	Sensitivity analysis done

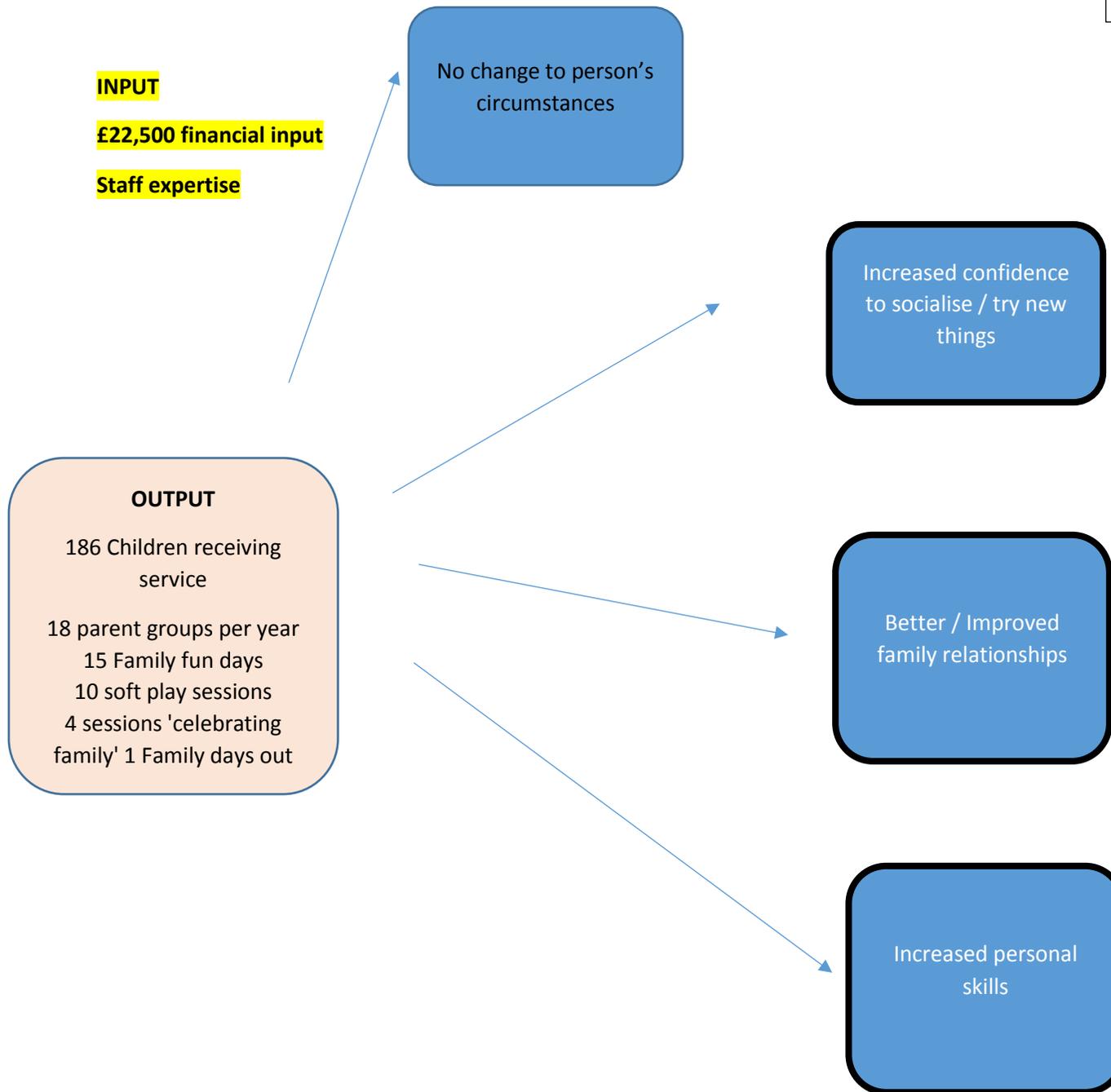
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# 12.0 Appendices







Quick questionnaire about your experiences of receiving support and services from Carers Outreach.

Through the conversations we have had with many of you, you have told us about the things that changed for you by having Carers Outreach in your life. Based on these conversations we have a few questions that we would really appreciate your answers to.

All of your answers will remain confidential and anonymous – thank you

***Holiadur sydyn am eich profiadau yn dilyn derbyn cefnogaeth a gwasanaeth gan Cynnal Gofalwyr.***

***Drwy ein sgysiau rydym wedi ei gael gyda nifer ohonoch, rydych wedi dweud wrthym yr hyn sydd wedi newid i chi drwy gael Cynnal Gofalwyr yn eich bywyd. Ar sail y trafodaethau hyn, mae gennym ychydig o gwestiynau y buaswn yn ddiolchgar pe bae chi yn eu hateb.***

***Bydd eich atebion yn hollol gyfrinachol a dienw - diolch***

Roughly how long ago did you first get involved with Carers Outreach?

Thinking about what changed for you by receiving Carers Outreach support, it would be really helpful if you could select the options that are true for you;

WHAT HAS CHANGED FOR YOU BECAUSE OF CARERS OUTREACH?	Doesn't apply to me	A little change	Some change	Quite a lot of change	A lot of change
I feel reassured and less alone in my situation					
I was more aware of other services available to me					
I am less concerned about money / expenses / or I am better able to cope with managing my money.					
I feel better knowing I have someone representing us					
I feel less stressed/anxious/depressed					
I have made new friends / I socialise more with other people					
I am more confident as a carer / I feel better able to cope as a carer					
Our family relationship is now better					
Other (please state)					
Other (please state)					

	Yes	No
I now volunteer regularly		
I have been able to start working full time		
I have been able to start working part time		

Still thinking about what has changed because of Carers Outreach but now thinking about your

WHAT HAS CHANGED FOR YOUR CHILD/CHILDREN BECAUSE OF CARERS OUTREACH?	Doesn't apply to my children	A little change	Some change	Quite a lot of change	A lot of change
Their relationship with me has improved					
Their relationship with their brothers/sisters has improved					
They now have more confidence to try new things					
They have made new friends / they socialise more with other people					
They have more opportunities to be children					
Their personal skills have developed, for example, social skills, communication etc.					
Other (please state)					

child/children.

Thinking about the things that have changed for you as a result of Carers Outreach, could you estimate the chance that these things could have happened anyway?

No chance at all that things could have changed without Carers Outreach	A little chance that things could have changed anyway	Some chance that things could have changed anyway	Quite a lot of chance that things could have changed anyway	A lot of chance that things could have changed anyway

Other people & organisations in your life may have also helped to create the changes you have identified such as your family or other organisations / charities – so using the boxes below could you

10%	20%	30%	40%	50%	60%	70%	80%	90%	100%

shade in the percentage of the change that is a result of Carers Outreach?

Can you please select which of the events below have you been involved in and if so, how often?

Event	Never	Occasionally	Often
Parents Group			
Family fun days			
Family days out – for example Greenwood			
Other (please state) ....			

Of those events you have been involved in, could you place them in order of importance (1 being most important), and estimate the percentage that each played for you?

Event	Importance	Estimated percentage of value created by each event
Parents group meetings		
Family fun days		
Family days out – for example Greenwood		
Other (please state) ....		

Finally, if it were not for Carer's Outreach, to what extent, if any, would you estimate that you would increase the use of other services?

	No change	Once a week more	Twice a month more	Once a month more	Once every six months more	Once a year more
GPs						
Hospital						
Derwen						
Social Services						
Gyda'n Gilydd						
Other (please state)						
Other (please state)						

# Thank you so much for completing this

Tua faint o amser sydd ers i chi ddechrau cael gwasaneth gan Cynnal Gofalwyr?

BE SYDD WEDI NEWID I CHI OHERWYDD CYNNAL GOFALWYR?	Ddim yn berthnasol i mi	Ychydig o newid	Rhywfaint o newid	Dipyn go lew wedi newid	Llawer o newid
Roeddwn yn cael sicrwydd ac yn teimlo yn llai unig yn fy sefyllfa					
Roedd gynai well ymwybyddiaeth o wasanaethau eraill roedd ar gael i mi					
Roeddwn yn llai pryderus am arian / treuliadau neu rwy'n gallu rheoli arian yn well					
Roeddwn yn teimlo'n well yn gwybod bod rhywun yn ein cynrychioli ni					
Rwyf yn teimlo yn llai isel/o dan bwysau/llai pryderus					
Rwyf wedi gwneud ffrindiau newydd/Rwyf yn cymdeithasu mwy					
Dwi'n teimlo yn fwy hyderus fel gofalydd / Gallaf ymdopi yn well fel gofalydd					
Mae ein perthynas teulu yn well					
Arall (nodwch)					
Arall (nodwch)					

	Ydw	Nac ydw
Rwyf yn gwirfoddoli yn rheolaidd		
Rwyf wedi dechrau gweithio llawn amser		

Rwyf wedi dechrau gweithio rhan amser		
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**Dal i feddwl am yr hyn wnaeth newid oherwydd Cynnal Gofalwyr, ond yn meddwl rwan am eich**

BETH SYDD WEDI NEWID I'CH PLENTYN/PLANT OHERWYDD CYNNAL GOFALWYR?	Ddim yn berthnasol i'm mhlentyn/plant	Ychydig o newid	Rhywfaint o newid	Dipyn go lew wedi newid	Llawer o newid
Mae ei/eu perthynas gyda fi wedi gwella					
Mae ei/eu perthynas gyda'i brodyr/chwiorydd wedi gwella					
Mae ganddynt fwy o hyder i geisio gwneud pethau newydd					
Maent wedi gwneud ffrindiau newydd/maent yn cymdeithasu mwy					
Maent yn cael cyfle i fod yn blant					
Mae ei / eu sgiliau personol wedi datblygu er enghraifft, sgiliau cymdeithasu, cyfathrebu ayb					
Arall (nodwch)					

**plentyn/plant.**

**Drwy feddwl am yr hyn sydd wedi newid i chi drwy gymorth Cynnal Gofalwyr, oes posib i chi ystyried a byddai rhain wedi digwydd beth bynnag?**

Dim siawns o gwbl heb gymorth Cynnal Gofalwyr	Mae siawns bach byddai pethau wedi newid beth bynnag	Ychydig o siawns byddai pethau wedi newid beth bynnag	Dipyn o siawns byddai pethau wedi newid beth bynnag	Siawns uchel byddai pethau wedi newid beth bynnag

**Gall unigolion ac asiantaethau eraill fod wedi cyfrannu tuag at y newidiadau rydych wedi nodi fel teulu neu mudiadau / elusennau eraill- gan ddefnyddio'r bocsys isod, wnewch chi lenwi mewn y canran o newid sydd fel canlyniad o wasanaeth Cynnal Gofalwyr?**

10%	20%	30%	40%	50%	60%	70%	80%	90%	100%

Os gwelwch yn dda dewiswch pa ddigwyddiadau isod yr ydych wedi yn rhan ohonynt, ac os felly, pa mor aml?

Digwyddiad	Byth	Weithiau	Yn aml
Grwpiau rhieni			
Diwrnodau hwyl teulu			
Diwrnod allan i'r Teulu – e.e. Gelli Gyffwrdd			
Arall (nodwch) ....			

O'r digwyddiadau yma, oes posib i chi ei rhoi mewn rhestr o bwysigrwydd (1 fel yr un mwyaf pwysig), ac amcangyfrif y ganran o pa mor bwysig ydy'r digwyddiadau i chi?

Digwyddiad	Pwysigrwydd	Amcangyfrif canran o werth sy'n cael ei greu gan bob digwyddiad
Grwpiau \cyfarfodydd rhieni		
Diwrnodau hwyl teulu		
Diwrnod allan i'r teulu – Gelli Gyffwrdd		
Arall (nodwch) ....		

Yn olaf, heb Cynnal Gofalwyr, i ba raddau, os unrhyw, byddech yn cynyddu defnydd o wasanaethau eraill?

	Dim newid	Unwaith yr wythnos yn fwy	Dwywaith y mis yn fwy	Unwaith y mis yn fwy	Unwaith bob chwe mis yn fwy	Unwaith y flwyddyn yn fwy
Meddyg teulu						
Ysbytu						
Derwen						
Gwasanaethau Cymdeithasol						
Gyda'n Gilydd						
Arall (nodwch)						

Arall (nodwch)						
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*Diolch yn fawr am gwblhau hwn*