

Creating Social Value for Vulnerable Children in South Africa: A Social Return on Investment Analysis of Acres of Love

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ABSTRACT

The extreme HIV/AIDS epidemic in South Africa has led to an acute child welfare crisis, leaving many children orphaned or abandoned. Acres of Love is a non-profit organization that attempts to alleviate this problem by using a unique family-based model of child care. However, there is no existing research about Acres of Love's unique model. Additionally, most of the existing literature focusing on other child welfare models utilize a cost-effectiveness method rather than a Social Return on Investment (SROI) analysis. This extends beyond cost-effectiveness to quantify broader social value. Therefore, this study aims to use a SROI analysis to address the following research question: To what extent does Acres of Love's family-based model of child care create social value for vulnerable children in South Africa? The study uses a mixed-methods approach with both quantitative data (the SROI analysis) and qualitative data (interviews with key staff members in the organization). The results of the SROI demonstrate that Acres of Love creates a social value of \$3.90 for every \$1 invested. Additionally, the interviews indicated the way that Acres of Love substantially improves children's wellbeing and long-term outcomes. Thus, these findings have important implications for potential donors, future NGOs, and government policymakers, as they demonstrate the significant social impact of Acres of Love's unique model of child care.

INTRODUCTION

The HIV/AIDS Crisis

The HIV/AIDS epidemic in South Africa has orphaned nearly 2.5 million children in South Africa (Kuo & Operario, 2010). Traditional child welfare systems in South Africa have been overwhelmed by this influx of orphaned and vulnerable children. For example, foster care grants nearly tripled from 2001 to 2005, from 85,910 to 256,325 (Statistics South Africa, 2006). However, the system cannot keep up with the extraordinary need. In fact, the South African Social Security Agency had to stop paying about 110,000 foster care grants from 2009 to 2011 due to backlogs in the court system (Hall & Proudlock,

2025). Therefore, the AIDS epidemic has led to an acute child welfare crisis as many children remain alone and in need of care (Schmid, 2006).

Acres of Love

Acres of Love is one non-profit organization which attempts to alleviate this crisis through its very unique child welfare model. Acres of Love removes orphaned and abandoned children from vulnerable situations and places them into ‘forever homes’ where designated house parents look after them in a family environment. This model is unique because of how closely it mimics a family: the children never graduate out of the program. In contrast, most institutional models only serve kids through the age of 18 (Acres of Love, n.d.).

This raises the following question: To what extent does Acres of Love’s family-based model of child care create social value for vulnerable children in South Africa? Social value is defined as the broader social and economic benefits created by an organization, and is significant in this context as Acres of Love has tremendous potential to benefit at-risk children by giving them a family as well as a home. For instance, according to Erin Krusiewicz, the National Development Director of Acres of Love, they provided housing, education, therapy, and healthcare to 220 orphaned or abandoned children in 2024 alone. In addition, Acres of Love may impact the larger community in South Africa that is negatively affected by the HIV/AIDS crisis by lessening the social and economic burden of the corresponding child welfare crisis. They do this through breaking the generational cycle of poverty and preventing costly government-funded care (E. Krusiewicz, personal communication, February 17, 2026).

Methods of Evaluation and Social Return on Investment

There are many ways to evaluate the effectiveness of child welfare interventions similar to Acres of Love. The majority of the existing research utilizes the cost-effectiveness method, which compares the costs of different programs with the assumption they have similar outcomes (Desmond et al., 2002). However, this has limitations as it focuses mainly on the cost of the intervention while ignoring other nonfinancial outcomes that are equally important. Additionally, different programs may not always be comparable as they serve different populations and have entirely different outcomes (Prywes, 2004; Santa-Ana-Tellez et al., 2011).

Social Return on Investment (SROI) is a more advantageous method introduced by the Roberts Enterprise Development Fund in 1996 that calculates the net value of outputs (impact) of an organization divided by the net value of inputs (investment). In contrast with the cost-effectiveness method, SROI is a cost-benefit analysis that allows people to quantify how much social value a program is creating in economic terms (Cooney & Lynch-Cerullo, 2014; Maldonado & Corbey, 2016). Therefore, because child welfare interventions generate long-term outcomes such as increased health, well-being, and stability that extend beyond the program costs, SROI can be more useful in determining Acres of Love’s social impact and effectiveness in improving the lives of individuals affected by the child welfare crisis in South Africa.

Unlike the cost-effectiveness method, SROI is capable of quantifying these broader social outcomes and does not require comparison with another organization.

Significance of the Study

The goal of this case study is to use the Social Return on Investment analysis and qualitative interviews to determine the social impact of Acres of Love's unique family-based method of child care. The study addresses a clear gap by utilizing the underexplored SROI framework (combining disability-adjusted life years (DALY), value of a statistical life (VSL), and qualitative interviews) to Acres of Love's unique and singular family-based model. The paper will specifically use SROI to reduce the limitations of the cost-effectiveness method which is so prevalent in the existing literature. In this way, the study can increase the efficiency of child welfare spending by informing government policy.

LITERATURE REVIEW

History of Child Welfare Policy in South Africa

The South African regime change in the 1990s also coalesced with the overwhelming AIDS epidemic to contribute to a significant change in government policy regarding child welfare. After the fall of the apartheid government, which focused on more punitive frameworks relying on institutional interferences and the separation of families, the new democratic administration attempted to implement more proactive, preventative policies that focused on family-based solutions (Schmid, 2010).

This change was spelled out in the White Paper of 1997, which outlined the new government's plans to develop a more modern framework. Lombard (2008) analyzed the effectiveness of the White Paper after the first 10 years of its implementation. He highlighted that while the language of the White Paper marks a positive turning point in South African policy, it has been incredibly difficult to implement. Similarly, Gray and Lombard (2022) assessed South African child welfare over the span of 20 years, agreeing with Lombard (2008) and stressing that the reality of post-apartheid child welfare in South Africa hardly differs from that of the pre-apartheid government.

Furthermore, Gray and Lombard (2022) argued that the White Paper was far too ambiguous and vague, as it lacked specific provisions for the enforcement of its preventative, family-based policies. Jamieson (2010) added to these studies by evaluating the impact of a slightly more recent law: the Children's Act. The Children's Act was enacted in 2010 to expand the social services available to children. However, due to a lack of efficiency in the South African government, Jamieson (2010) found major implementation problems. This included a significant backlog in the foster care system and a lack of funding for non-profit organizations. Together, the agreement between Lombard (2008), Gray and Lombard (2022), and Jamieson (2010) has highlighted the acute child welfare crisis in South Africa and how government implementation failures have created the need for alternative non-governmental interventions such as Acres of Love.

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Models of Intervention and Evaluation Methods

In addition to catalyzing changes in government policy and causing various NGOs to find new intervention models, South Africa's AIDS crisis has precipitated the need to find new methods of evaluating these models to ensure that they are effectively serving the children (Foster, 2004). Current studies analyzing the impact of various child welfare interventions in sub-Saharan Africa focus on three main types of interventions: institutional care, foster care, and family-based care. The main way of evaluating these systems has been through cost-effectiveness studies, which evaluate the cost of different programs with the assumption that they all have the same outcome or at least outcomes of similar worth (Desmond et al., 2002).

Studies including Desmond et al. (2002) and Prywes (2004) have agreed that the cost of institutional care (group homes and orphanages) is much higher than the cost of other types. For example, institutional care is nearly 5x the cost of foster care and 8x the cost of social services support for families (Bhuvaneswari & Deb, 2016). However, Santa-Ana-Tellez et al. (2011) challenged this claim through their findings that foster care is less expensive than institutional care using the same cost-effectiveness method, introducing some tension into the literature.

Nevertheless, it is also important to evaluate the actual benefits bestowed on the children of the different types of care rather than simply comparing their financial costs. On that note, Desmond et al. (2002) and Embleton et al. (2014) found that even though institutional care is more expensive, it is also more likely to meet the basic rights of children due to its more standardized nature. However, Bhuvaneswari and Deb (2016) disagreed, arguing that family-based care may be better for children's well-being due to the unnatural environment that institutional care may create, as well as its potential for corruption. This conflict further demonstrates the core tension within the literature in both the cost and the outcomes of the different types of care, revealing the potential unreliability of cost-effectiveness studies in comparing models.

Finally, both Prywes (2004) and Santa-Ana-Tellez et al. (2011) have analyzed the limitations to the cost-effective approach by noting its potential to compare two programs that may have vastly different outcomes, and therefore not be comparable. Additionally, Santa-Ana-Tellez et al. (2011) highlighted that more research is needed due to the very limited number of current cost-effectiveness studies. Considering these limitations along with the core tension within the literature in both the cost-effectiveness and the outcomes of institutional vs. family-based care, a case study of Acres of Love will provide important insight into the potential benefits of a hybrid model that is reactive rather than preventative but still family-based.

Social Return on Investment

In addition to the limitations of the cost-effectiveness model in accurately comparing two different child welfare programs mentioned by Prywes (2004) and Santa-Ana-Tellez et al. (2011), this method is also inadequate in measuring the full impact of such programs. Cost-effectiveness models measure the pure financial cost per child rather than social value. However, many of the most important outcomes in child welfare (i.e. family stability or emotional and physical wellbeing) are intangible and are not readily captured through the cost-effectiveness model. Therefore, a different approach, the Social Return on Investment (SROI) method, is better suited to more fully capture the social impact of non-profits such as those that aid vulnerable children in South Africa.

SROI measures the effectiveness and efficiency of programs by calculating the net value of outputs divided by the net value of inputs/investment (Cooney & Lynch-Cerullo, 2014; Maldonado & Corbey, 2016). SROI is more appropriate in this context because it is designed specifically to capture non-quantifiable outcomes and broader social returns that extend beyond the organization, whereas cost-effectiveness studies only focus on the fiscal cost of the intervention. SROI also allows one to obtain a gauge on how much value a program is creating without having to explicitly compare it to another which may be dissimilar or incomparable. Finally, SROI incorporates impact adjustments such as deadweight, attribution, and dropoff for a more accurate estimation, which the cost-effectiveness method ignores entirely (Maldonado & Corbey, 2016). Nevertheless, Cooney & Lynch-Cerullo (2014) have noted that the final number in a SROI calculation may vary greatly depending on certain individual decisions made by the researcher throughout the calculations. While SROI has been vastly underutilized in the field of child welfare, Ieren et al. (2023) provided an example of using this method to calculate the social impact of a Canadian child welfare program called Journey to Zero. Journey to Zero is a preventative model of child welfare that aims to keep children with their families. This study provides a crucial demonstration of the advantage of SROI in calculating the social value of other child welfare interventions in South Africa as well.

There are various valuation approaches that are used in the SROI framework to determine the net value of outputs. The main method is simply to determine the individual outcomes of the organization and assign a financial proxy for each outcome (Maldonado & Corbey, 2016; Ieren et al., 2023). However, some outcomes are too broad and different methods of valuation may be required (Ministry, 2011). This is where Disability-Adjusted Life Years (DALYs) and the Value of a Statistical Life Year (VSL) come into play. A DALY amounts to the loss of one healthy year of life due to disease and is used to determine improved quality of life (Pinelli et al., 2023; Mohandas et al., n.d.). On the other hand, the VSL estimates how much individuals are willing to pay for small changes in their mortality risk. In contrast with the DALY, which addresses morbidity, the VSL focuses purely on mortality (Corlew et al., 2016). Due to this difference, Ministry (2011) and Cropper & Sahin (2009) used both when evaluating the impact of health-related non-profits. However, Ministry (2011) split it up into life years lost and cost of illness, while Cropper & Sahin (2009) divided it up into avoided mortality and avoided injury. This ability to use proxies such as

DALYs and VSL to calculate intangible benefits such as health and well-being is one of the main advantages of SROI.

Gap in the Literature

Considering Acres of Love's unique child welfare model that merges the institutional and family-based frameworks, and the complete lack of literature researching it, this study attempts to fill this gap as its primary purpose is to evaluate the Acres of Love model's potential to alleviate the child welfare crisis in South Africa. Additionally, the existing literature predominately utilizes cost-effectiveness studies. These studies have limited value in determining the full impact of child welfare programs since many models are not comparable. Furthermore, they undervalue long-term quality of life and more intangible impacts, leading to an incomplete understanding of child welfare effectiveness. By doing a SROI analysis combining DALYs, VSL, and qualitative data from interviews, this study attempts to resolve this weakness and contribute to the existing body of literature by pioneering a much more comprehensive method to evaluate social impact.

In summary, existing research focuses on cost-effectiveness methods that fail to fully evaluate the impact of child welfare programs, while SROI remains underutilized in the field. Even when it is used, it rarely integrates morbidity, mortality, and qualitative approaches. This leaves a gap in evaluating unique family-based models such as Acres of Love.

METHODS

This study involved a mixed-methods approach that utilized both quantitative and qualitative data to develop a comprehensive overview of Acres of Love's social impact. The quantitative data is the Social Return on Investment analysis, which involves secondary research (see the Data Sources subsection), and the qualitative portion is primary research conducting interviews with 5 key staff members in Acres of Love who have extensive experience with the organization as employees of over 10 years. The mixed-methods approach specifically answers the research question by using SROI to quantify Acres of Love's broader social impact in a single ratio and utilizing the interviews to identify more intangible outcomes which cannot be quantified or evaluated through a financial proxy. The combination is essential for a more comprehensive analysis, which cost-effectiveness studies lack. This paper is a case study of the Acres of Love organization rather than an experiment as it would be impractical and unethical to attempt to control all the variables regarding the economic and social situation of the vulnerable children in South Africa. A case study allows for a deeper analysis of the organization within its specific context.

Quantitative Methods

The first part of the research was to quantify Acres of Love's social impact by calculating its Social Return on Investment (SROI). SROI is calculated as the ratio of the net value of outputs to the net value of inputs (Maldonado & Corbey, 2016):

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$$SROI = \frac{\text{Net value of outputs (impact)}}{\text{Net value of inputs (investment)}} \quad (1)$$

The net value of inputs was identified as the annual total operational cost of the Acres of Love organization. The net value of outputs was calculated using standard SROI procedure which splits it up into 5 distinct stages: 1) identify stakeholders; 2) identify the outcomes of the organization; 3) monetize outcomes using financial proxies; 4) apply impact adjustments; and 5) calculate the net value of outputs (Maldonado & Corbey, 2016).

Stages 1 & 2: Identify Stakeholders and Outcomes

First, the main groups that benefit from Acres of Love were identified as the stakeholders. Then, 16 different possible outcomes of the organization were identified through conversations with staff members and existing SROI analyses about similar organizations, such as the study that analyzed the Journey to Zero program (Ieren et al, 2023). These specific outcomes were selected to represent multiple dimensions of social value, such as economic, health, and long-term stability benefits. See Appendix A for a breakdown of each stakeholder and their corresponding outcomes.

Stage 3: Monetize Outcomes

For the third stage, each outcome was quantified and monetized. First, a counterfactual was determined for the outcome: the percentage of kids at Acres of Love who would have been negatively impacted by this outcome if Acres of Love had not intervened. Then, the counterfactual was multiplied by the relevant population. For outcomes affecting all children, the total population at Acres of Love was used, while age-specific outcomes were applied only to the corresponding subgroup. Finally, to complete the third stage, each outcome was monetized by assigning a financial proxy. For some, this was simply the fiscal cost of an outcome per child per year. However, for more complex outcomes, other methods were used. Disability-adjusted life years (DALYs) were utilized for outcomes regarding improved mental and physical health or quality of life, and the value of a statistical life (VSL) was used to monetize the impact of children's lives that Acres of Love had directly saved through their intervention. DALYs are calculated as the sum of the years of life lost due to disability (YLL) and years lived with disability (YLD). Each disability (category of impaired physical/mental health) is assigned a standard disability weight (DW), which determines its specific severity/impact on quality of life (World Health Organization, 2011):

$$DALY = YLL + YLD \quad (2)$$

$$YLL = \text{number of deaths} * \text{life expectancy at age of death} \quad (3)$$

$$YLD = \text{number of cases} * \text{disability weight (DW)} * \text{average duration of disease} \quad (4)$$

To quantify the DALY, it was multiplied by South Africa's 2024 GDP per capita (114,878 ZAR), which is aligned with WHO-CHOICE's standard threshold of 1-3x GDP per capita (World Bank, 2024; Kazibwe et

al., 2022). This study utilized the lower end of this threshold to remain as conservative as possible and avoid overstating the impact.

The VSL of South Africa was calculated using an income-adjustment formula for the United States' VSL, since the US Department of Health and Human Services publishes annual VSL estimates and South Africa does not. The US VSL was multiplied by the ratio of South Africa's GDP per capita to the US's GDP per capita. According to Robinson et al. (2019) the recommended income elasticity for lower-income countries is between 1.0 and 1.2. In this study, an income elasticity of 1 was used to remain as conservative as possible:

$$VSL = VSL_{US} \left(\frac{GDP \text{ per capita}_{South Africa}}{GDP \text{ per capita}_{US}} \right)^{income \text{ elasticity} = 1} \quad (5)$$

The study attempted to avoid double counting of outputs as much as possible by creating distinct outcomes, such as separating DALYs and VSL from costs-avoided outcomes, and applying the outcomes to non-overlapping populations (see Discussion for more detail on potential double counting).

Stages 4 and 5: Impact Adjustments and Net Value of Outputs

Finally, after Stage 3 was completed and all the outcomes were monetized, deadweight, attribution, and drop-off were applied to the final number. These impact adjustments allow the final estimate to remain conservative and refrain from overstating the impact. Deadweight is the percentage of the outcome that would have occurred without Acres of Love's intervention. Attribution is the percentage of the outcome that can be attributed to sources other than Acres of Love and drop-off is the decrease in the outcome's value over time. Then, the total net value of outputs is found by adding up the net impact of each individual outcome (Maldonado & Corbey, 2016). Stages 2-5 of the SROI calculation are shown in Appendix B.

Data Sources

All of the data was originally calculated in South African Rand (ZAR) to avoid unnecessary conversions. However, at the end the final number was converted into US Dollars (USD) for clarity. Additionally, all the data for both inputs and outputs come specifically from the 2024 fiscal year, ensuring consistency throughout the calculations. The 2024 average exchange rate was used to convert the ZAR to USD.

For the net value of inputs, the total operational cost of the organization was used as identified through their 2024 990 tax form, which is available to the public. Program data obtained through personal email communications with Acres of Love's National Development Director was used to identify outcomes and determine the population sizes to which counterfactuals were applied (E. Krusiewicz, personal communication, February 17, 2026). The estimates for the counterfactuals, financial proxies, DALYs, and VSL were estimated from South Africa's Department of Social Development reports and national child welfare statistics. This helped to identify what percentage of vulnerable children in South Africa were in

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various situations, the government cost of child welfare-related programs, standard disability weights, and GDP per capita. See Appendix C for a complete list of the sources used in identifying these estimates. For the impact adjustment estimates, typical deadweight, attribution, and drop-off values were identified in the existing SROI literature and conservative estimates were chosen based on these ranges. Conservative estimates of counterfactuals and impact adjustments were intentionally chosen to minimize the risk of overstating the impact due to the inherent uncertainty in valuing complex social systems.

Sensitivity Analysis

Additionally, a sensitivity analysis was conducted after finalizing the baseline SROI ratio to see how much the results changed upon varying certain parameters. In this case, the estimates used for the counterfactuals and select financial proxies were varied as those were chosen based on assumptions made from secondary sources. The financial proxies that included assumptions were varied. However, those based on fixed numbers, such as GDP per capita or exact government reports were not. A conservative/low case analysis was run by reducing both the counterfactuals and financial proxies by 20% and increasing both deadweight and attribution by 20% to reduce the impact attributed to Acres of Love. Similarly, a high case analysis was conducted by increasing both the counterfactuals and financial proxies and decreasing deadweight and attribution by 20% to account for the higher range of the estimate. All the parameters were adjusted at once for the high and low estimates; 20% is a commonly used range in SROI analyses to reflect moderate uncertainty in parameter estimates. See Appendix D for a breakdown of the sensitivity analysis.

Qualitative Methods

For the qualitative portion of the study, interviews were conducted to corroborate and confirm the impact pathways outlined in the SROI analysis and to support the attribution estimates. This primary research involved interviewing 5 key staff members who have been involved in the Acres of Love organization for over 10 years, including one of the founders. Actual children in the Acres of Love program were not interviewed due to ethical considerations. Furthermore, Acres of Love does not allow their children to be interviewed publicly in order to protect their privacy. After giving their consent, each staff member was interviewed virtually for approximately 15 minutes over the phone and was asked 7 open-ended questions about Acres of Love and what they have observed about its impact throughout their experience with the organization. Open-ended questions were essential to reduce researcher bias and encourage responses of more depth and detail. A list of the questions are provided in Appendix F. There were only 5 interviews conducted because Acres of Love is a relatively small organization and those are all of the staff members who consented. Then, the interviews were transcribed and coded using a two-stage open coding framework in order to triangulate the impact pathways, following the methods outlined in the Journey to Zero (Ieren et al., 2023). First, the transcripts were color-coded into 13 different codes based on repeated phrases and topics. Then, these codes were grouped into 5 overarching themes that represent the qualitative, more intangible aspects of Acres of Love's impact, which is demonstrated in Appendix F. Next, the themes were compared with the 16 outcomes of the SROI analysis to determine any possible overlap, thereby confirming the assumptions made in identifying the outcomes.

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RESULTS: QUANTITATIVE RESULTS

SROI Calculation

The net value of outputs was calculated by adding the net impact for each outcome, converting to USD, and dividing by the net value of inputs (see Methods). The net value of outputs was \$14,220,884, and the net value of inputs was \$3,648,192. This means that the Social Return on Investment for Acres of Love is about \$3.90:

$$SROI = \frac{\$14,220,884}{\$3,648,192} = \$3.90$$

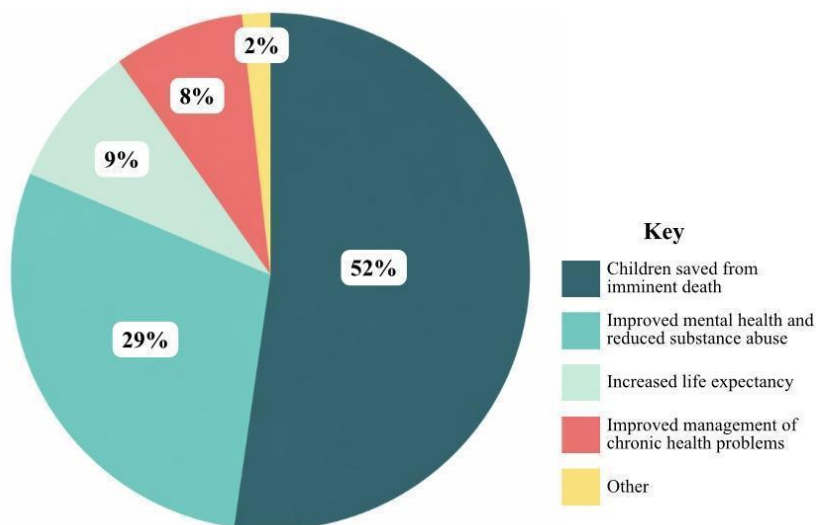
In other words, for every \$1 invested in the Acres of Love organization, a social value of about \$3.90 is created - approximately 3.9 times the initial investment.

Breakdown of Benefits

The proportion each of the 16 outcomes contributed to the net value of outputs is shown in Figure 1.

Figure 1

Distribution of Net Value of Outputs by Outcome



Note: 'Other' refers to the remaining 12 outcomes which together accounted for less than 2% of the total impact.

From the graph, it is clear that approximately 98% of the social value comes from merely 4 of the 16 outcomes: children saved from imminent death, improved mental health and reduced substance abuse, increased life expectancy, and improved management of disabilities and chronic health problems, from greatest to least. This suggests that the overall SROI estimate is largely driven by quality and length of life outcomes, as these are the four outcomes monetized through either DALYs (disability-adjusted life years) or VSL (the value of a statistical life). The largest outcome by far was children saved from imminent death. This outcome was measured using VSL and data from the Acres of Love program. Specifically, in 2024 Acres of Love rescued 17 children from near-death situations; a conservative 60% deadweight was used to account for the fact that the children may have been saved without Acres of Love's intervention anyways, and South Africa's VSL was calculated using the formula from the Methods section to be about 17.81 million South African Rand. When the VSL was multiplied by the number of children and attribution was accounted for, the net impact for this outcome was 106.56 million Rand, the magnitude of which reflects the large social impact generated by saving a child's life.

Sensitivity Analysis

For the conservative case, a lower bound estimate of \$3.05 was found. For the high case, an upper bound estimate of \$4.78 was found. The lower bound estimate is approximately a 22% decrease from the baseline SROI, and the upper bound estimate is approximately a 23% increase. See Appendix D for a breakdown of the changes in the net impact of each outcome from the baseline, conservative, and high case.

RESULTS: QUALITATIVE RESULTS

While the quantitative results indicate that the estimated social value is both substantial and primarily driven by a small number of health-related outcomes, the SROI framework does not capture everything such as how the impact is generated. The qualitative interviews complement the SROI calculation by providing insight into the mechanisms through which these high-value outcomes arise. The 5 main themes derived from the 13 codes in the interviews were a) the family-based model, b) personalized/holistic care, c) lasting and enduring change, d) overcoming challenges and e) community impact. A more detailed table of each of the 13 codes and how they map onto the 5 themes can be found in Appendix F.

The first theme, lasting and enduring change, was the most prevalent in the interviews. One staff member explained, "We are opening up a world of infrastructure and resources that they would never have been able to touch or grasp because every day [before being saved by Acres] was survival" (February 12, 2026). This describes the intergenerational change caused by Acres of Love that permeates these kid's lives all the way through adulthood. This theme reflects quality of life outcomes such as increased life expectancy and children saved from imminent death, which is where most of the SROI came from.

The second theme that appeared frequently was personalized/holistic care, which describes the intensely individualized and personalized care each child receives. The following excerpt from an interview June 2026

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demonstrates the educational aspect of this theme: “Sometimes we'll have six kids in a home and they'll go to six different schools because our team works so hard to find the school that is best suited for them” (February 5, 2026). This is represented in outcomes such as improved mental health, improved management of chronic health problems, and increased earnings due to higher education.

The third theme, the family-based model, was consistently emphasized across interviews and describes the unique way Acres of Love's model mimics a real family environment. For example, another interviewee stated that “the feeling we want to give to our children... when they come home from school [is that] no one's going to leave them again and they have everything they need... we want to just get that baseline of consistency” (March 5, 2026). This theme is reflected in the SROI outcome of reduced institutionalization, which was measured as the amount of kids prevented from entering Child and Youth Care Centers (CYCCs) due to Acres of love's intervention.

Fourth, overcoming challenges has to do with the many challenges that Acres of Love had to resolve, especially with the South African legal system and negative cultural expectations. For example, they often faced long government delays when filing paperwork to take care of a new child, and their ‘forever homes’ are not always welcomed into the neighborhood as “removing the stigma and shame from being an orphan is a very big challenge” (February 17, 2026) . This theme is not represented in the SROI calculation as it does not relate to social impact created for the children but rather gives context as to the history of the organization.

Finally, community impact refers to the impact that Acres of Love has had on the community around them, surpassing even the impact on just the children themselves. For instance, one interviewee described how “once [the neighbors] meet the children in the community, the children change the community... the children are changing their hearts” (February 17, 2026). This theme also does not correspond to the SROI outcomes, as the research question for this study was focused specifically on the social value created for vulnerable children.

Together, the qualitative results highlight the mechanisms of how Acres of Love creates its social impact through the outcomes identified in the SROI analysis. Additionally, they bring to light certain factors that were unable to be quantified in the SROI such as broader impact on the surrounding community and the obstacles that Acres of Love had to overcome, adding a deeper layer to the quantitative findings.

DISCUSSION

A SROI of \$3.90 means that the investment value is nearly quadrupled. This falls within typical SROI ranges, which usually lie between \$2 and \$7 (Maldonado & Corbey, 2016). However, it is lower than the Journey to Zero study, which found the SROI of Journey to Zero to be \$7.67 (Ieren et al., 2023). This is likely due to the different nature of the program. Journey to Zero is a preventative program that attempts to keep children with their families, which creates larger costs avoided compared to Acres of Love's more intervention-based program. According to industry benchmarking databases such as KPI Depot, any

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program with a ratio of over 3:1 is considered to have a strong impact (KPI Depot, 2025). KPI Depot is a comprehensive database with thousands of key performance indicators used by professionals in the economics industry. Therefore, it can be concluded that Acres of Love shows a significant return on investment. However, in saying that this interpretation must be analyzed within the context of the study's particular methodological framework.

The fact that 98% of the net value of outputs comes from only 4 out of the 16 outcomes measured in this study is significant as it demonstrates the importance of quality of life and length of life outcomes as compared to costs avoided outcomes. However, this may lead to a misleadingly high SROI ratio due to over-reliance on a few outcomes which could mask potential underperformance of other outcomes, such as the 12 that only made up 2% of the final estimate. Additionally, the SROI estimate then becomes heavily dependent on the accuracy of the estimates in the four main outcomes, which could reduce its reliability as any error in those estimations could have a disproportionate impact on the final ratio.

Nevertheless, these outcomes are reflected in the main themes which were found in the qualitative interviews. The most prevalent theme by far was 'lasting and enduring change', which aligns with the four main SROI outcomes. The four main outcomes were children saved from imminent death, improved mental health, increased life expectancy and improved management of chronic health problems. Together, these outcomes and the theme of 'lasting and enduring change' clearly demonstrate that Acres of Love's biggest social value lies in the way it radically transforms children's lives from one of abandonment and neglect to one of opportunity. Therefore, it can be concluded that the interviews support and complement the outcomes and mechanisms presented in the SROI analysis. Furthermore, the mixed-methods approach was crucial as the SROI analysis alone would not be able to measure the intangible long-term impacts, while the interviews would not have been able to quantify the social value to the exact extent of \$3.90. By integrating the two, the study creates a more comprehensive understanding of the significant social value of Acres of Love's unique model which cost-effectiveness studies would likely have undervalued. Through the SROI and interviews, the study was able to analyze long-term, multidimensional outcomes such as health and well-being as opposed to simply evaluating the financial cost of the program as in the cost-effectiveness method.

Finally, the sensitivity analysis indicates a likely range for the SROI between \$3.05 to \$4.78. Since the ratio remains over 3:1 even for the lower bound estimate, this suggests that the results are relatively robust to moderate variation in key assumptions made throughout the process. For the lower bound estimate, the counterfactuals and financial proxies were decreased by 20% and the attribution and deadweight were increased by 20%, and vice versa for the upper bound estimate. Therefore, the relatively narrow range between the two estimates further suggests that the model is not overly dependent on any specific counterfactual, financial proxy, deadweight or attribution approximations.

Limitations

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Limitations of the study include the fact that there is potential for overstating the impact through double counting in overlapping outcomes. However, precautions were taken when determining outcomes, their counterfactuals and the affected populations to ensure this would not occur. The counterfactual for each outcome is multiplied by only the relevant population at Acres of Love in order to avoid implicating children who would not actually have been affected (see the Methods section). For example, there is a strong distinction between costs-avoided outcomes (which typically affect the government) and quality of life outcomes (which are calculated using DALYs and VSL and affects the children), such as the difference between healthcare costs avoided and improved management of chronic health. Similarly, increased life expectancy and imminent deaths avoided are distinct outcomes because they affect different populations. The VSL calculation for imminent deaths avoided was applied only to the very small cohort of children at Acres of Love who were found in imminent-death situations in need of immediate intervention, and then a very conservative counterfactual value (50%) was applied on top of that to address the possibility that the children might still have survived without Acres of Love. However, despite these safeguards, the possibility remains that the similarity of some outcomes led to a slightly overstated impact.

Furthermore, due to time constraints, this SROI analysis focused solely on the annual flow of benefits for the 2024 fiscal year. However, this does not account for any potential special economic or political events in 2024 that could have made it an outlier. In order to analyze the average social impact of Acres of Love, rather than that of just 2024, it would be beneficial in the future to average out the data from multiple years.

Finally, limitations to the qualitative data include the limited number of interviews. Additionally, two of the main themes from the interviews - overcoming challenges and community impact - were not reflected in the SROI as they are unable to be quantified monetarily without a large potential of overstating the impact. This is a regular SROI critique known as the intangible's bias. However, it is important to keep in mind that while these impacts may not be quantifiable, they still exist and are part of the larger social value that Acres of Love creates.

Future Implications

This study has implications for the existing literature as it highlights the value of SROI analyses to determine levels of social impact that may not be fully reflected in the cost-effectiveness approach used in studies by Bhuvanewari & Deb (2016), Santa-Ana-Tellez et al. (2011), and Embleton et al. (2014). It also corroborates the benefits found by Minstry (2011) and Cropper & Sahin (2009) in using DALYs and VSL to calculate health and quality of life benefits from intervention programs. Therefore, it addresses the gap in the research surrounding the limits of the cost-effectiveness method by contributing to a new understanding of the benefits of Acres of Love's unique model of child care through a SROI analysis combining costs-avoided, mortality and morbidity benefits.

This study also has several practical implications for donors, other NGOs, and governments. For example, calculating the SROI of Acres of Love allows potential donors to determine whether it is a high-return investment.

Additionally, although the research is context-dependent and specific to the Acres of Love organization, the method is adaptable and other NGOs could use it while adjusting to their specific context. This would allow other existing organizations to determine their social value, reflect on their models of child care, and identify what aspects of the model matter most.

Finally, this could be used in governments to inform child welfare policy. The results demonstrate that Acres of Love's unique intervention model, which closely mimics a family environment, has great benefits for orphaned and otherwise vulnerable children. In light of this information, government policymakers may shift funding towards similar family-based organizations in order to increase the efficiency of child welfare spending. Future research calculating the SROI of other organizations with different models of child care in South Africa would also be beneficial to do a comparative analysis of which creates the most social value.

CONCLUSION

This study answers the research question—to what extent does Acres of Love's family-based model of child care create social value for vulnerable children in South Africa?—by revealing that Acres of Love creates \$3.90 of social value for vulnerable children in South Africa for every \$1 invested. Furthermore, this social value is created largely by improving the quality of life of these children through bettering their mental and physical health, saving them from imminent death, and increasing their life expectancy. Similarly, the interviews confirm the intangible impacts of giving these children previously unknown social, economic, and educational opportunities. These findings demonstrate that Acres of Love creates meaningful social value for vulnerable children in South Africa, but is largely dependent on DALY/VSL outcomes and calculations, which is important to keep in mind as it may inflate the results.

Therefore, the study contributes to a new insight in the literature by reshaping current understanding of child welfare effectiveness and demonstrating how the SROI method both quantifies and constructs social value, revealing the impact is significantly shaped by valuation methods such as DALYs and VSL. This has significant implications for the Acres of Love organization, future NGOs, and child welfare policy in South Africa.

REFERENCES

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Oxford Journal of Student Scholarship
www.oxfordjss.org

- [1]Acres of Love. (n.d.). Our Approach. Acres of Love. Retrieved April 28, 2026, from <https://www.acresoflove.org/family-homes>
- [2]Adams, S., & Amod, Z. (2025). The Psychosocial Experiences of Foster Parents Caring for Children in Cluster Foster Care Schemes in South Africa. *Child Care in Practice*, 31(3), 1–15. <https://doi.org/10.1080/13575279.2025.2451624>
- [3]Bhuvaneswari, K., & Deb, S. (2016). Efficacy of Family-Based Care as Compared with Institutional Care: A Careful Review. *Institutionalised Children Explorations and Beyond*, 3(2), 161. <https://doi.org/10.5958/2349-3011.2016.00011.6>
- [4]BusinessTech. (2019). Matric vs diploma vs degree – how much you’re likely to get paid in South Africa. <https://businesstech.co.za/news/finance/325343/matric-vs-diploma-vs-degree-how-much-youre-likely-to-get-paid-in-south-africa/>
- [5]Centers for Disease Control and Prevention. (2024, July 8). Facts About U.S. Deaths from Excessive Alcohol Use. Alcohol Use. <https://www.cdc.gov/alcohol/facts-stats/index.html>
- [6]Claasen, L. T., & Spies, G. M. (2017). THE VOICE OF THE CHILD: EXPERIENCES OF CHILDREN, IN MIDDLE CHILDHOOD, REGARDING CHILDREN’S COURT PROCEDURES. *Social Work/Maatskaplike Werk*, 53(1), 74–95. <https://doi.org/10.15270/52-2-547>
- [7]Cooney, K., & Lynch-Cerullo, K. (2014). Measuring the Social Returns of Nonprofits and Social Enterprises: The Promise and Perils of the SROI. *Nonprofit Policy Forum*, 5(2). <https://doi.org/10.1515/npf-2014-0017>
- [8]Corlew, D. S., Alkire, B. C., Poenaru, D., Meara, J. G., & Shrimme, M. G. (2016). Economic valuation of the impact of a large surgical charity using the value of lost welfare approach. *BMJ Global Health*, 1(4), e000059. <https://doi.org/10.1136/bmjgh-2016-000059>
- [9]Cropper, M. L., & Sahin, S. (2009). Valuing Mortality and Morbidity in the Context of Disaster Risk (Issue 4). (Policy Working Research Paper No. 4832). World Bank. https://www.researchgate.net/publication/24108855_Valuing_Mortality_and_Morbidity_in_the_Context_of_Disaster_Risk
- [10]Crossroads Recovery Centre. (2025). Page Restricted. [crossroadsrecovery.co.za](https://crossroadsrecovery.co.za/understanding-rehabilitation-in-south-africa/).
- [11]Desmond, C., Gow, J., Loening-Voysey, H., Wilson, T., & Stirling, B. (2002). Approaches to caring, essential elements for a quality service and cost-effectiveness in South Africa. *Evaluation and Program Planning*, 25(4), 447–458. [https://doi.org/10.1016/s0149-7189\(02\)00055-1](https://doi.org/10.1016/s0149-7189(02)00055-1)

- [12]Embleton, L., Ayuku, D., Kamanda, A., Atwoli, L., Ayaya, S., Vreeman, R., Nyandiko, W., Gisore, P., Koech, J., & Braitstein, P. (2014). Models of care for orphaned and separated children and upholding children's rights: cross-sectional evidence from western Kenya. *BMC International Health and Human Rights*, 14(1). <https://doi.org/10.1186/1472-698x-14-9>
- [13]For the Voiceless. (n.d.). Child Protection Statistics | For The Voiceless. For the Voiceless. <https://forthevoiceless.co.za/child-protection-statistics/>
- [14]Foster, G. (2004). SAFETY NETS FOR CHILDREN AFFECTED BY HIV/AIDS IN SOUTHERN AFRICA. <https://issafrica.s3.amazonaws.com/site/uploads/109CHAP4.PDF>
- [15]Free State Department of Social Development. (2024). DEPARTMENT OF SOCIAL DEVELOPMENT PROVINCE OF FREE STATE VOTE NO. 7 ANNUAL REPORT 2023/2024 FINANCIAL YEAR Annual Report for 2023/24 Financial Year Contents. https://provincialgovernment.co.za/departments_annual/1455/2024-free-state-social-development-annual-report.pdf
- [16]Gray, M., & Lombard, A. (2022). Progress of the social service professions in South Africa's developmental social welfare system: Social work, and child and youth care work. *International Journal of Social Welfare*, 32(4). <https://doi.org/10.1111/ijsw.12562>
- [17]Hall, K., & Proudlock, P. (2025, October). Children Count: Statistics on children in South Africa. Uct.ac.za. <https://childrencount.uct.ac.za/indicator.php?domain=2&indicator=39>
- [18]Ieren, I., Findlay, I., Kalagnanam, S., & Lashgarara, F. (2023). Journey to Zero: Calculating the Social Return on Investment. In Community-University Institute for Social Research (CUISR), University of Saskatchewan. https://cuivr.usask.ca/documents/publications/2020-2024/jtoz_calculating_sroi-final-report.pdf
- [19]Ilifa Labantwana. (2024, July 17). South African Early Childhood Review 2024 shows that the situation of young children has worsened. There is now an important window to change course. - Ilifa Labantwana. Ilifa Labantwana. <https://ilifalabantwana.co.za/news/sa-early-childhood-review-2024-press-release-2/>
- [20]International Citizens Insurance. (2025, September 22). The Healthcare System in South Africa. International Citizens Insurance. <https://www.internationalinsurance.com/countries/south-africa/healthcare/>
- [21]Jamieson, L. (2010). The Children's Act - providing a strong foundation for caring for vulnerable children. Academia.edu.

https://www.academia.edu/65157258/The_Childrens_Act_providing_a_strong_foundation_for_caring_for_vulnerable_children

[22]Justworks. (2025). Employee Leave & PTO in South Africa - Justworks EOR. Justworks; Employee Leave & PTO in South Africa - Justworks EOR.

<https://www.justworks.com/global-hiring-guides/south-africa/leave>

[23]Kazibwe, J., Gheorghe, A., Wilson, D., Ruiz, F., Chalkidou, K., & Chi, Y-Ling. (2022). The Use of Cost-Effectiveness Thresholds for Evaluating Health Interventions in Low- and Middle-Income Countries From 2015 to 2020: A Review. *Value in Health*, 25(3). <https://doi.org/10.1016/j.jval.2021.08.014>

[24]Kearsley, A. (2024, January 25). HHS Standard Values for Regulatory Analysis, 2024. Nih.gov; Office of the Assistant Secretary for Planning and Evaluation (ASPE).

<https://www.ncbi.nlm.nih.gov/books/NBK611043/>

[25]Kootbodien, T., Naicker, N., Wilson, K. S., Ramesar, R., & London, L. (2020). Trends in Suicide Mortality in South Africa, 1997 to 2016. *International Journal of Environmental Research and Public Health*, 17(6). <https://doi.org/10.3390/ijerph17061850>

[26]KPI Depot. (2025). Social Return on Investment (SROI) - KPI Definition, Formula, & Benchmarks | KPI Depot. Kpidepot.com. Retrieved April 28, 2026, from

<https://kpidepot.com/kpi/social-return-investment-sroi>

[27]Kuo, C., & Operario, D. (2011). Health of adults caring for orphaned children in an HIV-endemic community in South Africa. *AIDS Care*, 23(9), 1128–1135.

<https://doi.org/10.1080/09540121.2011.554527>

[28]Legal Aid South Africa. (2018). Annexure B TARIFF OF FEES AND DISBURSEMENTS IN CRIMINAL MATTERS Number Matter District Magistrate's Court Regional Magistrate's Court High Court Supreme Court of Appeal 1 Criminal trials -Appearance 1.

https://legal-aid.co.za/wp-content/uploads/2020/06/Annexure-B_17-SEPTEMBER-2018.pdf

[29]Legal Aid South Africa. (2023). Grants at a glance 2023.

<https://legal-aid.co.za/wp-content/uploads/2023/05/Grants-at-a-Glance-2023-updated-23-February-2023.pdf>

[30]Lombard, A. (2008). The implementation of the White Paper for Social Welfare: A ten-year review. *The Social Work Practitioner-Researcher*, 20(2).

https://www.researchgate.net/publication/228839875_The_implementation_of_the_White_Paper_for_Social_Welfare_A_ten-year_review

- [31]Macrotrends. (2025). South Africa Life Expectancy | Historical Data | Chart | 1950-2025. Macrotrends.net.
<https://www.macrotrends.net/datasets/global-metrics/countries/zaf/south-africa/life-expectancy>
- [32]Maldonado, M., & Corbey, M. (2016). Social Return on Investment (SROI): a review of the technique. *Maandblad Voor Accountancy En Bedrijfseconomie*, 90(3), 79–86.
<https://doi.org/10.5117/mab.90.31266>
- [33]Mediclinic. (2023, October 4). Teen suicide: Don't let your child become a statistic. www.mediclinic.co.za.
<https://www.mediclinic.co.za/en/infocenter-corporate/family-life/teens-13-years-up/teen-suicide--don-t-let-your-child-become-a-statistic.html>
- [34]Ministry, R. (2011). Methodology for valuing health impacts on the SHEcan project. (IOM Research Project No. P937/96). Institute of Occupational Medicine.
- [35]Mohandus, B., Farrington-Bell, S., Popli, V., & Dangi, N. (2023, September 21). Deepening impact with DALYs: tracking economic benefits for individual patients - LeapFrog Investments. LeapFrog Investments.
<https://leapfroginvest.com/deepening-impact-with-dalys-how-healthcare-investors-track-economic-benefits-for-individual-patients/>
- [36]Mumm, R., Diaz-Monsalve, S., Hänselmann, E., Freund, J., Wirsching, M., Gärtner, J., Gminski, R., Vögtlin, K., Körner, M., Zirn, L., Wittwer-Backofen, U., Oni, T., & Kroeger, A. (2017). Exploring urban health in Cape Town, South Africa: an interdisciplinary analysis of secondary data. *Pathogens and Global Health*, 111(1), 7–22. <https://doi.org/10.1080/20477724.2016.1275463>
- [37]Ocklenburg, S. (2021). At What Age Does Mental Illness Begin? | Psychology Today Canada. www.psychologytoday.com.
<https://www.psychologytoday.com/ca/blog/the-asymmetric-brain/202106/what-age-does-mental-illness-begin>
- [38]Oyster. (2025). Working hours and overtime rules by country | Oyster® | Oyster®. www.oysterhr.com. <https://www.oysterhr.com/library/average-working-hours-by-country>
- [39]Pinelli, M., Manetti, S., & Lettieri, E. (2023). Assessing the Social and Environmental Impact of Healthcare Technologies: Towards an Extended Social Return on Investment. *International Journal of Environmental Research and Public Health*, 20(6), 5224. <https://doi.org/10.3390/ijerph20065224>
- [40]Pranjic, R., & Karabasic, A. (2023). Disability Weights and Years Lived with Disability of Depression with and Without Suicidality. *Materia Socio-Medica/Materia Socio Medica*, 35(2), 140–140. <https://doi.org/10.5455/msm.2023.35.140-145>

- [41]Prywes, M. (2004). Costs of Projects for Orphans and Other Vulnerable Children : Case Studies in Eritrea and Benin. In World Bank, Washington, DC eBooks. World Bank. <https://doi.org/10.1596/11812>
- [42]Robinson, L. A., Hammitt, J. K., & O’Keeffe, L. (2019). Valuing Mortality Risk Reductions in Global Benefit-Cost Analysis. *Journal of Benefit-Cost Analysis*, 10(S1), 1–36. <https://doi.org/10.1017/bca.2018.26>
- [43]Santa-Ana-Tellez, Y., DeMaria, L., & Gallaraga, O. (2011). Costs of interventions for AIDS orphans and vulnerable children. *Tropical Medicine & International Health*. <https://onlinelibrary.wiley.com/doi/pdf/10.1111/j.1365-3156.2011.02856.x>
- [44]Schmid, J. (2006). RESPONDING TO THE SOUTH AFRICAN CHILD WELFARE CRISIS. *Canadian Social Work Review / Revue Canadienne de Service Social*, 23(1/2), 111–127. JSTOR. <https://doi.org/10.2307/41669848>
- [45]Schmid, J. (2010). A History of the Present: Uncovering Discourses in (South African) Child Welfare. *British Journal of Social Work*, 40(7), 2102–2118. <https://doi.org/10.1093/bjsw/bcp124>
- [46]Sibanda, S. (2025). A System Stretched Beyond Its Elastic Limits: The South African Foster Care Grant System. *Social Inclusion*, 13. <https://doi.org/10.17645/si.10649>
- [47]South Africa Accounting Academy. (2024). SASSA: Grants increase 1 April 2024. [Accountingacademy.co.za](https://accountingacademy.co.za). <https://accountingacademy.co.za/news/read/sassa-grants-increase-1-april-2024>
- [48]South Africa Department of Employment and Labour. (2024, December 18). National minimum wage (NMW) Commission recommends CPI + 1.5 adjustment for 2025 and invites further proposals. [https://www.labour.gov.za/national-minimum-wage-\(nmw\)-commission-recommends-cpi-+-1-5-adjustment-for-2025-and-invites-further-proposals](https://www.labour.gov.za/national-minimum-wage-(nmw)-commission-recommends-cpi-+-1-5-adjustment-for-2025-and-invites-further-proposals)
- [49]South Africa Department of Social Development. (2016). COMPREHENSIVE REPORT. https://www.gov.za/sites/default/files/gcis_document/201610/comprehensive-report-white-paper.pdf
- [50]South Africa Department of Social Development. (2024, May 20). Social Development on child adoption and foster care | South African Government. [Www.gov.za](https://www.gov.za). <https://www.gov.za/news/media-statements/social-development-child-adoption-and-foster-care-20-may-2024>
- [51]South African Police Service. (2024). Annual report 2023/2024. https://www.gov.za/sites/default/files/gcis_document/202411/sapsannual-report2023-24.pdf

- [52]Statista Research Department. (2023, September 21). South Africa: student participation rates by population group. Statista.
<https://www.statista.com/statistics/1115545/student-participation-rates-in-south-africa-by-population-group/>
- [53]Statistics South Africa. (2006). Trends in the Percentage of Children Who Are Orphaned in South Africa: 1995–2005. <https://www.statssa.gov.za/publications/Report-03-09-06/Report-03-09-062000>
- [54]Therapy Route. (2025). How Much Does Therapy Cost in South Africa? (2025). Therapyroute.com.
<https://www.therapyroute.com/article/how-much-does-therapy-cost-in-south-africa-2025-by-therapyroute>
- [55]UNICEF. (2024, November 20). Situation Analysis of Children and Adolescents in South Africa 2024. Unicef.org.
<https://www.unicef.org/southafrica/reports/situation-analysis-children-and-adolescents-south-africa-2024>
- [56]United Nations Office on Drugs and Crime. (2025). Health and Hope: Reflecting on Progress in Developing the Quality Assurance Mechanism for the Treatment of Drug Use Disorders in South Africa. United Nations : Office on Drugs and Crime.
https://www.unodc.org/unodc/drug-prevention-and-treatment/news-and-events/2025/September/health-and-hope_-reflecting-on-progress-in-developing-the-quality-assurance-mechanism-for-the-treatment-of-drug-use-disorders-in-south-africa.html
- [57]Viviers, A. (2020, April 6). IN THE PRESS: Upgrades to informal settlements urgently needed - African Centre for Cities. African Centre for Cities.
<https://www.africancentreforcities.net/in-the-press-upgrades-to-informal-settlements-urgently-needed/>
- [58]Wedderburn, C. J., Bondar, J., Lake, M. T., Nhapi, R., Barnett, W., Nicol, M. P., Goddard, L., & Zar, H. J. (2024). Risk and rates of hospitalisation in young children: a prospective study of a South African birth cohort. *PLOS Global Public Health*, 4(1). <https://doi.org/10.1101/2023.06.08.23289961>
- [59]World Bank. (2024). South Africa | Data. Worldbank.org.
<https://data.worldbank.org/country/south-africa>
- [60]World Health Organization. (2011). Global Burden of Disease methodology. Nih.gov; World Health Organization.
[https://www.ncbi.nlm.nih.gov/books/NBK304069/#:~:text=Technical%20appendix%20DGlobal%20Burden,and%20from%20disability%20\(1\).](https://www.ncbi.nlm.nih.gov/books/NBK304069/#:~:text=Technical%20appendix%20DGlobal%20Burden,and%20from%20disability%20(1).)

APPENDIX

Appendix A

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SROI: Stage 1 & 2

Stakeholders	Outcome
Government	1. Reduced institutionalization (Reduced number of children entering Child and Youth Care Centers (CYCCs))
	2. Future costs avoided for foster care grants
	3. Future costs avoided for child support grants
	4. Future costs avoided for care dependency grants
	5. Future costs avoided related to reduced substance abuse (Reduced number of children entering treatment centers)
	6. Future costs avoided of child upbringing by teenage parents (Child support grants)
	7. Reduced involvement in police incidents
	8. Reduced involvement in Child Court proceedings
Vulnerable children	9. Improved mental health and reduced substance abuse
	10. Future costs avoided for mental health problems
	11. Improved management of disabilities and chronic health problems
	12. Future healthcare costs avoided related to improved physical health
	13. Children saved from imminent death
	14. Improved life expectancy
Launched adults	15. Increased employment and economic productivity among launched adults
	16. Increased earnings due to degree completion and higher education

Appendix B

SROI: Stages 2-5

Stage 2	Stage 3			Stage 4*	Stage 5
Outcomes	Counter-factual	Population affected	Proxy (ZAR)	Impact adjustments	Net Impact (ZAR)

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Reduced institutionalization	5%	11	1,095,600	0%	1,095,600
Future costs avoided for foster care grants	10%	22	311,520	0%	311,520
Future costs avoided for child support grants	65%	143	909,480	0%	909,480
Future costs avoided for care dependency grant	15%	5.7	149,112	0%	149,112
Future costs avoided for reduced substance abuse	1%	2.2	24,676	10%	22,208
Future costs avoided of child upbringing by teenage parents	20%	3.4	21,624	5%	20,543
Reduced involvement in police incidents	1%	0.34	3,400	5%	3,230
Reduced involvement in Child Court proceedings	1%	2.2	3,762	5%	3,574
Improved mental health and reduced substance abuse**	N/A	734.25	84,349,171.5	10%	75,914,254
Future costs avoided for mental health problems	1%	2.2	26,400	10%	23,760
Improved management of disabilities and chronic health problems**	N/A	206.25	23,693,587.5	10%	21,324,229
Future healthcare costs avoided related to improved physical health	25%	55	192,500	10%	173,250

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Children saved from imminent death	50%	8.5	151,359,058	10%	136,223,152
Improved life expectancy**	N/A	220	25,273,160	10%	22,745,844
Increased employment and economic productivity among launched adults***	N/A	45	2,736,625.5	15%	1,395,679
Increased earnings due to degree completion and higher education***	N/A	10	437,860.08	15%	364,737

*For clarity and to condense the table as much as possible, the impact adjustment column for this table includes combined deadweight, attribution, and drop-off. Some outcomes have 0% impact adjustment because deadweight is already calculated in the counterfactual for non-DALY/VSL outcomes and drop-off is minimal because the SROI calculation was focused on the annual flow of benefits using data from the 2024 fiscal year, which nullified the need to calculate the value of each outcome over an extended time. Attribution was determined following the guidelines of similar studies (Ieren et al., 2023; Maldonado & Corbey, 2016) and confirmed with the qualitative interviews.

**These outcomes were determined using DALYs/VSL and therefore do not include counterfactuals (see Methods for DALY/VSL formulas).

***These outcomes were calculated using exact data from the Acres of Love program through personal communication with the National Development Director. Therefore, there is no counterfactual as no estimates had to be made.

Appendix C

SROI: Sources for counterfactuals & financial proxies

Outcome	Counterfactual & sources	Financial proxy (ZAR) & sources*
Reduced institutionalization	5% UNICEF (2024)	99,600 per child/year Free State Department of Social Development (2024)
Future costs avoided for foster care grants	10% South Africa Department of Social Development (2024) Adams & Amod (2025) Sibanda (2025) For the Voiceless (n.d.)	14,160 per child/year Legal Aid South Africa (2023) South African Accounting Academy (2024)

Future costs avoided for child support grants	65% UNICEF (2024) For the Voiceless (n.d.)	6,360 per child/year Legal Aid South Africa (2023) South African Accounting Academy (2024)
Future costs avoided for care dependency grants	15% UNICEF (2024) For the Voiceless (n.d.)	2,180 per child/year Legal Aid South Africa (2023) South African Accounting Academy (2024)
Future costs avoided for reduced substance abuse	1% United Nations Office on Drugs and Crime (2025)	11,216.52 per child/year South Africa Department of Social Development (2016) Crossroads Recovery Centre (2025)
Future costs avoided of child upbringing by teenage parents	20% UNICEF (2024)	6,360 per child/year UNICEF (2024) Legal Aid South Africa (2023)
Reduced involvement in police incidents	1% UNICEF (2024)	10,000 per incident South African Police Service (2024)
Reduced involvement in Child Court proceedings	1% Claasen & Spies (2017)	1,710 per case Legal Aid South Africa (2018)
Improved mental health and reduced substance abuse	Assumptions for DALY calculations based on: UNICEF (2024) Centers for Disease Control (2024) Pranjic & Karabasic (2023) Kootbodien et al. (2020) Mediclinic (2023) Macrotrends (2025) Ocklenburg (2021)	114,878 GDP per capita World Bank (2024)
Future costs avoided for mental health problems	1% UNICEF (2024)	26,400 Therapy Route (2025)
Improved management of disabilities and chronic health problems	Assumptions for DALY calculations based on: Ilifa Labantwana (2024)	114,878 GDP per capita World Bank (2024)
Future healthcare costs avoided related to improved physical health	25% Wedderburn et al. (2024)	3,500 per child/year International Citizens Insurance (n.d.)

Children saved from imminent death	50%**	17,806,948 (VSL) Kearsley (2024) World Bank (2024) Robinson et al. (2019)
Improved life expectancy	Assumptions for DALY calculations based on: Mumm et al. (2017) Viviers (2020)	114,878 GDP per capita World Bank (2024)
Increased employment and economic productivity among launched adults	Deadweight: 40% South Africa Department of Employment and Labour (2024)	60,813.9 per adult/year Justworks (2025) Oyster (2025)
Increased earnings due to degree completion and higher education	Deadweight: 2% Statista Research Departmentpsychol (2023)	43,786 per adult/year BusinessTech (2019)

*Financial proxy values in Appendix C differ from Appendix B because the values in Appendix B are after the affected population was multiplied.

**50% counterfactual selected as a conservative central estimate due to lack of empirical data on counterfactual survival outcomes

Appendix D

Sensitivity Analysis

Outcomes	Baseline	Low Case	High Case
Reduced institutionalization	R1,095,600	R876,480	R1,314,720
Future costs avoided for foster care grants	R311,520	R249,216	R373,824
Future costs avoided for child support grants	R909,480	R727,584	R1,091,376
Future costs avoided for care dependency grant	R149,112	R120,336	R177,800
Future costs avoided for reduced substance abuse	R22,208.4	R14,213.57	R32,195.9

Future costs avoided of child upbringing by teenage parents	R20,542.8	R16,141.68	R25,032.96
Reduced involvement in police incidents	R3,230	R2,030.4	R4,723.2
Reduced involvement in Child Court proceedings	R3,573.9	R2,263.22	R5,121.79
Improved mental health and reduced substance abuse	R75,914,254.35	R59,381,816.74	R93,121,485.34
Future costs avoided for mental health problems	R23,760	R15,206.4	R34,444.8
Improved management of disabilities and chronic health problems	R21,324,228.75	R16,680,285.6	R26,157,720.6
Future healthcare costs avoided related to improved physical health	R173,250	R135,520	R212,520
Children saved from imminent death	R136,223,152.2	R106,556,776.8	R167,100,400
Improved life expectancy	R22,745,844	R17,792,304.64	R27,901,568.64
Increased employment and economic productivity among launched adults	R1,395,679	R1,166,897.11	R1,637,596.7
Increased earnings due to degree completion and higher education	R364,737.45	R287,236.21	R386,601.26

Net Impact	R260,680,172.9 = \$14,220,883.59	R204,026,308.4 = \$11,130,731.5	R319,577,131.2 = \$17,434,649.82
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Appendix E

Interview Questions

The following interview questions were asked:

1. What do you think is the single biggest or most important impact Acres of Love has had on these children?
2. Can you describe 2-3 more specific ways Acres of Love has changed the lives and the outcomes of these children, that would not have been possible without it?
3. What are the long-term outcomes you've seen in some of the 'launch adults, and how long do these outcomes last?
4. How have you seen this program impact people other than the children themselves?
5. Were there any challenges in implementing the program that you've seen or come across in your time at Acres of Love? Were there any unexpected outcomes (positive or negative) that you didn't necessarily plan for?
6. If Acres of Love didn't exist, where do you think many of these children would be now? What alternative systems or support systems would potentially have been there for them?
7. Is there anything else important you would like to share about Acres of Love's impact that I didn't ask about?

Appendix F

Interview Coding & Themes

13 Codes	5 Overarching Themes
Family-based model	Family-based model
Keeping children's stories	
Religious motivation/focus on doing God's work	
Personalized education	Personalized/holistic care
Personalized health/therapy plan	
Individualized care for special needs children	
Saving and transforming kid's lives	Lasting/enduring change
Intergenerational change	
Outcomes for launched adults	
Legal challenges	Overcoming challenges

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Challenging community expectations	
Background of children	
Impact on community	Community Impact