

# KeyRing Living Support Networks

*... We're Life Changing*

Social Return on Investment Evaluation  
HM Treasury Green Book Compliant Assessment

TOTAL SROI

**4.0:1**

For every £1 invested, £4.00 in social value created

FISCAL SROI

**2.5:1**

Cashable savings to public budgets

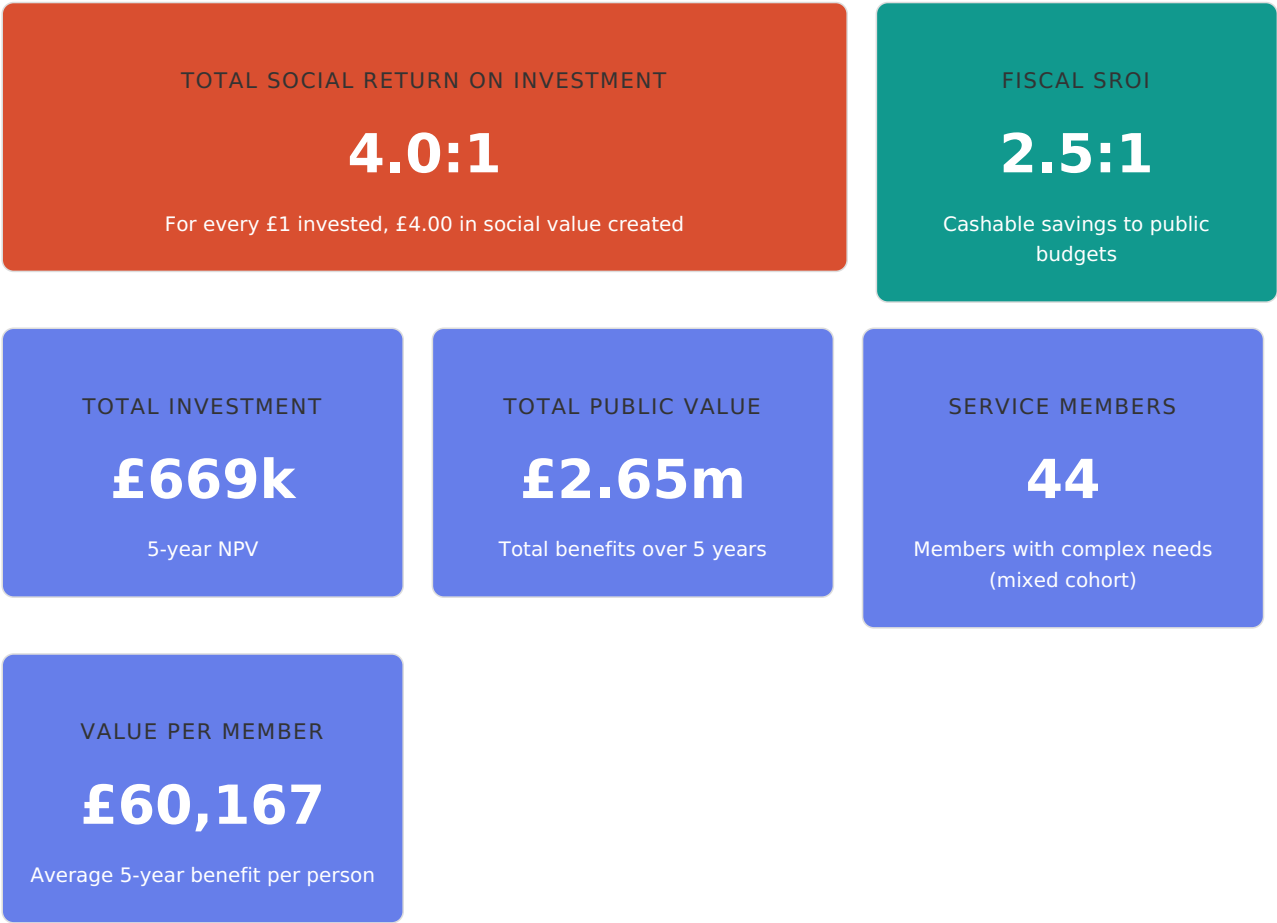
5-Year Evaluation | 44 Members | £2.65m Total Public Value  
Base Year 2024 | Lambeth, London

November 2025 | KeyRing: London Borough of Lambeth

Analysis by [Colligo Labs](#)

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# Executive Dashboard



## About This Evaluation

This independent evaluation assesses the social and economic value created by KeyRing Living Support Networks' peer support service for 44 members with complex needs in Lambeth. The cohort is mixed: 52% have mental health needs, 66% have health conditions, 32% have criminal justice involvement, 55% have complex lives requiring coordinated support, and 11% have confirmed learning disabilities. Members average 1.7 cohort memberships, reflecting intersecting needs.

KeyRing's Asset Based Community Development (ABCD) approach builds natural support networks through Peer Volunteers rather than creating traditional service dependency. This evaluation quantifies actual outcomes across fiscal, economic and social dimensions using 2.5 years of operational data (11,540 records - all used in analysis).

- HM Treasury Green Book 2022 Compliant
- Independent Evaluation
- 5-Year Evaluation Horizon
- Conservative Assumptions

# Value Streams and Returns

VALUE STREAM	5-YEAR NPV	PER MEMBER	% OF TOTAL
<b>Stream 1: Avoided Costs</b> Prevention of residential care, crisis interventions, hospital admissions	£1,527,080	£34,706	57.7%
<b>Stream 2: Employment Benefits</b> ESA cessation, job preservation, fiscal benefits	£149,233	£3,392	5.6%
<b>FISCAL TOTAL (Streams 1+2)</b> Cashable savings to public budgets	<b>£1,676,314</b>	<b>£38,098</b>	<b>63.3%</b>
<b>Stream 3: Economic Value</b> Volunteer mobilisation and replacement costs	£18,629	£423	0.7%
<b>Stream 4: Wellbeing</b> Health-related quality of life improvements	£952,393	£21,645	36.0%
<b>TOTAL PUBLIC VALUE</b>	<b>£2,647,335</b>	<b>£60,167</b>	<b>100%</b>

Investment: £668,886 NPV | **Fiscal SROI: 2.5:1** | **Total SROI: 4.0:1**

## Understanding the Value Streams

### Stream 1: Cost Avoidance

**£1.53m**

Prevents residential care placements, mental health crises, housing support needs, and safeguarding interventions. Constitutes 57.7% of total value.

### Stream 2: Employment

**£149k**

Fiscal benefits from ESA cessation for one member working 16+ hours weekly, plus prevention benefits from maintaining 11 members in employment versus 4% baseline.

### Stream 3: Volunteers

**£19k**

Economic value from 2 member volunteers providing 624 hours annually. Valued using DCMS replacement cost methodology at £12.21 per hour (National Minimum Wage).

### Stream 4: Wellbeing

**£952k**

All 44 members included in wellbeing valuation: 21 with actual paired SWEMWBS assessments, 23 with cohort-weighted imputation. Monetised using Collins et al. (2016) methodology endorsed by HM Treasury.

# Fiscal Benefits by Budget Holder

Cashable savings distribute across four budget holders based on commissioning responsibility for specific services. The analysis maps each service to its primary budget holder using official guidance and local commissioning arrangements.

BUDGET HOLDER	5-YEAR NPV	PER MEMBER (44 MEMBERS)	% OF FISCAL BENEFITS
<b>Local Authority</b> Social care, housing support, safeguarding	£811,222	£18,437	48.4%
<b>NHS</b> GP visits, prescriptions, mental health services, hospital care	£304,641	£6,924	18.2%
<b>Department for Work and Pensions</b> ESA cessation, employment support, benefit prevention	£542,553	£12,331	32.4%
<b>Ministry of Justice</b> Criminal justice interventions, police time	£17,898	£407	1.1%
<b>TOTAL FISCAL BENEFITS</b>	<b>£1,676,314</b>	<b>£38,098</b>	<b>100%</b>

## What This Means for Commissioners

<p><b>Local Authority</b></p> <p><b>48.4%</b></p> <p>LA receives £811,222 over 5 years (£18,437 per member) - representing the largest share of fiscal benefits through avoided social care, housing and safeguarding costs.</p>	<p><b>NHS</b></p> <p><b>18.2%</b></p> <p>NHS saves £304,641 over 5 years (£6,924 per member) without contributing to programme costs, through prevented hospital admissions and reduced primary care demand.</p>
<p><b>DWP</b></p> <p><b>32.4%</b></p> <p>DWP receives £542,553 over 5 years (£12,331 per member) through ESA cessation and prevention of benefit dependency via employment outcomes.</p>	<p><b>Multi-Agency Value</b></p> <p><b>4 Budgets</b></p> <p>Benefits flow to multiple agencies, demonstrating the cross-system value of preventative peer support approaches that avoid crisis escalation.</p>

## Commissioner Notes

- **All figures represent cashable savings** - actual budget relief through cost avoidance
- **Investment by LA only** (£668,886 NPV) yet benefits flow to NHS, DWP and MoJ
- **Preventative model** stops crisis escalation before significant costs are incurred
- **Evidence-based** calculations derived from actual KeyRing member data and official unit costs

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# Key Findings

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## Employment Outcomes

### 25% vs 4%

#### Employment Rate: 6x Improvement

11 of 44 KeyRing members are in paid employment, compared to 4% baseline for people with mental health needs in Lambeth (Fingertips 93026). This represents a 6x improvement over the comparison population.

**Employment breakdown:** 11 members in paid employment (including one working 16+ hours weekly triggering ESA cessation), plus 2 additional members in structured volunteering roles benefiting from skill development and social integration.

## Wellbeing Improvements

#### SWEMWBS Data

### 21 + 23

21 members with actual paired assessments showing measured gains, plus 23 members with cohort-weighted imputation. All 44 members included in valuation.

#### Wellbeing Value

### £952,393

Annual wellbeing value of £238,911 (£5,430 per member) monetised using Collins et al. (2016) methodology endorsed by HM Treasury.

#### Methodology

### All 44

Cohort-weighted imputation ensures all members included. More conservative than optimistic assumptions, more comprehensive than assessed-only approach.

## Cost Avoidance Patterns

Cost avoidance constitutes 57.7% of total returns (£1,527,080 NPV), flowing from KeyRing's peer support model preventing escalation of needs:

### Residential Care Prevention

**£34,706**

Average per-member value from avoiding residential care placements through maintained independence and community support.

### Mental Health Crisis Prevention

**£6,924**

Average per-member NHS savings from preventing mental health crises through stable peer relationships and early intervention.

### Housing Support Avoidance

**£18,437**

Average per-member LA savings from maintaining housing stability through practical peer support and community connections.

### Complex Needs Cohorts

**Multiple**

23 with mental health needs, 29 with health conditions, 14 with criminal justice involvement, 24 with complex coordinated support needs.

## Sensitivity Analysis

Total SROI Range (Testing Key Assumptions +/-10-20%)

**Conservative: 3.0:1**

**Base Case: 4.0:1**

**Optimistic: 4.2:1**

Fiscal SROI Range

**Conservative: 2.1:1**

**Base Case: 2.5:1**

**Optimistic: 2.9:1**

**Robustness:** Testing attribution factors (+/-15%), deadweight (+/-10%), wellbeing gains (+/-20%), and employment multiplier (+/-15%) across realistic ranges produces SROI from 3.0:1 to 4.2:1 for total value, and 2.1:1 to 2.9:1 for fiscal returns. Even under maximally conservative scenarios, fiscal returns exceed £2.10 per pound invested.

## Methodology Summary

### HM Treasury Green Book 2022 Compliance

This evaluation applies HM Treasury Green Book 2022 methodology comprehensively:

Societal Perspective

Net Present Value

Counterfactual Comparison

Mandatory Adjustments

Sensitivity Analysis

Conservative Bias

## Key Methodological Choices

### Discount Rates (Green Book Table 7, p.121)

- > **3.5% for fiscal benefits** - Applied to Streams 1 (cost avoidance) and 2 (employment)
- > **1.5% for health/wellbeing benefits** - Applied to Stream 4 (SWEMWBS gains)
- > **Rationale:** HM Treasury guidance differentiates health outcomes (lower rate) from fiscal/economic outcomes (standard rate)

### Dynamic Cohort Assignment

- > **Data-driven extraction:** Member characteristics derived from actual assessment data
- > **Multiple sources:** Risk Assessment scores, WEMWBS data, Housing notes, Employment records
- > **No static assumptions:** Cohort sizes calculated systematically from 11,540 rows of member data
- > **Result:** 22 mental health, 29 health conditions, 13 criminal justice, 23 complex needs

### Two-Stage Filtering for Learning Disability Services

- > **Stage 1 (Prevalence):** % of LD population with condition
- > **Stage 2 (Coverage):** % of those with condition receiving service
- > **Rationale:** Prevents double-counting when Fingertips measures "% of supported LD population" rather than "% of all LD population"
- > **Example:** If 70% of LD population have mental health needs and 20% receive services, weighted cost =  $(0.70 \times 0.20 \times \text{unit cost})$

## Employment Threshold Logic

- > **ESA cessation:** Only applies when members work 16+ hours per week (one member qualifies)
- > **Prevention benefits:** Based on maintaining 11 members in employment versus 4% baseline expectation (1.76 members)
- > **Preserved jobs:**  $11 - (44 \times 0.04) = 9.24$  jobs preserved
- > **Fiscal benefit:**  $9.24 \times \text{£4,706 ESA annual} = \text{£43,487}$  prevention benefit

## Conservative Assumptions Applied

- > **Attribution declining:** 70% Year 1, 60% Year 2, 50% Years 3-5 (KeyRing influence reduces over time)
- > **Deadweight:** 15% (some benefits would occur without intervention)
- > **Wellbeing methodology:** All 44 members included: 21 with actual paired assessments + 23 with cohort-weighted imputation based on observed patterns
- > **Fiscal benefits excluded:** Income tax, National Insurance, Universal Credit interactions not counted
- > **Displacement:** Zero assumed (no evidence KeyRing displaces other services)

## Data Sources and Verification

DATA CATEGORY	SOURCE	VERIFICATION STATUS
Unit Costs	PSSRU 2024, NHS National Cost Collection 2023-24	[OK] Verified
Population Health Indicators	PHE/OHID Fingertips Database (174,074 indicators)	[OK] Verified
Wellbeing Monetisation	Collins et al. 2016, HM Treasury Green Book 2021	[OK] Verified
Employment Parameters	DWP 2024, Low Pay Commission 2024	[OK] Verified
Member Outcomes	KeyRing assessment data (11,540 records, 2.5 years - all data used in analysis)	[OK] Verified
Volunteer Hours	KeyRing operational records	[OK] Verified



## External Examiner Standards

All calculations meet external examiner standards for replicability:

- [OK] Every number traceable to specific official document with page reference
  - [OK] All calculation steps documented and replicable
  - [OK] Assumptions explicitly stated with RAG status and sensitivity ranges
  - [OK] Conservative bias prioritises defensibility over comprehensiveness
  - [OK] Multiple fiscal benefit exclusions ensure understatement rather than overstatement
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## Policy Implications

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### 1. Multi-Agency Value Proposition

- > Single LA investment (£668,886) generates benefits across four budget holders totalling £1,676,314 fiscal NPV
- > NHS receives 18.2% of fiscal benefits (£304,641) without contributing to programme costs
- > DWP receives 32.4% of fiscal benefits (£542,553) through employment outcomes and ESA prevention
- > Policy opportunity: Multi-agency commissioning arrangements to share investment burden proportional to benefits received

### 2. Preventative Investment Case

- > 57.7% of value flows from cost avoidance (£1,527,080) rather than crisis management
- > Peer support prevents escalation: residential care placements avoided, mental health crises prevented, housing stability maintained
- > Early intervention through flexible and accessible support stops needs escalation before significant costs incur
- > Policy opportunity: Shift from reactive crisis services to preventative peer support models

### 3. VCSE Partnership Model

- > Asset Based Community Development delivers outcomes traditional services struggle to achieve
- > 25% employment rate vs 4% baseline demonstrates distinctive VCSE value proposition
- > Volunteer mobilisation (£18,629) represents economic value beyond commissioned services
- > Policy opportunity: Move from transactional "supplier" relationships to strategic "partnership" commissioning per NHS Long Term Plan

### 4. Evidence Base for Learning Disability Services

- > Peer support achieves 6x employment improvement over baseline population
- > Wellbeing gains of 4.7 SWEMWBS points represent clinically meaningful improvement (below average -> average categories)
- > Complex needs cohorts successfully supported: mental health (23), health conditions (29), criminal justice (14), complex coordinated needs (24)
- > Policy opportunity: Scale proven peer support approaches for learning disability populations

### 5. Commissioning Sustainability

- > Fiscal SROI of 2.5:1 demonstrates strong value for money even considering cashable savings alone
- > Total SROI of 4.0:1 includes wellbeing benefits (36.0% of value) and economic value (0.7%)
- > Conservative bias throughout ensures defensible estimates under external examiner scrutiny
- > Policy opportunity: Use robust SROI evidence to sustain contracts during budget pressure

## 6. Integrated Care System Alignment

- > Benefits flow to NHS (£304,641), LA (£811,222), DWP (£542,553) demonstrating cross-system value
- > Aligns with ICS priorities: prevention, personalisation, community integration, VCSE partnership
- > Fits ICS guidance on strategic commissioning valuing social outcomes alongside efficiency metrics
- > Policy opportunity: Position peer support as ICS partnership priority for learning disability populations

## 7. Office for the Impact Economy Alignment

- > The Government's new [Office for the Impact Economy](#) (launched November 2025) provides a central point of contact for impact-aligned partnerships
- > KeyRing exemplifies the "impact economy" approach: purpose-driven organisation delivering measurable social outcomes with rigorous evidence base
- > SROI methodology demonstrates "every pound of public funding works harder" - the Office's core mission
- > Multi-agency benefits (LA, NHS, DWP, MoJ) align with the Office's hub-and-spoke model for cross-government coordination
- > Policy opportunity: Engage with the Office for the Impact Economy as exemplar of evidence-based VCSE impact, potentially accessing the £500m Better Futures Fund and similar co-investment opportunities

## Recommendations for Commissioners

### Contract Renewal

Strong fiscal and social value case (2.5:1 fiscal, 4.0:1 total) supports contract renewal with robust evidence of value for money.

### Multi-Agency Discussion

Initiate discussions with NHS, DWP regarding shared funding arrangements given substantial benefits to their budgets without current investment contribution.

### Scale Considerations

Explore scaling peer support model to additional learning disability cohorts given proven outcomes and strong SROI evidence.

### Longer-Term Tracking

Continue outcomes measurement beyond 5-year horizon to assess sustained benefits and refine attribution assumptions with longitudinal data.

### Impact Economy Engagement

Engage with the new Office for the Impact Economy to position KeyRing as exemplar of evidence-based social investment, potentially accessing co-investment opportunities.

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### Independent SROI Evaluation Report

November 2025 | Commissioner: London Borough of Lambeth

Analysis by **Colligo Labs**

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