

# No more number-crunching!

The 4E's approach to social return  
on investment

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**ALLEN+CLARKE**

*rectangle*

## Value for money

‘Value’

- Number of health professionals employed, and their workload;
- Patient numbers over time;
- Annual consultations;
- DNS incidence;
- Staff training data: quals sought/gained; time taken

Money

The aspect of stakeholder perspectives is essential in the SROI approach. It is precisely the value perspectives of the stakeholders (and most importantly the key beneficiaries) assessed, not by assuming these values, but which by thoughtfully and intellectually engaging the stakeholders themselves, that is at the heart of this innovative (e)valuation approach'.

*(‘Social Return on Investment | Better Evaluation’ 2016) [emphasis added].*

# What do we mean by ‘value for money’?

*“As evaluators we are often asked to determine whether policies and programs provide ‘value for money’. However, there is no universally accepted definition of what this means or how it should be evaluated.”*  
– Julian King, 2016.

*“We maximise the impact of each pound spent to improve poor people’s lives.” – DFID, 2011*



*“We maximise the impact of each pound spent to improve poor people’s lives.”*

+

*“Placing the perspectives of different stakeholders at the centre of the evaluation process.”*



*The service providers perceive that the intervention enables them to maximise the impact of every development dollar spent on their practices.*



## Equity

Spending FAIRLY:  
The extent to which the  
intervention benefits the  
people that it was intended  
to benefit

## Economy

Spending LESS:  
Minimising the cost of the  
resource inputs

## The 4 E's

## Efficiency

Spending WELL:  
The relationship between  
the intervention output  
and the resources needed  
to produce the output

## Effectiveness

Spending WISELY:  
The relationship between  
the intended and actual  
outcome of the programme



Which aspects of the [intervention] generate the most benefit for the time, money, and effort invested?



Funding decisions are needs-based

**Equity**  
those who benefit most are those with the greatest need

**Economy**  
high quality inputs are delivered cost-effectively

Capability self-assessments are completed  
Development plans are generated

## The retro-fit experience

Governance training  
IT upgrades  
Revised board structures  
Enhanced clinician training

**Efficiency**  
inputs are converted to outputs

**Effectiveness**  
outputs achieve desired outcomes

Sustainability via:

- Strategic governance;
- Streamlined reporting;
- IT parity with mainstream;
- Enhanced clinical capability





To what extent is the [intervention] reaching its priority population?

KEQ 1: Equity

KEQ 2: Efficiency

To what extent is innovation making the [intervention] a more efficient service?

KEQ 3: Effectiveness

How effectively is the intervention being delivered?

KEQ 4: Economy

To what extent are the expected immediate outcomes being achieved?

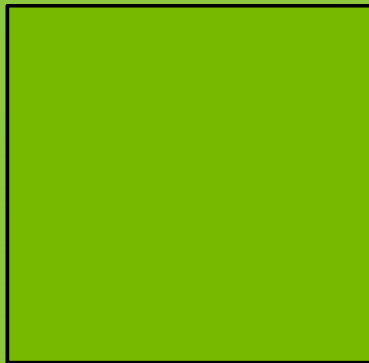
Value = Dollars and Sense

KEQ 5: Value for Money





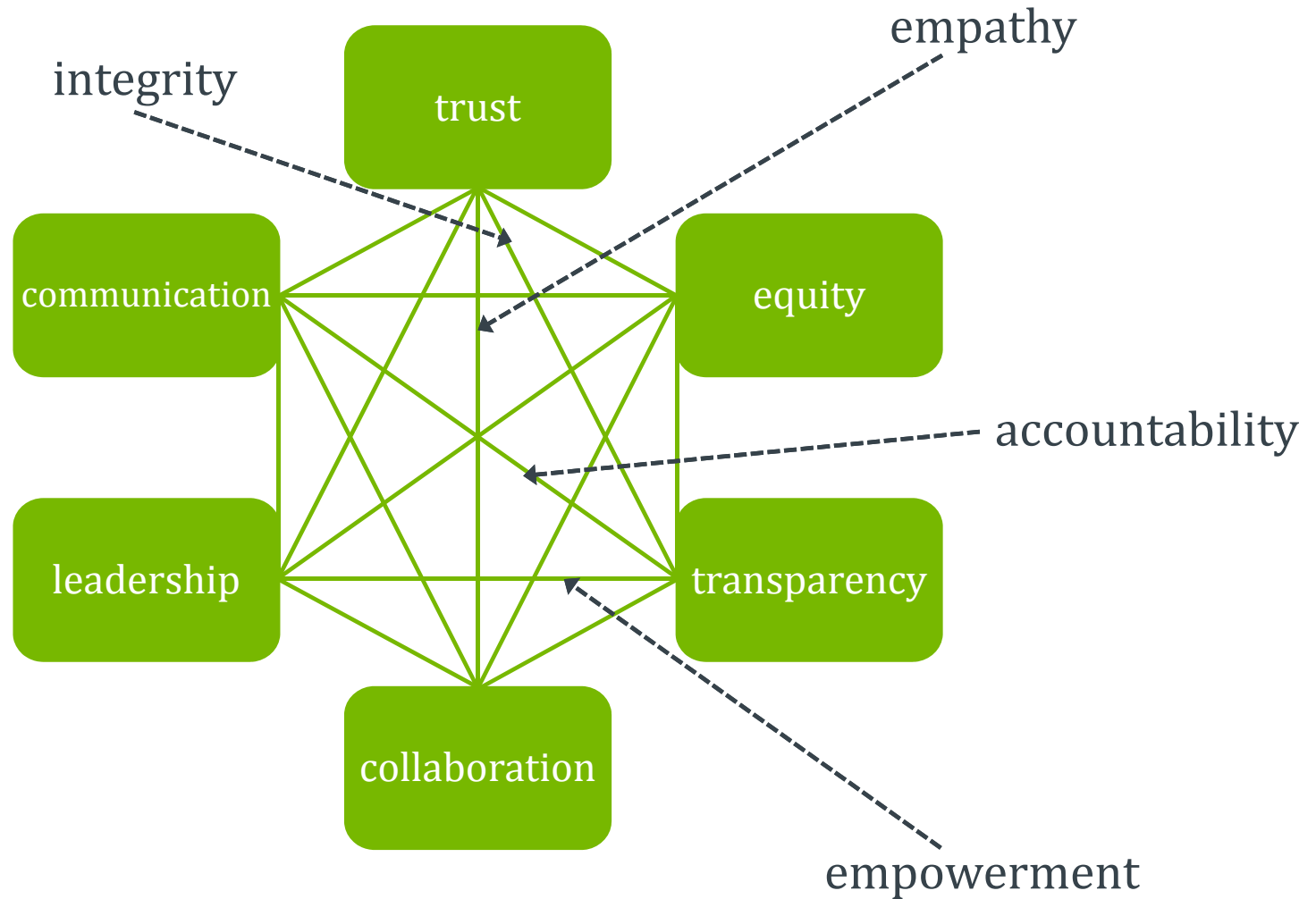
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Thank you very much



# Features of effective service provider networks



## EQUALITY VERSUS EQUITY



In the first image, it is assumed that everyone will benefit from the same supports. They are being treated equally.

