

SROI Analysis:

Hertfordshire Community Meal's Meals on Wheels Service



SROI Practitioner: Elaine McCorrison

This report has been submitted to an independent assurance assessment carried out by The SROI Network. The report shows a good understanding of the SROI process and complies with SROI principles. Assurance here does not include verification of stakeholder engagement, data and calculations. It is a principles-based assessment of the final report

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Executive Summary

Hertfordshire Community Meals (HCM) is a not-for-profit social enterprise that was established in 2007 to provide meals for elderly and disabled residents on behalf of Hertfordshire County Council (HCC).

HCM has grown from providing meals on wheels in a single District, to a complex operation delivering high quality nutritional meals throughout Hertfordshire with 160 employees and 103 volunteers with an annual turnover of over £3 million. Some of the local people it employs have been out of employment for many years due to physical or mental health issues.

A Social Return on Investment (SROI) analysis has been conducted to evaluate the social value that was created by HCM between 1 April 2011 and 31 March 2012. The analysis evaluates the social return created for the clients who benefited from the meals on wheels service and their family/carers. Moreover, the analysis measures the social return created for HCC and the State. The SROI analysis was carried out to the standard approach to SROI as documented in the Cabinet Office sponsored Guide to SROI (The SROI Network, 2009).

The analysis showed that the activities of HCM resulted in a number of immediate and tangible changes for the clients, including; improved health, feeling happier and feeling more safe and secure and increased independence. In turn, these changes led to other outcomes which resulted in longer term gains such as staying out of residential care. For the clients' family carers a number of changes occurred including; increased ability to work; more leisure time, less stress and improved relationships with their own family and with the person they care for.

The SROI calculates that, based on the information currently available for every pound invested in HCM, the likely social value created through these outcomes is about £5.28. The social value is divided between the stakeholders as follows; 44% of the social value is created for clients, 20% for family/carers, 36% for the State incorporating HCC/LA.

As in all SROI analyses, this calculation was based upon estimates and assumptions. The sensitivity of the social return ratio to change in a number of these estimates was tested. As a result, the social return for each pound invested ranged from £4.42 to £6.10.

A number of recommendations were made as a result of the analysis, which may help shape data collection and improve the quality of future social impact assessments of HCM. The recommendations included; ensuring HCM has in place a system that can measure the outcomes identified in this analysis are being achieved; extending data collection and social impact assessment for work placements and employees (considered to face barriers in the labour market).

This analysis provides evidence that HCM delivers a cost effective service to their client groups creating a large number of positive outcomes for stakeholders. Many of these outcomes are additional to the service commissioned and therefore should be celebrated and disseminated. HCM provides evidence for the significant role it plays in contributing to improving the lives and wellbeing of the elderly, frail, and vulnerable adults in the local community.

Stage 1: Establish scope and identify stakeholders

Introduction and background

About Hertfordshire Community Meals

Hertfordshire Community Meals (HCM) is a not-for-profit social enterprise that was established in 2007 to provide meals for elderly and disabled residents on behalf of Hertfordshire County Council (HCC).

HCM has grown from providing meals on wheels in a single District, to a complex operation delivering high quality nutritional meals throughout Hertfordshire with 160 employees and an annual turnover of over £3 million. Some of the local people it employs have been out of employment for many years due to physical or mental health issues.

HCM operates from three main sites and three outposts; this keeps fuel consumption at a minimum and allows staff to work nearer to their homes. Maintaining local sites enables HCM to optimise the use of 'hot boxing', an efficient and environmentally beneficial delivery model. Moreover, providing local employment opportunities is a key part of HCM's business plan.

There is a statutory responsibility for meals provision as stipulated in the Chronically Sick and Disabled Person's Act, 1970. HCC has contracted with HCM to meet its responsibility to make arrangement for the provision of meals, whether at home or elsewhere, to chronically sick and disabled people.

HCM currently delivers approximately 1800 meals daily throughout Hertfordshire to home based (free living) and lunch club clients each day. Adults requiring meals are referred to HCM having completed an assessment with HCC or another care professional. Clients select meals from a menu that includes a daily choice of five main meals and three desserts. There are also a wide range of specialist options to meet individuals' dietary, ethical, or religious requirements, and teatime meals for clients who require them.

HCM staff offer support to clients as required, plating and cutting up meals, providing a drink, and undertaking other welfare checks.

Case study: Mrs A

Mrs A, aged 88, lives in St. Albans. Mrs A was referred to Herts Community Meals because she was unable to cook for herself and her family were worried that she might injure herself. Family members did not live near her and were unable to commit to supporting her every day.

When Herts Community Meals first met with Mrs A they found that she was very confused, refused meals and even entry to her residence.

Since then, HCM staff have shown kindness, patience and have built up a relationship with her based on trust.

Now HCM provide a nutritionally-balanced meal to Mrs A every day. Mrs A is now very happy to have the meal and even calls the drivers by their first names. Drivers have observed that she has significantly changed for the better.

Without the MOWs it is believed that Mrs A would have been unable to cope for herself at home.

HCM sets out a number of key objectives in its business plan as follows:

1. To provide a cost effective, consistent, and high quality meals service across Hertfordshire
2. To provide a personalised, respectful, and caring service that meets the needs of individual clients, helps maintain their independence, and achieves excellent levels of client satisfaction
3. To offer a wide range of nutritious and appetising meals that meet the cultural, religious, ethical and dietary requirements of our clients.
4. To develop a range of social initiatives that will provide cost effective community and social benefit
5. To provide flexible employment and development opportunities for local people to enable provision of an excellent and caring service for every client
6. To seek operational efficiencies to ensure that HCM is financially robust and provides value for money for Hertfordshire residents,

HCM has always been ambitious about delivering broader social aims; some of the activities discussed in on page 11 and 12 highlight how it has endeavoured to do this.

Strategic/Policy Context

Meals on wheels were first delivered 65 years ago, when volunteers from the WRVS provided meals to elderly and needy people. The service has continued over the intervening years, and whilst it has not changed greatly in some areas, it has developed substantially in others.

From a national perspective, traditional meals on wheels services have come under increasing pressure from budgetary constraints and austerity measures. However, in some areas the huge potential of preventative health and wellbeing benefits have been recognised, and community meals services are being acknowledged as a cost effective way of maintaining the independence of an ageing population.

By 2035 the population aged over 65 will account for 23% of the UK population. In the same time period 5% of the population (3.5 million people) will be over 85 (the 'oldest old'). Although people are living longer, Disability Free Life Expectancy (DFLE - expected years of life without a limiting illness or disability) is not increasing proportionally. The implication of this for Health and Social Care services is serious: although people will live longer, they will spend an increasing proportion of their later years with a disability of limiting illness.

Services that support independent living in later life will become increasingly important over the next three decades, not only as a cost effective alternative to residential care, but to improve the health, wellbeing, and quality of life of the ageing population. Community meals services that provide excellent nutrition, daily welfare checks, signposting, and a range of other support services will be a critical tool in tackling the problems associated with an ageing population.

The benefits of a caring and supportive 'meals on wheels' service are far reaching. Clients receiving the service report many positive outcomes, ranging from improved independence to feeling more secure and happier. This SROI seeks to define, quantify, and evaluate these benefits to help inform statutory authorities and decision makers as they face the challenges of increasing longevity and financial constraints.

SROI analysis

This report evaluates the social return on investment of HCM's Meals on Wheels provision. Measuring the social value of the service allows us to demonstrate much more of the impact the service has on its stakeholders. When only economic measures, such as cost savings, are used to assess services this does not capture the additional social outcomes, which are often of greater value to stakeholders than purely economic outcomes.

The SROI model provides a method for understanding, measuring and reporting on the social and environmental value that is created by an organisation or project, as well as the economic value. It examines the impact that is achieved through the organisation's work, and attributes financial values to these based on common accounting and investment appraisal methods. However, SROI is about much more than the monetary value of the impacts created. It tells a story of what the organisation does and how this creates change for a number of different groups. In so doing, it reflects the experiences and views of users about what is important to them. This is critical as there is a growing requirement to demonstrate funding activities that also show economic sustainability.

The SROI development in the UK has been driven by organisations such as the New Economics Foundation and the SROI Network. The practice of SROI guided by a set of principles and is conducted according to a six-stage process. These principles and stages are listed below:

SROI Principles

1. Involve stakeholders
2. Understand what changes
3. Value what matters
4. Include only what is material
5. Avoid over-claiming
6. Be transparent
7. Verify the result

SROI Stages

1. Establish scope and identify stakeholders
2. Map outcomes
3. Evidence outcomes and give them a value
4. Establish impact
5. Calculate the SROI
6. Report, use results, and embed

Terminology

There are some terms used in this report which it may be useful to explain. All definitions are sourced from the Guide to Social Return on Investment (The SROI Network, 2009) unless otherwise stated, which lays out the standard approach to SROI and was sponsored by the UK Government, Cabinet Office. The terms listed are highlighted in bold throughout the report to indicate that their definition can be found in this section.

Attribution	An assessment of how much of the outcome was caused by the contribution of other organisations and people.
Deadweight	A measure of the amount of outcome that would have happened even if the activity had not taken place.
Drop-off	The deterioration of an outcome over time.
Impact	The difference between the outcomes for participants, taking into account what would have happened anyway, the contribution of others and the length of time the outcomes last.
Indicator	Information that allows performance to be measured. This usually takes the form of a statistical value which links an organisation's activities to its outputs and outcomes (Lawlor et al., 2008).
Materiality	Information is material if its omission has the potential to affect the readers' or stakeholders' decisions.
Outputs	A way of describing the activity in relation to each stakeholder's inputs in quantitative terms.
Outcomes	The changes resulting from an activity. The main types of change from the perspective of stakeholders are unintended (unexpected) and intended (expected), positive and negative change.
Proxy	An approximation of value where an exact measure is impossible to obtain.
Stakeholders	People, organisations or entities that experience change, whether positive or negative, as a result of the activity that is being analysed.

Scope

Purpose

The primary purpose of this SROI analysis is to demonstrate the social value generated by HCM for the purpose of commissioning, funding applications, future decision making and strategic planning. The evidence collated will also be disseminated to raise awareness to local authorities specifically about the benefits of providing a 'meals on wheels' service, and to demonstrate the need to continue the delivery of this service to the most vulnerable in our community.

The report will also be reflected upon internally, and used for the improvement of services and directing resources more effectively to achieve maximum impact.

The Audience

The target audience for whom this SROI has been prepared is ambitious and far reaching and includes the following:

- HCM Board, staff and volunteers
- Commissioners (Hertfordshire County Council and local authorities)
- Current and prospective funders
- HCM's key supplier 'apetito'
- National level – Commissioners and Local Authorities.

Activities

A decision was made by the Chief Executive Officer (CEO) of HCM to concentrate this SROI analysis on the main activities of HCM as detailed below.

Activities not included in this SROI, but still a part of HCM's work programme, are listed in appendix A. It is anticipated that these activities will form part of a separate SROI to be undertaken on completion of this SROI.

Delivery of meals

HCM deliver hot, tasty, nutritious meals to its service users and a teatime meal is also available

Welfare check

Alongside the delivery of the meal is the welfare check and support provided by HCM's Meal Service Delivery and Customer Service staff to individuals in their homes. All staff members have been trained to monitor and report on potential welfare issues such as: safeguarding concerns; home safety; general wellbeing; and are also trained to provide support for clients with dementia, hearing, sight impairments, or other disabilities.

Furthermore, staff regularly deliver information to clients on welfare issues including hydration, nutrition, distraction burglary etc.

'Operation Sponge Pudding'

HCM runs this project with Hertfordshire Police Constabulary and Hertfordshire Fire and Rescue Service. This project involves Police and Fire Service officers accompanying HCM staff on their rounds to meet HCM clients to offer, advice, guidance, and equipment to help keep them safe in their homes.

Volunteering Opportunities

Historically, volunteers have been utilised in the North Hertfordshire area to deliver meals and provide a friendly service. This has continued under the consolidated county wide contract arrangement.

HCM are also introducing new services such as a breakfast service that compliments the existing meals on wheels provision, re-launching the teatime service, and developing a number of other proposals that will improve clients' health and wellbeing.

This will provide an integrated service to clients ensuring they are as strong and well-nourished as possible. This is particularly pertinent if clients require hospital treatment: providing nutritious meals supports recovery and helps to sustain independence in their homes. This SROI analysis has not included the value that may be achieved by the breakfast and teatime services. Without stakeholders having any experience of the services, it is not possible to estimate their value. However this is something that will be considered in any future SROI analysis.

Time period

This analysis evaluates the impacts of the above activity between 1st April 2011 and 31st March 2012.

Materiality

The nature of measuring change among organisations and individuals is such that there are potentially as many different stories, views, and perspectives as there are stakeholders engaged. For this reason, throughout the process decisions have been made about what to include and exclude from the analysis. In each case we have sought to focus on the stakeholders and outcomes that are material (relevant and significant) and that fit within the scope of the analysis. We have also tried to be transparent in each decision by explaining the reasons for it in the report.

Stakeholders

The views of stakeholders were gathered and used to shape what should be measured, and to provide feedback on the impacts HCM achieved. All the stakeholders identified by HCM were those for whom material outcomes had occurred and were consequently selected for inclusion in the analysis. Figures 1 and 2 below offer more detail to help explain why stakeholders have been included or excluded as key stakeholders within this SROI study.

Stakeholder Group	Reason for inclusion	Size of Group	Method of engagement and number involved
Clients	Primary beneficiaries of the intervention, experiencing significant outcomes as a result.	1800 ¹	<p>Reviewing data previously captured in 2010 (see appendix C)</p> <p>1 – 1 interviews to define outcomes and relative importance of outcomes with 3 service users (see appendix D)</p> <p>Survey sent to all clients (see appendix E)</p> <p>Survey completed by 613 service users to quantify outcomes (detailed breakdown of information collated in appendix F and G)</p> <p>Deadweight and attribution estimated (in some cases) by family/carers and tested with CEO of HCM and a focus group of HCM staff.</p> <p>One to one interviews with 10 clients to check range of outcomes, attribution and financial proxies (data can be found in appendix H).</p>
Family/carers	Likely to have significant impact on families who have caring responsibilities for clients/customers	1200	<p>1-1 interviews to define outcomes with 3 family/carers (see appendix I)</p> <p>Survey (see appendix J) completed by 161, (26% of the sample group requested to complete survey) this in turn equates to 13% of overall. This survey enabled family/carers to quantify outcomes and ascertain attribution and deadweight, and to comment on outcomes for clients. The survey was circulated to approximately 600 family/carers (detailed breakdown of</p>

¹ Estimation provided by HCM Chief Executive Officer

			information collated can be found in appendix K and L)
			CEO and the aforementioned focus group reviewed proxies and assumptions made
Volunteers	Positive impact due to their involvement with this activity leads to outcomes for this stakeholder	103 10>4 hours/week 93<4 hours/week	1-1 telephone interviews with 3 volunteers to define outcomes, relative importance, and value of outcomes 3 volunteers completed questionnaire (2 >4 hours 1<less than 4 hours) (see appendix N) Telephone interviews with 7 volunteers to quantify outcomes and ascertain attribution and deadweight, agree value of outcomes and check assumptions (1>4 hours, 6<4 hours)
Hertfordshire County Council/LA	Cost savings due to a more cost efficient service provision and potential savings elsewhere in the Adult Care budget	1 9	Telephone interview to define outcomes, relative importance, and value of outcomes for HCC and further email exchange (see appendix M) Questionnaires emailed to district Councils to define and value outcomes
LA	Cost implications as outcomes occur for the clients/customers	n/a	No consultation required
NHS	Cost implications as outcomes occur for the clients/customers		No consultation required

Figure 1: Stakeholder engagement plan

Excluded stakeholders	Reasons for exclusion
HCM Staff – those identified as not being otherwise disadvantaged in the labour market	Employed to contribute to the aims and objectives of the organisation, and therefore desire the same outputs and outcomes as service users
Staff members (those considered as otherwise disadvantaged in the labour market)	Positive impact due to their involvement with this activity leads to outcomes for this stakeholder, the total sample for this stakeholder group is small and therefore it was considered as not material. However, it is HCM plans that this stakeholder group will grow as they pro-actively recruit from this stakeholder group in the future. Those employed in this category during the time of the analysis tended to work in the luncheon clubs and therefore fell outside of this analysis. See recommendations on page 57
Social Enterprise Investment Fund	Although key to the inputs section, this stakeholder's outcomes match those for the clients
Luncheon club clients	The outcomes for this stakeholder fall outside the remit of this SROI analysis
Jubilee Centre – community groups	Jubilee Centre activities fall outside the scope of this SROI analysis.

Figure 2: Excluded stakeholders

Data collection

Data collection was conducted as follows with each stakeholder group:

Clients

Previous research undertaken by Hertfordshire Community Meals in 2010 highlighted a number of outcomes for this stakeholder group and was the catalyst to HCMs decision to undertake a social return on investment report. This research, telephone interviews carried out by HCM staff and information gained from interviews with three family carers that captured observations of the client helped shape questions that would quantify outcomes for the client and developed the Theory of Change illustrated in Figure 3 on page 24. Additionally, the questionnaire was reviewed by three members of HCM staff including the CEO and two drivers before circulation. The open ended questions used in the initial interviews can be found in Appendix D; the questions were used to quantify these outcomes were added to HCM's Annual Satisfaction Survey and circulated to approximately 1800 clients. 613 service users completed the questionnaire and processing of the data was undertaken by Helen Skinner, Information Quality Officer in the Business Improvement Team at Hertfordshire County Council.

The SROI practitioner, HCM's CEO, and a member of staff discussed deadweight, duration and attribution, and then decisions were tested during interviews with a further four members of HCM staff. Due to the frailty of the clients it was difficult to gather stakeholder input on attribution, deadweight and financial proxies and therefore consultation with other stakeholders contributed to the analysis for this stakeholder group. Towards the end of this analysis a further 10 interviews were undertaken with clients to check that the full range of outcomes had been considered. Any new information was fed into the final report including a change of financial proxy for the outcomes 'I am happier' and I am healthier'.

Family/Carers

Telephone interviews were conducted with three family/carers to gather views on the changes they could identify for themselves. Using the information gathered, a questionnaire was developed and circulated to family/carers. The questionnaire was used to identify the quantity of each outcome occurring for them, and also to capture additional information on outcomes for the person they cared for. In particular, family/carers were asked a number of open ended questions about service and the impact it had on the person they care for or themselves as follows:

- Please describe what would have happened to the person you care for if they were unable to receive the MOWs?
- Is there anything else you would like to say about HCM, the difference it makes, or anything else in this questionnaire?

- Is there anything else you would like to say about the MOWs delivered by Hertfordshire Community Meals (positive or negative)?

This information was used to check that all intended and unintended outcomes have been incorporated in the analysis and this is reported on page 31 and a breakdown of all comments can be found in Appendix L.

Due to the cost of data collection it was decided to send the questionnaires to the family/carers that make third party payment to HCM on behalf the person they care for. The number of questionnaires distributed was approximately 600. 26% of questionnaires were received back and this presents a sample of 13%. The analysis of the data was undertaken by Helen Skinner, Information Quality Officer in the Business Improvement Team at Hertfordshire County Council. Financial proxies and attribution were reviewed at a meeting with Sarah Wren, CEO, and at a focus group with a further four members of HCM staff.

Volunteers

Volunteers benefit from the opportunity to work with HCM through the experience of doing meaningful work, meeting and working with a range of people in their homes, and a real perception of giving something back to society. Data was collected as follows:

We were provided with data on hours worked by volunteers and information about the age profile of volunteers.

We interviewed and collected qualitative evidence about the incremental impact on volunteers; the views expressed guided the development of the questionnaire. A questionnaire was distributed to some volunteers achieving a limited response (three volunteers). The SROI practitioner then carried out a telephone interview using the questionnaire to a small sample of volunteers' representative of the various geographical locations in which volunteers operate. These interviews were also used to test the assumptions and decisions made regarding outcomes and financial proxies identified for volunteers. When undertaking the telephone interviews with the volunteers a number of open ended questions were used such as has there been any other changes for you? Have there been any negative changes? It became apparent that there were no other significant outcomes (reached saturation point) for volunteers and negative issues raised related to the administration of the MOWS service. The only negative outcome highlighted by volunteers is detailed on page 32. A total of 10 interviews were undertaken by the SROI practitioner.

Hertfordshire County Council and Local Authorities

A telephone interview was conducted with Hertfordshire County Council (questions used can be found in Appendix L). Through this interview, information was gathered about the outcomes that occur for the Council through the commissioning of HCM. An email

discussion was then held with HCC to check the outcomes and the assumptions made about it by the SROI Practitioner, as well as to decide on the financial proxy to be used.

Consultation with the clients and family/carers outlined above assisted with quantifying the outcomes for this stakeholder. A questionnaire was circulated to nine local authorities in Hertfordshire; three local authorities responded. This information was gathered to ascertain the outcomes for local authorities as a result of HCM delivering services in collaboration with Hertfordshire County Council.

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Stage 2: Map outcomes

Inputs

All inputs which contributed to the activities of HCM are listed in the **impact** map and relate to the period 1 April 2011 to 31 March 2012.

Payments are made by clients and customers to access this service, and in most cases this is supplemented by a contractual payment from the Local Authority. The income received from sales for this period was **£1,615,076**.

The input from the Local Authority has been valued **£1,052,710** which includes the subsidies made for all lunchtime but not the luncheon clubs. This figure includes a sum of money that is paid directly from Dacorum Borough Council to HCM.

Due to arrangements that were in place before the county wide meals on wheels contract began, volunteers are used for meal delivery in one District, North Herts. In order to calculate the true cost of services we valued the cost of the volunteers' time at £6.08 reflecting the minimum wage. The cost of volunteer time has been estimated at £17,705 which equates to the annual cost of 8 volunteer hours per day.

We have also included an input of **£13,815** and **£458** relating to a Social Enterprise Investment Fund (SEIF) consultancy grant and miscellaneous sources of income attracted during the evaluation period.

The Community Wellbeing team at HCC work closely with HCM to make referrals and commission this service. However, these inputs are not additional to existing costs as staff members incorporate working with HCM within their existing workload.

In order to represent the actual cost of delivering this service, £370,670 has been deducted from the inputs outlined above in the impact map, as at the time of writing, this represents a surplus of monies from this service extrapolated from the 2011/12 annual accounts (subject to final external verification of year-end statutory accounts).

Outputs

The activities which are delivered using the inputs, and through which outcomes are achieved, are described as outputs in the impact map. The outputs for the period 1 April 2011 to 31 March 2012 are listed below:

- 365 day service in nine Hertfordshire Districts.
- Weekend and bank holiday service in one Hertfordshire District.
- 1800 clients receive a daily meal.

- Approximately 422,000 nutritional meals delivered annually.
- Approximately 422,000 welfare checks and support annually.
- Delivery of information provision.
- 103 volunteers.

Outcomes

The outcomes that were achieved for the period 1 April 2011 to 31 March 2012 are broken down by stakeholder group and listed below. Outcomes not included in this analysis are detailed in Appendix B.

Clients

The outcomes occurring for clients were found to be inter-related, with one change influencing and informing another. To understand this further a theory of change was mapped out (see Figure 3, page p24). This gives the story of change for the client and helps to prevent double counting of the impacts.

As can be seen in Figure 3, the meals on wheels service resulted directly in two changes for HCM clients:

- Receiving a regular nutritious meal
- Human contact - knowing someone will see them and check on them

Both of these changes resulted in a number of outcomes for the clients namely

- Improved happiness
- Improved health
- Feeling Safer
- Feeling more secure
- Improved independence

“Lovely, I love my meals, I never go hungry”
“Very good, lovely having hot food to the door”

HCM clients are extremely satisfied with both the quality of meals delivered and the quality of service received; overall quality was rated as either ‘excellent’ or ‘good’.

HCM’s clients can receive a lunch time meal seven days a week, 365 days a year. The meals are designed to be nutritious, nourishing, and enjoyable. HCM sources its meals from ‘apetito’, a market leader in community meals, and invests heavily to ensure that its wide offer meets all NACC guidelines and is of the highest quality. HCM’s clients are able to make their own menu choices and preferences from a range of meals including special diets,

vegetarian, and ethnic appropriate meals. Knowing that they are going to receive an enjoyable meal of their choice together with someone visiting them has resulted in a number of positive changes for HCM's clients.

“Long term happiness for me”

“Very happy, feel great”

The Mental Health Foundation reports that between 10–16% of people over 65 have depression. An estimated 2–4% has severe depression. This is significantly higher for those older people living alone or in residential/nursing care and those with physical illnesses and/or disabilities are more at risk, with some 40% affected by depression² HCM clients have overwhelmingly reported that they are happier as a result of MOWs as they no longer have to worry about not receiving a meal each day and look forward to a friendly visit.

“I am healthier and more relaxed as I know I won't be hungry.”

“Since having meals 7 days a week mother has been in better health and has gained weight! E was 6.5 stone now 9.5. She is brighter and much more with it.”

“Helped my recovery from hospital since hip replacement.”

Additionally, as a result of receiving this meal a key outcome that has occurred for clients is that they feel healthier, with a number of clients reporting that they would go hungry without the service; for some there is no alternative provision. One respondent suggested they would need a live-in chef to provide an equivalent service.

“I was told I am dangerous cooking off balance”

“I keep hurting myself when cooking”

This outcome has a second dimension as serious accidents have been avoided as a result of the meals on wheels service. Many HCM clients are too frail or have a range of disabilities that prevent them from preparing a meal safely on their own. Therefore, as a result of the intervention and service provided by meals on wheels, clients feel safer and accidents are reduced.

“Security in knowing someone is checking in”

Meal Service Delivery and Customer Service staff are trained to look for potential safeguarding issues, and to provide cheerful and respectful support for each individual. When commenting on the service received from the delivery staff, 97% rated the service as either 'excellent' or 'good'. The knowledge that a driver will see them every day and check

² <http://www.mentalhealth.org.uk/help-information/mental-health-a-z/O/older-people/>

on them was shown to result in clients feeling more secure. Moreover clients reported that they had made friends and really enjoyed seeing the delivery staff every day. This is particularly poignant for those clients who rarely see anyone but the MOWs drivers. 338 clients requested a meal on Christmas Day. This can be regarded as a good indicator of how many of HCM's clients are dependent on the service and have limited alternative support and companionship. For some, the delivery team are a critically important (and sometimes sole contact) with the outside world, and offer some form of structure to the day. This contact is particularly pertinent for those suffering from dementia.

HCM also engages with other services to reinforce specific campaigns such as 'bogus callers' and 'home fire safety checks'. These extra services all reinforce the feeling of security. 'Operation Sponge Pudding' is a project that has proven benefits for clients by enabling Fire and Police officers to visit clients with HCM staff

"Life is much more convenient and comfortable"

A number of clients during the one to one interviews with 10 clients described MOWs as a very convenient service this had not been seen as a significant outcome before this stage of consultation. It is felt that this change is part of a chain of outcomes that leads to the client feeling more independent. Clients are able to make their own menu choices, feel more in control and less reliant on family members and neighbours also contribute to this outcome of independence. "At the heart of older people's sense of independence and well-being lies their capacity to make choices and to exercise control over their lives. This is not the same as being able to do everything without help. Indeed, accepting help in some areas of their lives allows many older people to remain independent in others"³

All of these changes contribute to increasing the ability of clients to live independently in their home for longer; 'all of the research papers supported the widely held view that keeping people in their homes is preferable from a dignity, respect and the now increasingly vital financial perspective'⁴. HCM ensures that clients eat well and safe, and staff play a crucial role in enabling elderly and vulnerable adults to remain in their homes.

The outcomes outlined above will be more prevalent to some clients than others. For example, 'feeling more independent' is more important to some of the younger adults with disabilities, as receiving meals from HCM has enabled them to live independently without their parents for the first time, or to a lesser extent has given them the freedom to make choices. A further example is clients with dementia, who may benefit less from the social side of seeing someone everyday but will benefit immensely by the routine that meals on

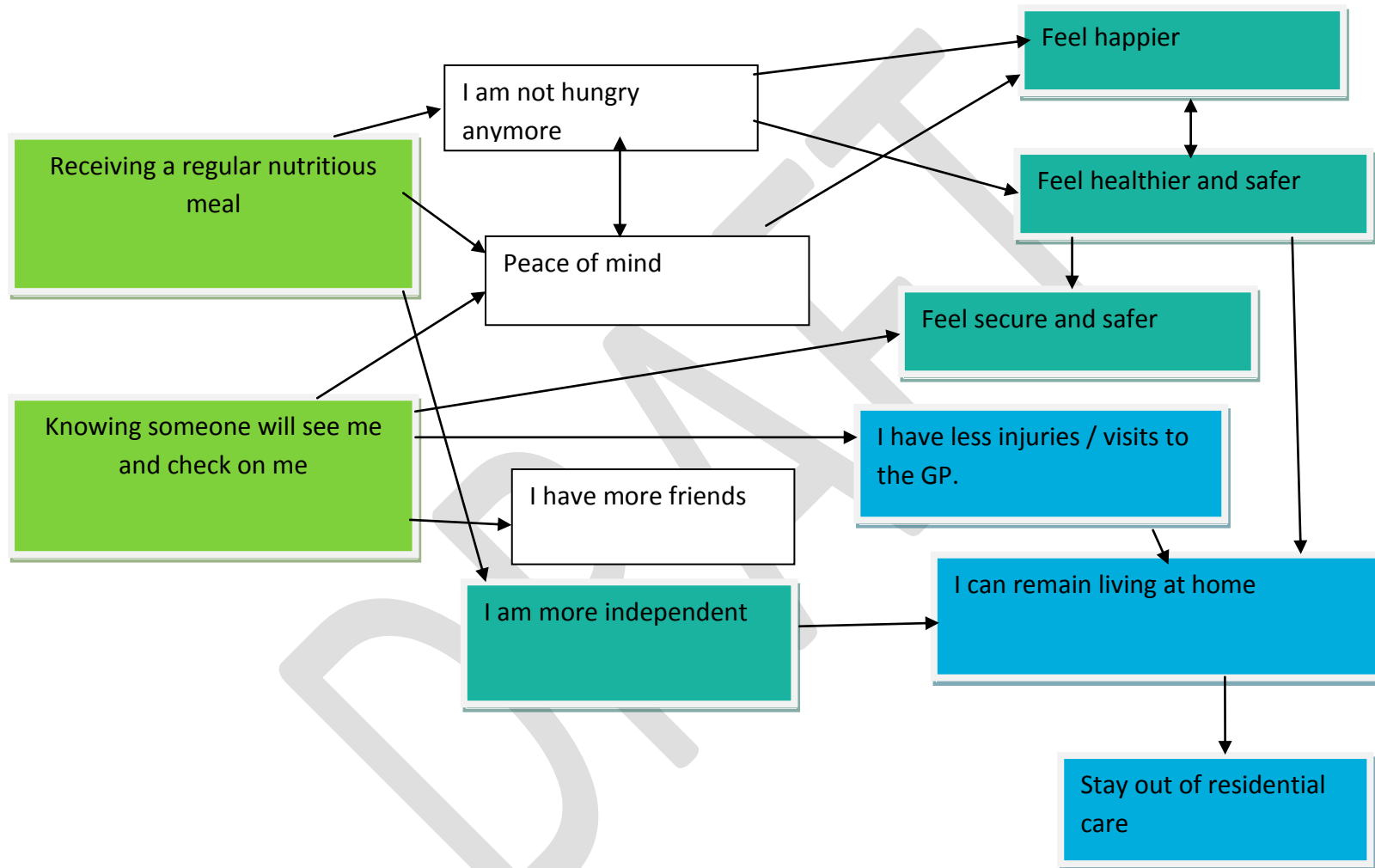
³ Downloaded on 22 October 2010 www.careandrepair-england.org.uk/pdf/context.doc

⁴ HCM October 2010) Investing in Prevention Strategies Adult Social Care.

wheels brings, and the safety associated with not having to prepare a meal. The disparity in value of outcomes has been addressed by quantifying the outcomes as outlined in the data capture section above.

DRAFT

Figure 3 Theory of Change



Family /Carers

After gathering information on all the changes that had occurred for carers interviewed, the SROI practitioner worked with HCM staff to develop a theory of change for them. This was then amended as new information was gathered.

HCM's meals on wheels service benefits the carer in a number of ways.

- Increased ability to work
- Decreased stress
- Improve family relationships
- Improved relationship with the person they care for
- Increased peace of mind

Firstly, it can remove what some may perceive as a burden of having to prepare a meal for a family member or neighbour on a daily basis. This in turn results in a number of changes for the carer:

“Allows me to work and have a career”

“I can work part time”

“Caring is very time consuming”

It can free up the time of the carer to pursue leisure pursuits or allow them to take on a job and thus earn an income that they were unable to do before. Moreover this can also benefit the carer's relationship with their families, as they are able to spend more time with them.

“Reduces stress and worry”

“So much pressure on my shoulders”

“I feel so much better for it”

“Before meals on wheels it was very hard work”

Many of the carers in the initial interviews reported that they felt pressured and stressed prior to the meals on wheels service; providing meals every day was hard work and a huge commitment that, in some cases, adversely affected family relationships.

“The meals service is my life saver as I felt as if I was always moaning at dad”

Family and carers also reported in some cases that the MOWs lead to them having a better relationship with the family member or neighbour [referred to as clients to MOW]. This was an unexpected outcome but an important one.

“The drivers give her time and attention”

**“Save the worry of 95year old trying to light a gas oven and cook”
“They let me know if anything is wrong which gives me such peace of mind and I feel so much better for it.”**

As discussed previously, HCM’s Meal Service delivery staff provide daily welfare checks on clients, and if they notice any changes contact is made with the next of kin. Knowing the meals on wheels service was providing a nutritional warm meal, and that someone was regularly checking in on their family member or neighbour, gave them peace of mind. This seems to be the most important outcome for most carers.

Volunteers

Volunteers play an important role within HCM. Volunteers work alongside HCM employees, and are responsible for the timely delivery of meals to HCM’s clients and providing a friendly service. At the same time, HCM offers a volunteering role that provides individuals with many benefits from their volunteering experience. Some of the outcomes for volunteers are highly personal and they have a passion for wanting to help older people who, without the services of HCM, may see no-one else from day to day. Volunteers feel that this is seen as a less popular cause than is the case with the charities that work with younger people. The consultation revealed that there are two main changes for volunteers

- Improved well-being through being more sociable and the feel good feeling
- Improved fitness

“I enjoy meeting people, some of the clients are pretty sick but it is amazing how cheerful they can be”

“I was a hairdresser before and I think this helps me to be sociable”

Many of the volunteers for HCM are themselves over 65 and have retired. It is apparent that volunteers valued the opportunity to use their experience, interpersonal, and social skills to engage with HCM’s clients as a number of them have had very customer focussed careers such as hairdressing, sports journalism and nursing. They enjoyed the opportunity to meet new people and this in turn enabled them to make new friends.

“All the poorer for not doing it”

“The big thing is making me feel like I am contributing”

“It’s a pleasure being able to give”

“I’m very conscious that for certain people you will be the only person they see on that day”

The volunteers reported overwhelmingly their satisfaction in feeling being part of HCM. All the volunteers consulted with cited that they got a ‘feel-good’ feeling by volunteering with

HCM, and that they derived a great deal of satisfaction from giving something back and by making a difference.

“It saves me from becoming a couch potato”

“It keeps me active going in and out of the car and up and down stairs”

Volunteering for HCM can make physical demands on volunteers such as having to carry trays of food to the clients and climbing stairs. The volunteers expressed how, by getting out and about, the volunteering experience improved their physical health and enabled them to keep active when in some cases they would otherwise just be sitting around at home. A number of volunteers stated that whilst volunteering with HCM helped them to maintain a level of fitness, many were relatively fit to begin with as they played golf or pursued other alternative fitness activities.

The extent to which these outcomes occur for volunteers varies, to reflect that a small number of volunteers volunteer frequently and for more than 5 hours per week. However, other volunteers are committed to supporting the HCM service although the time spent volunteering for HCM equates to a couple of hours a week, and for some only one or two hours a month. The commitment can be measured by the many years that the volunteers have been delivering meals. The variation in outcomes for volunteers has been reflected in the impact map.

Moreover, the materiality of outcomes for volunteers was considered as the overall value of the outcomes for the volunteers is small in relation to the value of outcomes for the clients and family/carers. However, it was felt that volunteers play an important part in the delivery of the service and that when speaking with volunteers it was clear that the value of the outcomes described by the volunteers were perceived as high and important to the volunteers themselves.

Herts County Council

Meals on wheels enables HCC to meet its statutory duty, and since commissioning HCM to deliver this service they are now able to offer residents a meals service with greater choice and improved quality and as a result a wider group of people are engaging with the service including those from BME groups.

The interview with Hertfordshire County Council (HCC) showed that a number of the outcomes that they desired from Herts Community Meals were those for the benefit of the client/customer receiving the meals on wheels service. Additionally they cited some of the outcomes for the carer/ family member including that, as a result of the meals on wheels service, it enabled carers to go to work and reduce stress levels.

These outcomes have not been included in the analysis for this stakeholder group because they are included as outcomes for other stakeholders and so their inclusion would result in double counting.

The outcomes that HCC did feel occurred for them as a result of the meals on wheels service was preventing/delaying/reducing the need for more statutory/ formal local authority interventions such as residential care, home care and day care. This was a result of both the provision of nutritional meals but the additional activity of signposting, referring on, and health and welfare checks. This has been included in the impact map as a cost saving to the local authority.

The interviewee also highlighted that the NHS would benefit from the service in a similar context due to the prevention of admission to hospital; this will be discussed further below. HCC also highlighted the considerable value in working in close partnership with an organisation with a social and community focus – which has led/is leading to lots of positive spin offs.

Prior to HCM delivering the meals on wheels service, a different commissioning arrangement was in place. The ten district councils delivered the service; it was described as fragmented with a poor choice and poor coverage. HCC did not pay for this service but since commissioning HCM the cost to the council is £1m. It was considered whether this should be included in the impact map as a negative impact. However, it was agreed with HCC that this additional cost was not to do with HCM taking on this service but was more an organisational arrangement. Essentially the decision had been made by districts that they would no longer pay for the service and that it would have to be paid for by the County Council. HCC believe that HCM has enabled a cost effective transformation of service.

HCC explained when asked about the cost of the provision before that it was difficult to gain precise amounts from the various districts at the time 4-5 years ago. Moreover the accounting systems in Councils make it difficult to calculate the true costs taking into account HR, contracts management and all the different aspects for commissioning a service. However an estimated figure at the time was £2.5 million but HCC has limited validation of this and this figure should therefore not be expected to stand up to scrutiny because of the difficulties in on-cost calculation. It was stated that as a result of bringing the service to together for delivery by one provider, it is a fair assumption that there would be substantial efficiency savings for the public purse.

It is clear that the arrangement for Hertfordshire Community Meals to deliver the meals on wheels service in Hertfordshire has led to cost efficiency saving to the LA and HCC however it is the outcomes that reflects the existing investment that is measured in this analysis.

Local Authorities

“We paid a reducing subsidy for the first three years of the contract and now no longer pay anything”

Local authorities (District and Borough Councils) are involved in the delivery of the project in terms of referral and collaborative working. As outlined above, as a result of HCC bringing the service within their portfolio, local authorities will benefit from direct savings to their budgets. A further consequence was that the local authorities no longer had responsibility for contract monitoring, quality control etc.

“A harmonious service across the County is now being provided.”

Prior to HCM taking over the service the local authorities had differing arrangements in place. One of the local authorities that responded to the questionnaire previously contracted with the Women’s Royal Volunteering Service (WRVS) whilst another grant funded various providers (more details below).

It was highlighted by the County Council that it would be difficult to ascertain the true savings with relation to the transition of the meals on wheels service as outlined below. However, one local authority was able to provide some information relating to what they believe the cost of the service was prior to the transition to HCM.

Watford Borough Council (WBC) stated that ‘prior to HCM taking over this service, it used to grant aid local community groups to provide fresh cooked meals on wheels to Watford residents. The transfer of the service resulted in a substantial reduction of its core funding for this service.

Prior to the transfer the budget and actual expenditure for previous providers totalled £287,000/£270,198 respectively for the three year period 2005-08. Over the subsequent three year period the total subsidy post transfer amounted to £95,175. No subsidy has been given since March 2011.

It was also highlighted that WBC no longer has to pay for the leasing, maintenance and servicing of five vehicles nor ensure that drivers are of adequate competence. On the other hand they still contribute as HCM vehicles are parked on Council land. So the net benefits are arguably even higher.

One of the other local authorities that responded stated that in the last year they contracted out the service with WRVS the budget was around £100,000 net of income.

“There is a more efficient centralised system of client referrals based on uniform criteria.”

One of the other Local Authorities stated that there was a slight reduction in workload as referral and ‘no’ deliveries were no longer carried out by them and suggested that as a result of this staff hours did reduce slightly. One of the local authorities that acknowledged

that they had lost the responsibility for contract managing and quality control commented that no post has been deleted, but as a result of the transfer another stated that staff resources had been directed elsewhere. Changes in staffing levels for contract management etc. are therefore immaterial in terms of including it as part of the SROI analysis.

If HCM did not provide this service one of the Local Authorities believes that following ongoing negotiation with HCC a similar change would not necessarily have occurred for the whole of the County, but they would have stayed with the status quo until such time as an agreement was reached. One of the other local authorities stated that this is unknown, but in all likelihood the council would have continued to fund the service.

When asked if all changes were positive the answer was yes, and no negative changes were raised. As the analysis incorporates the efficiency savings outlined in the above section for Hertfordshire County Council, no value has been attributed to the changes that have occurred for local authorities described above to ensure no that double counting occurs.

In addition to the outcomes outlined above, local authorities experienced cost savings (or avoiding higher costs) as a result of the meals on wheels service providing a beneficial impact on their adult care budgets. The most substantial benefit, from evidence collected, suggests that a significant proportion of clients would require residential or day care if the meals on wheels service were not available to them. Smaller savings have also been made by offering an efficient way to provide information/ public awareness of local services and issues such as personal and home safety; this is discussed further below.

LA/NHS

A number of government departments are also involved in the theory of change for Hertfordshire Community Meals. The Department of Health benefits from the outcomes of HCM's meals on wheels service for households in Hertfordshire, particularly as HCM service users' (namely older people or adults with disabilities) place a significant demand on NHS services.

A 2005 report estimated that food related ill health is responsible for about 10% of deaths and illnesses, costing the NHS £6 billion annually. The vast majority of this burden is due to unhealthy diets rather than food-borne disease. The World Health Organisation (WHO) recommends that consuming 400g of fruit and vegetables a day can reduce risks of chronic diseases such as heart disease, stroke and some cancers. The HCM service ensures that clients receive a nutritional and calorific meal. The average number of GP visits among older people is eight per year (General Lifestyle Survey, 2008 Table 7.18) and the average cost to the NHS per visit is £36 (Unit cost of Health and Social Care, 2009 Table 8.8b; General Lifestyle Survey 2008, Table 7.19).

Through the consultation exercise clients have overwhelmingly reported that they are healthier result of the service form HCM, and this has been corroborated by their family/carers. If we assume that all service users that have reported that as a result of the MOWs they 'feel healthier and or have few injuries, and they have visited their GP less', have visited their GP on three fewer occasions per year as a result of using HCM's meals on wheels service this would create a potential annual saving for the NHS.

Enabling older people to stay in their homes for longer is an outcome with significant cost implications for the Government. Keeping people in their homes and out of Care Homes and hospital can reduce costs for local authorities and the NHS respectively. Keeping people in their home is significantly cheaper than any other form of care.

There is also evidence that referrals to care homes and hospitals are taking place as a result of malnutrition in the community. The number⁵ of over 65s entering hospitals or Care Homes already malnourished is growing, and it is clear that eating well and regularly has a vital part to play in keeping the elderly and vulnerable in their own homes.

- Sheltered Housing 12% malnourished on admission
- Hospital 32% malnourished on admission
- Care Home 40% malnourished on admission

Negative and unexpected changes

As well as looking at, and valuing, the positive changes that were intended by HCM, SROI analysis also investigates any unexpected and negative outcomes that occur. All stakeholders who were interviewed were asked whether any unexpected or negative changes have occurred. For example, the questionnaire used for the family/carers asked the question; is there anything else you would like to say about the MOWs delivered by Herts Community Meals positive or negative (the responses to this question can be found in appendix J) and the questionnaire for clients asked 'is there anything else you would like to tell us?' (see Appendices K and L). The final stage of consultation with 10 clients asked have there been any negative changes and the only negative change reported relates to the fact that the previous meals on wheel service provided freshly cooked meals.

Negative outcomes were voiced by clients and or family/carers. Negative comments that were raised focussed on the meal provision rather than outcomes such as the meals are 'The only thing I could say is the helpings could be larger, as my brother supplements his meals with bread' or only negative is that there should be more variety everyday tend to be repeated too often in the week more selection of fresh vegetables'.

⁵ See: HCM (2010) Investing in Prevention Strategies Adult Social Care

As discussed above an unintended change raised by family/carers during the consultation was the fact that their relationship with the person they care for had improved. This outcome has therefore been incorporated into this analysis.

One anticipated negative impact was that clients would feel like they have lost their independence but it was found that in contrast the provision of meals often made them feel more independent as they were no longer reliant on family and friends and they had the autonomy to choose their own meals. Moreover, evidence collated suggests that in a large number of cases it avoided all independence being taken away from the client as it enabled them to stay in their own home for longer. A number of volunteers (two) highlighted that they were often saddened if a client they delivered meals to died and that they felt a sense of loss. This outcome is not included in the impact map as it was not considered material enough for this analysis

Impact map

An impact map was created to capture the information above and show how HCM uses its resources to provide activities, which result in outcomes for its stakeholders. The impact map is shown in Figure 4.

Stakeholder	Inputs	Outputs	Outcomes
Clients	Customer payments £1,615.076	365 day service in nine Hertfordshire Districts; 2 day service in one Hertfordshire District 1800 clients receive a daily meal Tea time service for 80 clients	I am happier I am healthier I am safer I am more secure I am independent Increased ability to stay in own home
Family/carers	None (some will make a contribution to payments detailed above)	- 422,000 nutritional meals delivered. - 422,000 welfare checks and support. Delivery of information provision. Home from hospital box scheme.	Ability to work Decreased stress Improved family relationships Relationship with the person they care for has improved Peace of mind

Volunteers	Volunteer time £17,705 Calculated using min wage £6.08 multiplied by 8 hours per day, 52 weeks a year.	103 volunteer opportunities.	Improved wellbeing (increased social interaction and feel good feeling) Improved physical health
HCC	Service Level agreement £1,027,136 Plus - Start up payment Dacorum Borough Council £25,574		Extra welfare and safety checks and support
Local Authorities	See above		Cost saving through reduced cost of residential care Extra welfare and safety checks and support
NHS	None		Cost saving on GP and hospital services
Miscellaneous	SEIF Consultancy £13,815 And - £458	As above	None
HCM surplus	-£370,670 ⁶	As above	n/a

Figure 4: Impact Map

⁶ subject to final external verification of year-end statutory accounts

Stage 3: Evidence outcomes and give them a value

Indicators, quantity, duration and financial values for each outcome were established (as explained below) and are shown in Figure 5 on page 37 below.

Indicators

An indicator was chosen for each outcome to provide a way of demonstrating the extent of a change. The most appropriate indicators were selected using information gathered from interviews conducted with each stakeholder group.

Quantity

Client outcomes

The number of clients for which each outcome occurred was calculated based on the questionnaire results⁷ and is presented below in Figure 5. This SROI has assumed that the percentage of those answering each respective question in the questionnaire (for which the outcome occurred) is representative of the percentage of the total population for whom the outcomes occurred. For example, for the 72% (346) of clients that responded to the questionnaire that they always feel happier and/or they have more friends as a result of receiving the service, this has been shown in the table as 1,296 clients.

This approach has been used throughout however, it must be noted that the sample size changes for each question will change depending on the number of clients that answered a particular question. For **clients** this is based on a sample size of between 391 and 506⁸.

The variance in sample size reflects that not all clients answered every question. Moreover the quantity is based only on those clients that answered 'always' to a question and not 'sometimes' in order to keep the quantity conservative. If the analysis incorporated the response 'sometimes' the quantities for each outcome would have increase between 9% and 28%. The effect of this will be tested in the sensitivity analysis.

For some of the client outcomes namely, 'the client is happier' and 'the client is healthier' family/carers were asked to contribute to the analysis of these outcomes. The findings from family/carers corroborates with the consultation with clients.

⁷ Appendix K and L provides the full questionnaire results for the clients and family/carers.

⁸ Appendix G presents details of sample size and responses by question/outcome.

Family/carers outcomes

The number of family/carers for which each outcome has occurred was calculated based on the questionnaire results⁹. It was assumed that the percentage of those returning the questionnaire for which the outcomes occurred was equal to the percentage of the total population for which the outcomes occurred. As previously mentioned, this is based on a sample size of 13% (161 family/carers). As this represents a small sample the effect of reducing the quantity by 20%, and also increasing the quantity by 20%, is tested in the sensitivity analysis.

Volunteers

The number of volunteers for which each outcome has occurred was calculated based on data captured during telephone interviews and completed questionnaires. It was assumed that the percentage of those returning the questionnaire for which the outcomes occurred was equal to the percentage of the total population for which the outcomes occurred. For people who volunteer for more than four hours per week the sample size is 30%, and for those that volunteer for less than four hours per week the sample size is 6.5%. As the sample size is only small, the effect of reducing the quantity by 20% and also increasing by 20% is tested in the sensitivity analysis.

LA/NHs

It was assumed that the quantity of outcomes reflect the volume of outcomes for the clients except for the outcomes of 'number of avoided hospital stays' and number of avoided accidents that result in fracture treatment' were conservatively estimated by the SROI Practitioner and HCM staff.

Duration

It has been assumed that the benefits experienced from the meals on wheels service by clients, family/carers, and volunteers last only whilst they are involved with the service. As all outcomes are considered dependant on the continuation of the service, the duration is for 1 year to reflect the investment (inputs) of 1 year.

Duration for outcomes for the County Council and Local Authorities were based on those occurring for the clients, because the outcomes for the State are closely linked to those which occur for the clients.

⁹ Appendix K gives full details of data gathered.

Financial proxies

Financial proxies, as discussed above, have been used to increase and promote wider understanding of the significance of the changes HCM's meals on wheels service brings about for its stakeholders. This may in turn allow the recorded changes to exert greater influence in decision making processes, both within HCM and in its external environment.

Financial proxies were selected by the SROI Practitioner and HCM's CEO before being verified and agreed upon by representatives of the appropriate stakeholder group. Details and sources for all financial proxies are given in Figure 5: impact map. Most of the financial proxies used were selected because they were felt to represent the cost of alternative means through which a - similar outcome could be achieved. It should be noted that these are not cost savings, but represent the value of the outcome to the stakeholder. The majority of the financial proxies are self-explanatory; however a few need further explanation as follows:

- **Decreased stress for family/carer** – The value of this outcome is the cost of treatment for stress. The UK Council for Psychotherapy¹⁰ report believe that stress management usually takes 6-12 sessions and costs between £40-100. The value is an average of 9 sessions at £70 each equating to £630.
- **Family/carer reporting they can work more hours** – The value of this outcome has been calculated conservatively on the assumption of every person reporting they can work more hours is now working 1 hour per day more hours as a result of the MOWs service. The number of annual hours (240) has then be multiplied by the annual average wage of £10.99. The median gross hourly wage for all employees in the UK (irrespective of hours worked or gender), from the Annual Survey of Hours and Earnings.¹¹ Financial proxy is £2,637.
- **Cost savings for local authorities** - The cost of providing residential care is £987 per week, which is the equivalent of £51,278 per year (PSSRU 2010). The local authority only pays a proportion of these costs. The Wanless Social Care Review (Kings Fund 2006) found that across all social care, around 38 per cent of expenditure was funded by local authority social service departments. Therefore the financial proxy used is £19,483 (38% of £51,278).

¹⁰ Downloaded on 22 October 2012

http://www.wikivois.org/index.php?title=Average_spending_on_holidays;_Average_cost_of_a_stress_management_course

¹¹ Annual Survey of Hours and Earnings http://www.statistics.gov.uk/downloads/theme_labour/ASHE-2009/2009_all_employees.pdf

Stakeholder	Outcomes	Indicator		Quantity	Duration	Financial Proxy		
		Indicator	Source			Description	Value (£)	Source
Clients	I am happier	Client reporting that they always feel happier and/or they have more friends. Checked by family/ carer: reporting they appear happier	One off survey for customers circulated with annual satisfaction survey and family/ carers survey	1296 346 out of sample size of 476 (72%) 58% of carers answered yes	1	Average Annual expenditure of of one person retired household on Restaurant and hotels	£582.40	ONS (2010) a Report on the Living Costs and Food Survey 2009 Page 50.
	I am healthier	Client reporting they always feel healthier. Checked by family/ carer reporting the person they care fall appears	One off survey circulated with annual satisfaction survey and family/ carers survey	1188 306 out of sample size 459 (66%)	1	Annual cost of eating 5 fruit and veg per day based on 16p per unit.	£455	Average cost for an individual banana and apple on www.tesco.com on 8/10/12 was .25p. Annual cost equals .25*5units*7 days* 52 weeks

		healthier.						
	I am safer	Client reporting They always feel safer or they no longer worry about injuring themselves when cooking	One off survey circulated with annual satisfaction survey	1440 (Applied the lowest % of 80%) 383 out of a sample size of 459 (83%) 389 out of a sample size of 481 (80%)	1	Cost of aids and adaptation – median costs of aids and adaptations	£1,533	Personal Social Services Research Unit (2008) Unit Costs of Health and Social Care Page 84. Can be found at this web site http://www.pssru.ac.uk/archive/pdf/uc/uc2008/uc2008_s06.pdf
	I am more secure	Client reporting they always feel more secure	One off survey circulated with annual satisfaction survey	1584 447 out of a sample size of 506 (88%)	1	Personal alarm	£221	Cost of Careline Alarm Service per year for a North Hertfordshire resident. Source: North Hertfordshire Careline Centre

	Reduction in (self-funded) care home need	Client reporting they would be in a care home without MOWs and family carers reporting the person remains out of residential care for longer	One off survey for clients circulated with annual satisfaction survey	423 ¹²	1	Cost of Private residential care	£24,284.00	Direct fees for private care PSSRU (2008) 'Unit Cost of Health and Social Care'
	I am independent	Client reporting they are now always more independent and family carer reporting client can remain in their homes longer	One off survey circulated with annual satisfaction survey	1242 317 out of a sample size of 453 (69%)	1	Annual cost of client going out for dinner twice a week	£930	Cost of main and dessert for a carvery at a local hotel £6.95 plus a drink £2 www.broadway.co.uk

¹² 47% of clients responded that they would be in care without MOWs. 47% of 1800 is 846 the figure used for this outcome is half of this amount to keep estimate conservative.

	Increased ability to stay in own home for longer through the provision of health food	Numbers of clients reporting they would be in care without HCM and family carers reporting they are able to remain out residential care for longer	One off survey circulated with annual satisfaction survey and family/carers survey.	846 188 out of a sample size of 400 (47%)		Cost of private residential care	£24,284	Direct fees for private care from PSSRU 2008 'Unit Cost of Health and Social Care' Sheila Maxwell (2010) SROI links Older People project
Family/carers	Ability to work	Family/carer reporting they can now work/work more hours.	One off survey	204 28 out of a sample size of 161 (17%)	1	Increased hours of 1 hour per day hours worked multiplied by average wage	£2,637 (48 weeks* 5 hours@10.9)	The median gross hourly wage for all employees in the UK (irrespective of hours worked or gender), from the Annual Survey of Hours and Earnings: http://www.statistics.gov.uk/downloads/theme_lab/ASHE-2009/2009_all_employees.pdf
	Improved family relationships	Family/carer reporting they have more free time and/or improvements in family	One off survey	312 42 out of a sample size of 161 (26%)	1	Average yearly spend by families on recreation and culture.	£3,125	ONS (2009) Report on the 2008 Living Costs and Food Survey

		relationships						
	Decreased stress	Family carer reporting they feel less stressed	One off survey	792 107 out of a sample size of 161 (66%)	1	The average cost of accessing counseling services	£630	A stress management therapy usually takes 6-12 sessions and a session costs between £40-£100 UK Council for Psychotherapy, Value is average of 9 sessions at £70
	Relationship with person they care for has improved	Family/carer reporting they have a better relationship with the person they care for.	One off survey	408 55 out of a sample size of 161 (34%)	1	As above	£360	Chris Hopkins Family service Manager at NE Essex relate Cost of family Counseling
	Peace of mind	Family/carer reporting they have peace of mind.	One off survey	936 126 out of a sample size of 161 (78%)	1	Annual cost of a daily 15 minute visit by health care professional	£2,364	Average cost of a 15 minute health care visit per day based on telephone conversation with Caring Hands Stevenage and City Care Welwyn Garden City. Average cost £6.49 per 15 minute visit.
Volunteers for	Active	Volunteers reporting	One off survey or telephone	10 3 out of a	1	Cost of bowls club	£160	Cost of annual membership plus £2.50 weekly fee*48

greater than 4 hours		they are more active.	interview	sample size of 3 (100%)		membership		Source: Local club member Letchworth
	Improved well being (increased social interaction and feel good feeling	Volunteers reporting feel good feeling and/or feeling of satisfaction	One off survey or telephone interview	10 3 out of a sample size of 3 (100%)	1	Cost to individual who volunteers in Uganda for 12 months	2,015	SROI The Bread Maker Internet search cost of volunteering abroad www.originalvolunteers.co.uk £125 to secure place, 2 weeks @£70 with the remaining @£35 per week
Volunteer for less than four hours	Improved wellbeing (increased social interaction and feel good feeling	Volunteers reporting feel good feeling and /or feeling satisfaction	One off survey or telephone interview	93 7 out of a sample size of 7 (100%)	1	Cost to individual who volunteers in Uganda for 3 months	£615	SROI The Bread Maker Internet search cost of volunteering abroad www.originalvolunteers.co.uk £125 to secure place, 2 weeks @£70 with the remaining @£35 per week
LA	Cost saving through reduced care cost/residential care	Number or clients reporting they would be in care without MOWs	One off survey with clients circulated with annual satisfaction survey	846 188 out a sample size of 400 (47%)	1	38% of annual cost of LA residential care for older people £51272	£19483	Unit cost of LA residential care for older people is £986 per week – annual cost is £51,272 38% of £51272 PSSRU (2011) Unit costs of Health and Social Care 2010 page 52

NHS	Reduced demand on NHS services by older person households	Number of clients and their carers reporting they feel healthier and or have fewer injuries- visit GP less	One off survey for clients circulated with annual satisfaction survey	888 193 out of a sample size of 391 (49%)		Average cost of GP visit Geriatric assessment services –day case cost per case Cost of 1 week geriatric continuing care service per in patient week	£108	PSSRU (2011) Unit Costs of Health and Social Care 2010 page 167 Reduction of 3 GP visits per year 3@£36
		Number of avoided hospital stays	One off survey for clients circulated with annual satisfaction survey	44¹³	1	Average stay for geriatric medicine	£2,190.00	Department of Health (2010) NHS Reference Cost 2008-09
		Number of avoided accidents that result in fracture	One off survey for clients circulated with annual satisfaction	4¹⁴	1	Estimated total cost of a fractured hip from fall at	£26,000.00	University of Bristol on behalf of DWP (2007) Better Outcomes, Lower Costs

¹³ To keep quantity conservative the practitioner has made the assumption that only 5% of those that reported that they feel healthier and/or have fewer accidents achieve this outcome

¹⁴ To keep quantity conservative the practitioner has made the assumption that only ½% of those that reported that feel healthier and/or have fewer accidents achieve this outcome.

		treatment	survey			home		
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Figure 5: Impact Map.

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Stage 4: Establish impact

Deadweight

“I value the service because I am unable to cook for myself”

“Someone to have a few words with once a day”

“Because I cannot visit every day I know she will not starve”

SROI recognises that the outcome may have been achieved without the input of the project (meals on wheels) and that is accounted for in the calculation of final value by subtracting an amount called ‘deadweight’.

Where statistics are available nationally or locally concerning the normal rate with which outcomes occur we have used these in our deadweight calculation. Where evidence is not available a conservative deadweight figure was used based on the experience of the CEO. The effect of this decision is tested in the sensitivity analysis.

Currently there is no alternative provision and therefore, without HCM many of the identified outcomes would not have occurred for the clients and their family/carers. The sensitivity analysis will explore the extent to which any change to the assumption about deadweight is likely to impact upon the results. We believe the deadweight applied is conservative.

Displacement

“I do not know of another service which provides the same service in mother’s area for regular daily meal delivery. With the elderly it is important to have a regular service delivered by helpful people that the customer knows on a daily basis. Your service currently provides that”

Displacement is where positive outcomes are gained at the expense of negative outcomes for others. Displacement has not been identified for any outcomes in this analysis because HCM works closely with other statutory organisations to ensure that they complement services and not duplicate what others do.

HCM appears to provide a unique service offering a consistent hot meal delivery service for clients. Alternative provision suggested by family/carers involved buying frozen meals for a carer to cook, bringing in a paid helper to prepare meals, or alternatively provision of meals in a care home setting. The effect of this decision is tested in the sensitivity analysis.

Attribution

“This couldn’t have been achieved without HCM”

“My mother point blankly refuses any other service”

Attribution is where other organisations help create the social outcomes measured in this analysis. The Meals on Wheels service is often part of a wider provision of care provided by the local authority, moreover clients will receive support from family, neighbours and friends. However, it is clear that without the input from HCM the outcomes for stakeholders would not occur. The questionnaires circulated to the family/carers endeavoured to capture how significant HCM’s contribution was to some of the outcomes, by rating how much the improvements were attributable to HCM.

This information was used by the SROI practitioner to calculate attribution and was based on taking the mean percentage by allocating 90% to those who rate it as a 5 (definitely because of HCM) and 0% to those who answered 1 (not because of HCM at all). Those that rates 2, 3 or 4 were valued at 22.5%, 50% and 72.5% respectively. The figure of 90% was given to the response 5 (definitely because of HCM) to keep the figure used conservative. This is checked in the sensitivity analysis (see page 53 below).

For some questions this information was not available: in these cases attribution was established by considering the input of others by HCM’s CEO and the SROI practitioner. This assumption is tested in the sensitivity analysis.

A similar approach was taken to ascertain the attribution for volunteer outcomes by asking volunteers what percentage of the outcome was due to HCM. The SROI practitioner calculated the mean of the value given (unless stated in Figure 6 below) and this was used to estimate attribution for each volunteer outcome. These estimates were then checked by HCM staff and, in all cases, were agreed

Drop-off

Drop off is used to measure the impacts that are not sustained. In this SROI analysis no outcomes were deemed as lasting longer than one year.

Figure 6 shows the percentages for deadweight and attribution for all outcomes. The full impact can be found in Appendix O.

Stakeholder	Outcomes	Deadweight benchmark or assumption What would have happened anyway?	Attribution Estimate Who else creates these outcomes?
Customer/clients	I am happier	No benchmark or trend data has been identified. The estimate applied has been established after careful consideration by HCM's CEO. Conservative estimate applied 25%	Other factors can influence happiness such as visits from family members and friends. Mean value 21%
	I am healthier	Proportion of people aged 65+who reported consuming five or more portions of fruit per day ¹⁵ 30.5%	Other factors will influence such as living conditions. Mean Value 16%
	I am safer	Alternative provision to MOWs is likely to include some food preparation by the client. Conservative estimation applied 25%	HCM prevents any accidents that could occur if a client were to make a meal themselves. Conservative estimate 30%
	I am more secure	Alternative provision to MOWS would not include the visit and welfare check No benchmark or trend data has been identified. Conservative estimate has therefore been applied.	HCM personnel are often the only person a client will see each day. However, it is acknowledged that others are visited by care workers and family contributing to this outcome. Additionally, clients have access to other services such as personal alarms.

¹⁵ The Information Centre for Health and Social Care (2010) Health for England 2009 page 138 – report can be found on www.ic.nhs.uk/pubs/hse09report

		25%	30%
	I am independent	No benchmark or trend data has been identified. Conservative estimate has been therefore been applied. 25%	Mean value 16%
	Increased ability to stay in same home	Proportion of people aged 65+who reported consuming five or more portion of fruit per day ¹⁶ 30.5%	84%However to keep this figure conservative we are using 61%
Family/carers	Ability to work	Data from www.carersinherts.org.uk suggests that nearly 52,000 of 100,000 carers in Herts combine employment with a caring role. Figures are based from the 2001 Census ¹⁷ 52%	Mean value 35%
	More leisure time	No benchmark or trend data has been identified. Conservative estimate has been therefore been applied. 25%	HCM clearly contributes to this opportunity and. Mean value 25%

¹⁶ The Information Centre for Health and Social Care (2010) Health for England 2009 Page 138– report can be found on www.ic.nhs.uk/pubs/hse09report

¹⁷ Figures cited from this web page: <http://www.carersinherts.org.uk/home/contact-us/media-and-key-facts>

	Decreased stress	No benchmark or trend data has been identified. Conservative estimate has been therefore been applied. 25%	HCM significantly contributes to this opportunity Mean value. 31%%
	Improved family relationships	No benchmark or trend data has been identified. Conservative estimate has been therefore been applied. 25%	HCM clearly contributes to this opportunity and outcome Mean value. 25%
	Relationships with the person they care for improved	No benchmark or trend data has been identified. Conservative estimate has been therefore been applied. 25%	HCM clearly contributes to this opportunity and outcome. Mean value 22%
	Peace of mind	No benchmark or trend data has been identified. Conservative estimate has been therefore been applied. 25%	HCM significantly contributes to this opportunity and outcome Mean value 15%
Volunteers ≥4 hours	Improved wellbeing	It has been considered that volunteers if not volunteering for HCM would be doing something else that would improve their wellbeing. Therefore deadweight has been estimated high 70%	A mean value has been given based on the information gathered during the consultation. 17.5%

	Active	It has been considered that volunteers if not volunteering for HCM would be doing something else that would keep them active. Therefore deadweight has been estimate high 70%	A mean value has been given based on the information gathered during the consultation 22.5%
	Feel good feeling of satisfaction	It has been considered that volunteers if not volunteering may volunteer from another organisation. However, it was felt that MOWS offers a very rewarding experience supporting socially isolated and frail individuals A conservative estimate has been applied. 40%	A value has been given based on the information gathered during the consultation 34%
Volunteer <4 hours	Improved wellbeing	It has been considered that volunteers if not volunteering for HCM would be doing something else that would improve their wellbeing. Therefore deadweight has been estimated high. 70%	A mean value has been given based on the information gathered during the interviews 62.5
	Feel good feeling of satisfaction	It has been considered that volunteers if not volunteering may volunteer from another organisation. However, it was felt that MOWS offer a very rewarding experience supporting socially isolated and frail individuals	A mean value has been given based on the information gathered during the interviews.

		A conservative estimate has been applied. 40%	34%
LA	Cost saving through reduced residential care	Proportion of people aged 65+ who reported consuming five or more portion of fruit per day ¹⁸ 30.5%	Based on information gathered a mean value of 84% is attributed to HCM However in order to keep this figure conservative we are using a figure of 61%
NHS	Reduced demand on NHS – GP visits	Proportion of people aged 65+ who reported consuming five or more portion of fruit per day ¹⁹ 30.5%	Other factors will influence such as living conditions. Based on evidence collated a mean value of 84% was attributed to HCM 16%
	Reduced demand on NHS – hospital stays	Proportion of people aged 65+ who reported consuming five or more portion of fruit per day ²⁰ 30.5%	Other factors will influence such as living conditions. Based on evidence collated a mean value of 84% was attributed to HCM 16%

Figure 6: Deadweight and Attribution

¹⁸ The Information Centre for Health and Social Care (2010) Health for England 2009 page 138 – report can be found on www.ic.nhs.uk/pubs/hse09report

¹⁹ The Information Centre for Health and Social Care (2010) Health for England 2009 page 138 – report can be found on www.ic.nhs.uk/pubs/hse09report

²⁰ The Information Centre for Health and Social Care (2010) Health for England 2009 page 138 – report can be found on www.ic.nhs.uk/pubs/hse09report

Stage 5: Calculate the SROI

Social return ratio

The social return ratio is calculated in a number of steps. First, the value of each outcome is calculated using the following equation: financial proxy multiplied by quantity, minus deadweight and attribution. These values are then summed, giving the total social value created by the end of the period of analysis (year 1).

However, as discussed above, some outcomes last beyond the activities. Where this is the case the value of the change in future years is projected using the estimations of duration and drop off. The value over all the projected years is then totalled and discounted to take account of the fact that the monetary value used may be worth less in the future. A discount rate of 3.5% (as recommended for the public sector by HM Treasury) was used to estimate the present value.

The social return can then be calculated as a ratio of this total value divided by inputs. A summary of the SROI calculation is below:

Total social value created year 1	£12,735,463
Total social value created	£12,735,463
Total present value (discounted)	£12,304,795
Investment	£2,329,123
Social return ratio	£5.28:1

This means that this analysis estimates that for every £1 invested in HCM's MOWS service covered by this scope, £5.28 of social value will be created for the clients who receive the service, their family/carer, Hertfordshire County Council other local authorities and the NHS. The distribution of the social value created between these stakeholders is shown in Figure 7 below.

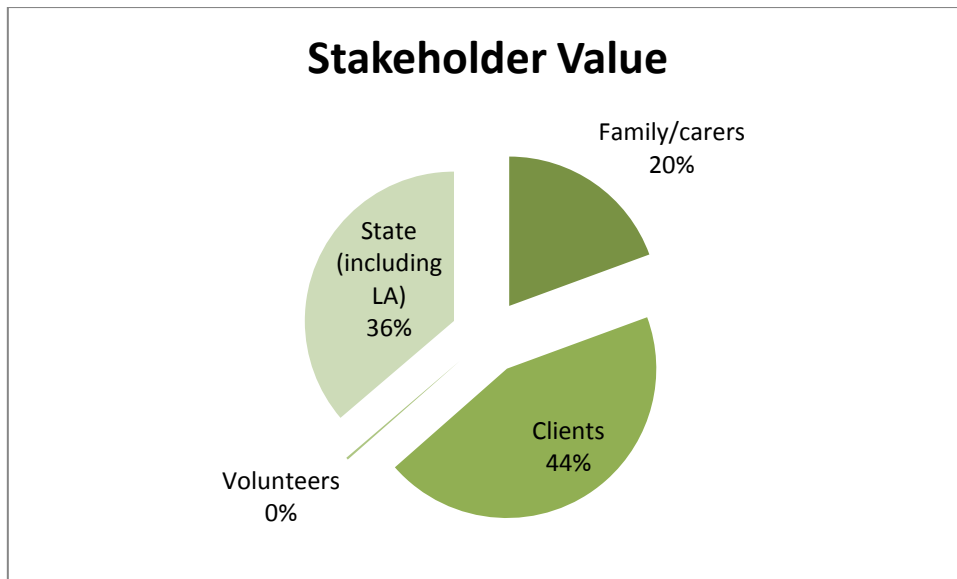


Figure 7: Distribution of value between stakeholders

Sensitivity analysis

Throughout this analysis estimations and assumptions have been made and so it is important to assess whether these decisions have had a significant effect on the social return ratio that has been calculated. These are summarised in Figure 8 below.

We will test the sensitivity of the social return ratio to changes in a number of estimations and assumptions. The reason for choosing each is given below before the effect of the changes is described:

- **Financial proxy** for clients remaining out of residential care for longer.
The value of the financial proxy used in the analysis is based on the cost of residential care. An alternative financial proxy could be considered such as the cost of a carer in the home. The financial proxy of £6,188 representing 1 hour per day over a year has been tested in the sensitivity analysis.
- **Quantity**
The quantity used for the client's outcomes are based on clients answering 'always' to questions. The effect of including those clients that answered 'sometimes' is tested in the sensitivity analysis. This also impacts on the outcomes for LA and NHS. Additionally, the effect of reducing the quantities of outcomes for clients by 20% has been tested in the sensitivity analysis. Changes in the quantity of outcomes for customers also impacts on the quantity of a number of the outcomes for LA and NHS and this has been reflected in this calculation.

- **Deadweight**

In the social return calculation, deadweight for clients was based (unless indicated otherwise in figure 6) on assumptions made by HCM’s CEO and the SROI practitioner and tested with HCM drivers. The effect of increasing deadweight to 50% in the sensitivity analysis for all outcomes for clients has been tested in the sensitivity analysis.

- **Attribution**

Estimations of attribution for all outcomes were based on information provided during interviews, questionnaires, and discussion with HCM’s CEO. The effect of changing the attribution, to 50% for all outcomes for clients for which the current attribution was below this, is tested in the sensitivity analysis.

Indicator	Figure used in calculation	New figure	New SROI ratio
Financial proxy for clients remaining out of residential care	£24,284	£6,188	£4.42
Quantity Increase each outcome to include sometimes	£12,735,463	£14,712,715	£6.10
Quantity Decrease by 20%	£12,735,463	£11,608,580	£4.82
Quantity for family carers Increased by 20%	£12,735,463	£13,227,747	£5.49
Decreased by 20%	£12,735,463	£12,367,306	£5.13
Deadweight	£12,735,463	£11,026,516	£4.57
Attribution	£12,735,463	£11,765,389	£4.88

Figure 8: Sensitivity Analysis

This sensitivity analysis shows that when a number of assumptions on which the SROI calculation is based are varied, the resultant social return ranges from £4.42 to £6.10 for every £1 invested in HCM. This shows that even with decreases in the quantity and impact of the outcomes achieved, HCM creates social value of at least £4.42 times the value of investment.

In conclusion we believe our assumptions are conservative and if anything under-claim benefits as conservative deadweight assumptions have been applied. The area that affects the calculations most substantially is the number of clients that achieve each outcome.

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Stage 6: Report, use results and embed

Conclusion

An ageing population means that the cost of care for older people will continue to rise. There are over 12 million people of state pension age (currently 60 for women and 65 for men), almost 1 in 5 of the UK's total population²¹.

In this age of austerity, cost efficient services need to be provided together with innovative interventions that can reduce the care needs of individuals.

This SROI analysis of Hertfordshire Community Meal's Meals on Wheels Service established that the social return produced through the activity as a result of the £2,329,123 investment is £12,735,463. This means that for every pound invested in meals on wheels about £5.28 is created for: the clients benefiting from receiving a nutritional meal (44%); the family/carers who also benefit as a result of their loved one receiving the service; the volunteers that contribute to the service; and the state (HCC and Local Authorities). The range of stakeholders illustrates the extent to which HCM has impact over and above the client receiving the meals on wheels service.

This analysis, through its extensive consultation with individuals who receive the meals on wheels service (clients) together with those responsible for them, has generated significant evidence to imply a reduction in usage of residential care and health services. The study suggests that the meals on wheels service intervention is an important investment made by local government as it can lead to significant wider public cost savings.

This study also demonstrates that the 'meals on wheels' service delivers a range of outcomes for clients, including 'soft' outcomes such as greater independence, health, and happiness for clients.

This analysis suggests that HCM successfully meets the aims, objectives and outcomes expected by its stakeholders and funder. This report presents evidence that the meals on wheels service contributes to a number of outcomes for community wellbeing monitored by HCC such as:

- People are happier with services/support they get
- People eating five a day
- Reduction in falls/fall prevention
- Reduction in use of GP/use of A&E/NHS formal services
- Reduction in admission to residential care
- Reduction in risk of depression

²¹ Mid 2010 Population Estimates UK Office for National Statistics 2011.

- Reduction in stress
- People actively volunteering

Moreover, HCM is always exploring new ways to enhance the service it is providing to its existing clients and the growing the number of people it can support, and demonstrates commitment to improving the local community. HCM within this period of austerity is seeking to improve service delivery whilst simultaneously looking for ways to keep costs down.

It is clear that the impact of HCM extends beyond the stakeholder groups outlined above and in particular the commitment it shows to offering work experience and employment opportunities for individuals who have significant barriers to employment (including recently ex-offenders) and subsequent benefits for their families. While it was not possible for these stakeholders to be included in this analysis, it should be noted that may have resulted in a higher SROI ratio.

Recommendations

The SROI analysis was conducted as an evaluation for the period 1 April 2011 to 31 March 2012. The outcomes for stakeholders and the number of stakeholders for which outcomes were achieved were determined through an extensive consultation process conducted and supported by Hertfordshire Community Meals, Hertfordshire County Council, and the SROI Practitioner.

The SROI process proved very helpful for HCM, providing quality information that revealed many outcomes for clients and an improved understanding of the benefits for all stakeholders. Arguably other evaluation techniques would be unlikely to provide such robust reporting. The knowledge and information gathered should be reflected upon and learned from.

- Review data collection
 - To review **all** questionnaires used in this analysis and simplify for future data capture
 - Incorporate outcomes for clients in the annual satisfaction survey and allow for additional resource for data analysis - implement a more outcomes focussed monitoring system
 - Consider capturing information on eligibility for health services for clients
 - Capture more in depth information on carer/families relating to how much more they can work as a result of the MOWs service
 - Align HCC's outcomes for Community Wellbeing
 - Consider data collection as part of the planning process of any new services offered by HCM

- Establish data collection for work placements and employees (considered to face barriers in the labour market)
 - Capture information on barriers and issues faced by staff when they are recruited to demonstrate the distance travelled
 - Establish soft outcome questionnaire for employees
 - Regular follow up interviews to establish longitudinal data
 - Consider how to capture the outcomes for individuals who find it difficult to find or maintain employment (and their families) who undertake work experience, volunteering opportunities, or employment with HCM

- Future SROI analysis should endeavour to break down clients into groups for a more detailed understanding of the health needs and circumstances of clients, in line with current eligibility criteria:
 1. Does the person have difficulty in preparing or cooking a meal using fresh, frozen or chilled foods because
 - They are frail, confused or housebound?
 - They have a mental, physical and/or learning disability?
 - They would be at risk preparing a meal?

 2. Is the person unable to shop regularly for food or obtain a meal from any other source (i.e. partner, relative or friend)?

 3. Does the person need temporary cover or service because:
 - Their carer is unwell or on holiday?
 - They are suffering bereavement, illness or have recently been discharged from hospital.

- To extend the SROI methodology to other areas of its work, HCM's intention is to undertake a further SROI directly after the completion of this analysis to capture outcomes from luncheon clubs, the Jubilee Centre, and its employment projects. This SROI will allow HCM to consider and pilot ways of capturing the outcomes for individuals that benefit from a work placement with HCM or for employees that face barriers in the labour market. It will also endeavour to capture the outcomes for their families. This did not feature in this SROI due to limited time and resources, together with no current basis for data capture. The SROI practitioner experience, together with testimonials collated, anticipates the substantial value of these outcomes; increased work in this area could make a more significant impact.

- Work with partners and stakeholders to enhance outcomes. For example, the benefit of working with other partners such as the police and the fire service delivers

a demonstrable benefit for clients (such as feeling more secure) and this in turn impacts on the peace of mind for family/carers. HCM should continue to seek new ways to enhance outcomes for the key stakeholders and continue to work with statutory bodies.

- Continue to drive costs down. The on-going aim by HCM to drive costs down and ensure a continued cost effective service for its commissioners should be applauded and will no doubt lead to increased innovation and enhanced social value against investment. Cost efficiencies should continue to be sought.
- HCC should invest further in HCM. The meals on wheels service should be considered as a proven and tangible preventative measure. HCC should increase funding and widen the eligibility criteria to support more participants; this will become more significant with the increasing role of local government in the provision of health care services as outlined in the Health and Social Care Act 2012.

An ageing population suggests that demand is likely to expand rather than decline for meals on wheels, which will increase the benefit and social return of investing in services such as this.

Providers of meals on wheels services such as WRVS, Age UK, private providers, and local government should utilise the evidence in this report to inform strategy for the elderly. Moreover, the evidence for economic benefits as well as soft outcomes should be disseminated to clients and their family carers, and other agencies including Herts County Council and the health practitioners.

Response from HCM

The process of undertaking a Social Return on Investment study has been of significant value to HCM and has demonstrated the capacity to provide wider, far reaching benefits to its clients.

The study has enabled HCM to gather a wide range of quantitative and qualitative data that has provided information on the social utility of meals and welfare visits to clients, their families and carers, and other key stakeholders. This information is being used to inform future provision and new service development, and will support funding and grant applications.

HCM is keen to publicise the value of meals on wheels widely, to raise the profile of its preventative benefits on the national stage, thereby enabling more cost effective service provision and savings to the public purse.

The terms of reference for a further SROI are currently being framed to ensure that the social value of HCM's wider services is quantified, and used to improve the welfare of elderly, disabled, and vulnerable adults in Hertfordshire.

Dissemination

In order to ensure the robustness, accuracy and completeness of the report it has been reviewed by HCM's CEO, staff members, and Board and the SROI has been amended according to their comments in particular in the above section on recommendations. As well as being reviewed, SROI analyses must be reported back to the stakeholders who were involved in their production, as well as being more widely available.

It is planned to circulate the report in full to all corporate/organisational stakeholders and funders, and a shortened report highlighting key findings will be distributed by HCM's meal service deliverers to HCM clients. HCM also plans to hold an event to launch the report at the Jubilee Centre in St. Albans. This will include all District and Borough Councils as well as other charities etc.

The report will be made available to the National Association of Care Caterers and will be reported at the Malnutrition Task Force. This is a new task force that has ministerial oversight and includes key stakeholders from health, care, and age related sectors. They will be a key resource in helping to circulate the findings.

A summary of the full report will be made available on the Herts Community Meal's website and individuals will be directed to the report using its social media feeds. This report will be submitted for verification by the SROI network.

Appendices

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Appendix A: Activities not included

Delivery to luncheon clubs

HCM supply meals to 45 luncheon clubs across Hertfordshire that serve adults with physical and learning difficulties, older people from minority ethnic groups, and older people living in supported housing who may have become isolated through ill health or disability

Jubilee Centre

The Jubilee Centre, located in St Albans, provides a local community hub. It provides a cost effective venue that host a variety of classes for local people including: parent and baby sensory and exercise groups; access for life sessions; information, advice and guidance sessions by Age UK; dance; Pilates and yoga classes, and many more.

Volunteering Opportunities

HCM works in partnership with HCC's Specialist Mental Health teams (MHTs), Transition team, Day Services staff, and also Youth Offenders project to provide opportunities for younger adults to undertake volunteer roles with HCM. The roles offered have included van cleaning, kitchen support, and serving customers at the Jubilee Centre.

Employment Opportunities

HCM offers flexible working opportunities to those that are considers as being disadvantaged in the labour market who may find it difficult to gain or maintain an employed position elsewhere.

Student links

HCM has linked with the University of Hertfordshire to enable 10 Foundation Degree Students to conduct work based learning projects for their studies. Students from Oakland's FE College have provided beauty treatments to clients in the Jubilee Centre. This helps them to achieve their qualification as well as giving an opportunity for our clients to enjoy a range of cost effective treatments.

Warm Herts

This project enabled HCM to provide free 'goodie bags' to clients with items such as blankets, fingerless gloves, room thermometer, soup, biscuits and information on keeping warm in winter. All staff were trained to look for risks during the cold months, and daily room temperature checks were undertaken. Clients received two frozen meals for emergency use, and those in most need received emergency grocery bags.

Appendix B: Outcomes not included

Stakeholders	Outcome	Reason for exclusion
Local Authority	Time saving and thus costs	Considered difficult to capture evidence

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Appendix C: Client Survey 2010

The survey was undertaken during September 2010. A total of 1459 questionnaires were distributed and the total number of replies received was 775 (a response rate of 53%).

The questionnaire consisted of nine questions with pre determined response categories and three open questions that required a fuller response. Where replies were ambiguous, for example multiple answers to a question provided, then the least favourable interpretation has been assumed. Also, where a concern or action has been reported each has been brought to the attention of the relevant delivery team.

The questionnaire invited responses to a range of questions which included qualitative open response questions relating to how they had benefited from the service and what, and also how they thought the service should be improved to serve their needs better.

Summary of qualitative findings

The survey was completed by 775 respondents and the main findings of the open questions were as follows:

Response theme	% of respondents who answered open questions cited this
Feel more secure knowing that someone will look in on me	71%
Not as worried about injury from cooking or falling whilst preparing food	86%
Get on better with my family	31%
Have put on weight/feel healthier/stronger	35%
Enjoy my meals more /increased appetite	86%
I was more independent before I was hospitalised/sick, but now means I can still live on my own	13%
Don't have to rely on my family	72%
My family are less worried about me	70%

Selection of qualitative responses

- 'Excellent service and good meals, which are enjoyed'
- 'Since having had your meals I haven't got a favourite as they are all favourites to me'
- 'I'm fully satisfied and sincere thanks to all concerned!!!'
- 'Very happy with the service provided. I can't cook for myself, so greatly appreciated. Thank you'
- 'Everyone is so helpful and kind'
- 'Service is impeccable'
- 'I would just like to say thank you for the excellent service! 18 months ago my mum was hospitalised as a result of not eating properly – she is back to full health, I'm sure as a result of your nutritionally balanced meals. Thank you so much' (completed by a daughter)
- 'Meals are making it worthwhile getting up and I'm putting on the weight I lost when I forgot how to use the cooker and microwave'
- How can you improve something that is A1'

Appendix D: Client Interview Questions

1. How long have you been receiving meals from Hertfordshire Community Meals?
2. What has changed for you as a result of us providing and delivering meals to you?
3. Supplementary questions if required: What was life like before?
4. What is it like now?
5. Will it change more in the future do you think?
6. Has all the changes been positive? If not explain what has not been positive
7. Has anything changed that you weren't expecting
8. How long do you think the change will last?
9. What could we show someone (for each change) that would prove that these changes have taken place?
10. What do you think would have happened if you didn't get support from Herts Community Meals?
Linked to question 10
Do you think you would be using day care/ residential?
Do you think you may have had to use NHS services more?
11. If there is more than one change – which change is most important to you? Which is least important
12. What other ways might the same changes be achieved?
13. What other services/organisations contribute to the changes <alarm, home visits etc?

Appendix E: Client Questionnaire



Customer Satisfaction Survey

At Hertfordshire Community Meals we want to provide an excellent and caring service to every one of our customers. We always want to improve what we do, and you can help us to do that. We should be really grateful if you would complete the questions below by ticking the answer box which applies to you. Thank you for your custom and your help.

What do you think of our meals?

1. I find the overall quality of the meals:	Excellent	Good	Fair	Poor
2. I find the variety of food available on the menu is:	Excellent	Good	Fair	Poor
3. I think that the overall meal size is:	Too big	Just right	A little too small	A lot too small
4. The temperature of my meal on arrival is:	Too hot	Just right	Too cold	Variable
5. My favourite meal is:				
6. My least favourite meal is:				
7. If you receive our teatime sandwich meal, is the overall quality:	Excellent	Good	Fair	Poor

What do you think of our service?

8. The service I receive from my delivery driver is:	Excellent	Good	Fair	Poor
9. The customer service from the office staff when I call is:	Excellent	Good	Fair	Poor
10. What time is your meal normally delivered?	Weekday time:		Weekend time:	
11. I feel this time is:	Too early	Just right	Too late	No opinion

Do you want to know more about these services?

12. Would you like more information on our teatime meal?	Yes please	No thank you
13. Would you like more information about our breakfast meal?	Yes please	No thank you
14. Would you like more information on our emergency winter grocery box?	Yes please	No thank you

How can we improve our service to you?

15. What three things do you value the most about our service?
16. What three things do you think would improve our service to you the most?
Is there anything else that you would like to tell us?

Please would you read the following statements outlining the differences that receiving the Meals on Wheels service from Hertfordshire Community Meals may have made to you.

Please would you tell us how true the following statements are for you?

Because of the nutritious meals and regular visits from HCM’s meal delivery drivers:

	Always	Sometimes	Never
I am better nourished			
I feel happier			
I feel healthier			
I no longer worry about injuring myself cooking			
I feel safer			
I feel secure knowing someone will check on me everyday			
I have peace of mind			
I have more friends			
I feel part of a community			
I feel more independent			

I would be in a care home if I didn't receive this Meal on Wheels Service			
As I feel healthier and/or I have fewer injuries, I visit my GP less			

Thank you for your help; we do appreciate it.

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Appendix F: Client Responses to Open Ended Questions

Question Is there anything else that you would like to tell us?

SOMETIMES THE VEGETABLES AREN'T COOKED ENOUGH, I DONT HAVE TO EAT THESE BUT I HAVE SEEN THEM AND I THINK THEY LOOK TOTALLY UNAPPERTISING

AT THIS PRESENT TIME I AM NOT HAVING MEALS ON WHEELS DUE TO MY VISITS TO MY DAY CENTRE BEING MORE REGULAR

MY HOUSE IS THE FIRST ON THE RIGHT MOST THE DRIVERS KNOW BY NOW BUT MAYBE A NOTE FOR NEW DRIVERS, IT'S WORTH A MENTION IT CAN BE ALSO BE AWKWARD TO PARK

DELIVERY DRIVERS ARE VERY GOOD. ALWAYS HAVE A FEW WORDS WITH MUM AND WHEN SHE HAS HAD FALL HAVE CONTACTED THE CORRECT PEOPLE.

PLEASE COULD YOU TELL ME WHAT YOU HAD PUT IN THE RICE PUDDING THAT I RECEIVED LAST THURSDAY 8TH DECEMBER, AS IT DIDNT TASTE OF RICE IN FACT IT TASTED MORE LIKE A CHEMICAL. EVEN WHEN MY CARER CAME IN AFTER LUNCH AND TASTED A BIT, SHE SAID IT TASTED MORE LIKE TAPIOCA THAT WAS A BIT SLIMY.

NOT REALLY, THE FOOD IS GOOD BUT COULD BE BETTER FOR THE MONEY IT COST I FIND THE VEGETABLES COULD BE COOKED A BIT MORE, THEY ARE SOMETIMES TOO HARD TO EAT

MEALS ARE GOOD VALUE. SOMETIMES WE ARE WORKING IN THE GARDEN AND DO NOT HEAR THE MAIN DOORBELL. WHY CAN'T THE FOOD BE LEFT IN A SECURE PLACE IF IT IS PLAIN THAT THE OWNER IS AT HOME?

I FIND IT SO HELPFUL NOT TO DOA BIG FOOD SHOP

I THINK THEY ARE VERY ENJOYABLE AND SAVE THE WIFE A LOT OF WORK

PLEASE NOTE THAT MY MUM HAS DEMENTIA AND IS UNABLE TO REMEBER VERY WELL, THUS ANSWERING THIS QUESTIONAIRE IS VIRTUALLY IMPOSSIBLE FOR HER. (SON)

AT THE MOMENT MUM IS IN HOSPITAL. IF SHE GOES BACK TO HER FLAT WE WOULD LIKE INFO ON TEATIME SERVICE ETC

PLEASE DONT PUT THE PRICE UP AGAIN. WE RELY TOTALLY ON LUNCH TIME VISIT. UNABLE TO MAKE ANYTHING FOR MYSELF AS DISABLED SO IF WEATHER BAD THEN RELATIVES, MUST BE INFORMED IF NOT GOING TO ATTEND.

I FILLED THIS IN FOR MY FATHER AS HE IS BLIND. I AM VERY GRATEFUL FOR THE SERVICE AND WOULD LIKE TO THANK YOU ALL, ESPECIALLY ALL THE DELIVERY PEOPLE. DAD REALLY APPRECIATES SEEING THEM ON DAYS WHEN NO-ONE ELSE VISITS. S. ADLINGTON

A VERY SATISFIED CLIENT

DUE TO THE FACT MY MEAL IS THE LAST OF THE ROUND, IT IS USUALLY DRIED UP. INITIALLY IT MIGHT WELL BE A TASTY MEAL WHEN STARTING OUT. I HAVE ASKED TO SEE IF ROUNDS COULD BE REVERSED EVERY OTHER WEEK BUT HAVE NOT HAD A COMEBACK ON THIS.

VEG SEPERATE FROM EACH OTHER

MERRY CHRISTMAS AND A HAPPY NEW YEAR, I MUCH APPRECIATE THIS SERVICE

AS ONE WHO IS MORE OR LESS HOUSE BOUND I LOOK FORWARD TO THEIR VISITS. THE YOUNG MEN

ARE SHY I THINK – QUICKLY, COME IN - QUICKLY OUT.

SOMETIMES THE MEALS ARE A LITTLE BIT DRY

NOT REALLY, I'M AMAZED!

FANTASTIC WORK

CARRY ON AS YOU ARE JUST RIGHT

CARRY ON JUST AS YOU ARE IT WILL BE VERY GOOD

I DO NOT MIND IF IT COMES AT THE EARLIER TIME OR THE LATER ONE BUT I WOULD LIKE IT TO BE CONSISTENT! MANY OF US HAVE TO TAKE MEDICATION BEFORE OR AFTER MEALS AND THIS NEW ARRANGEMENT CAN PLAY HAVOC WITH ONE'S TUMMY!

I APPRECIATE THE OFFER OF MEALS THAT CAN BE DELIVERED FOR KEEPING IN OUR OWN FREEZERS IN CASE OF BAD WEATHER THIS WEATHER - IT WILL BE SAFER FOR DRIVERS TOO

REFFERING TO THE ABOVE, BEING IN REASONABLY GOOD HEALTH AND ENJOYING GOING OUT AND ABOUT IT IS DIFFICULT ARRANGING AN AFTERNOON, ACTIVITY BECAUSE OF NOT KNOWING WHEN THE MEAL WILL ARRIVE, OR APPROXIMATELY WHEN. HOWEVER HAVING SAID THIS, I AM QUITE SATISFIED WITH THE SERVICE GENERALLY

ALL VERY NICE

NO-HAPPY SO FAR

I LOOK FORWARD TO THE MEAL EACH DAY.

YOU DO A GREAT JOB

THE CARERS SAID SHE WAS NOT EATING MEALS I CANNOT CONFIRM IF THIS WAS TRUE DURING THE WEEK AS I AM NOT THERE. MRS XXXX DID EAT THE MEALS AT THE WEEKEND WHEN I WAS THERE.

NO CHANGE

JUST THANKYOU FOR THIS SERVICE.

NOT IMPRESSED THAT YOU WONT LEAVE MEAL IF REQUESTED WHEN NO ONE IN. SURELY IN SHELTERED HOUSING THE MEAL COULD BE LEFT IN THE FLAT WITH THE WARDEN OR EVEN ON DOORSTEP

I LIKE TO PAY MY BILL BY PHONE BUT THESE IF OFTEN NO ANSWER IN OFFICE HOURS AND NO ONE RINGS BACK

BAKED BEANS, CASSEROLE GRAVY AND CREAMY SAUCE GET VERY COOKED UP AND VERY DRY SOMETIMES. THE MEALS ARE NICELY COOKED, VEG JUST RIGHT, MOST MEAT AND FISH VERY TENDER

I AM OLD, BUT AS FAR AS IS POSSIBLE 'MOBILE' (LIMITED BY AGE

NOT REALLY, THE ONE THING I'D LIKE TO SAY, THE SERVERS ARE ALWAYS NEAT, CLEAN AND TIDY

THIS FORM HAS BEEN COMPLETED BY MY SON ON MY BEHALF. XX MAY NOT BE ABLE TO WORK THE OVEN, ON OCCASIONS, TO KEEP THE MEAL HOT WHEN IT ARRIVES TOO EARLY.

I REALLY ENJOY MY MEWALS ON WHEELS

I DO TEND TO PANIC IF MY MEAL ARRIVES LATER THAN NORMAL. I REALISE THAT THIS IS

SOMETIMES INEVITABLE BUT I STILL WORRY.

I LIKE YOUR HOT PUDDINGS VERY MUCH! I'D LIKE TO THANK YOU FOR YOUR SERVICE

IN WINTER THE SERVICE IS INVALUABLE & MUCH NEEDED! THANKS

I AM ON A COMMUNITY CARE LINE. WHILE INDOORS I WEAR A PENDANT BUTTON WHICH I CAN PRESS IN THE EVENT OF A FALL OR ACCIDENT. THIS AUTOMATICALLY HOLIFIES THEM, THAT I NEED HELP. THEIR TELEPHONE NUMBER IS 01XXXXX

I FEEL THAT DELIVERY BEFORE 12 MIDDAY AND AFTER 1.15 CAN BE AWKWARD WHEN I HAVE BLOOD TESTS OR G.P/HOSPITAL APPOINTMENTS TO ATTEND. BUT I REALLY APPRECIATE THE SERVICE + MEALS I RECIEVE. WRITTEN ON BEHALF OF XX - AS HIS ARTHRITIC HANDS ARE TOO PAINFUL TO WRITE.

I AIM TO SIT DOWN FREQUENTLY, HELPING MY HEART TO REST MORE OFTEN, MORE TIME FOR ME TO RELAX

MEAL DISHES ARE SSLIGHTLY DRY WITH LITTLE GRAVY

PERHAPS THERE SHOULD BE SOMEBODY THAT COULD REMIND THE DRIVERS TO TURN THE OVENS ON DAILY SO THE DRIVERS ARENT LATE GOING OUT.

IS OK

SOMETIMES I HAVE HOSPITAL APPOINTMENT THAT OVER RUN TIME PLEASE LEAVE MY MEAL FOR ME

SATISFIED WITH MEALS

JUST THANK YOU

SOME MEALS DELIVERED ARE NOT OEDED BY THE MENU

I WELCOME THE CHOICE OF SALADS INSTEAD OG HOT MEAL

VERY GOOD AND PLEASED

NOT KEEN ON HAVING BEAUERATIC FORMS TO FILL IN

YES WE BOTH THINK THE VEGETABLES NEED A LITTLE LONGER COOCKING. ESPECIALY CARROTS WHICH ARE TOO HARD

MEALS ON WHEELS WERE INVALUABLE WHEN I WAS RECEIEVING RADIOTHERAPY FOR CANCER
THANK YOU

BEING QUITE DISABLED I APPRECIATE THE SERIVE I RECEIVE

NONE

WHEN DICED SWEDE INCLUCED IT IS HORRIBLE AND UNEATIBLE

ONLY THANK YOU FOR THE SERVICE

THE DELIVERY MAN IS VERY DEPENDABLE

WITH HELP I COUDE GET TO XXXXXXXXXXXX DAY CENTRE FIVE DAYS A WEEK BUT CANT GET WHAT YOU WOULD LIKE AS THE WONEM SERIVING SERVS HER FRIENDS FIRST, WHICH WOULD DO MY HEALTH BETTER RATHER THAN BEEN ON MY OWN ALL DAY AS I GET VERY DIPRESSED I WAS THERE OLDEST MEMBER FOR 32 YEARS

I DONT KNOW

SALAD ON MENUE

JUST "THANKS"!

XXXX WHO DELIVERS MY MEALS IS ALWAYS POLITE & FRIENDLY AND HE ALWAYS TELLS ME WHAT I HAVE FOR DINNER AS I CANNOT SEE. CREDIT TO YOUR SERVICE.

THE DELIVERY PEOPLE ARE VERY KIND, NICE AND ALWAYS ASK IF THERE IS ANYTHING WE NEED URGENTLY. LOVELY PEOPLE AND MANY THANKS FOR ALL YOU DO TOO!

WE WOULD LIKE TO KEEP THE INFORMATION IF WE FALL ILL AGAIN

WE WOULD LIKE YOU TO KEEP US ON YOUR DATA INFORMATION IN FUTURE

THE CARROTS AND GREEN BEANS ARE ALWAYS HARD, IT WOULD BE NICE TO HAVE THEM COOKED PROPERLY INSTEAD OF HAVING TO THROW THEM AWAY.

AS ABOVE

WELL DONE

MOST GRATEFUL FOR THE SERVICE

SOME DAYS THE FOOD IS STICKING TO THE FOIL DISH AND MAKES IT "GLUE LIKE" AND RATHER UNAPPETIZING.

THANK YOU FOR THE SERVICE

(A) OF SOME ASSISTANCE
(B) HAVE TO SUPPLEMENT IT TO SATISY OUR APPETITE
PROVIDING THE MEALS ARE REALLY WARM/HOT THE FOOD IS FIRST CLASS

I AM QUITE HAPPY WITH THE SERVICE I GET THANKS

ITEM OF FRUIT, LIKE APPLE OR ORANGE

THE MEAL COULD DO WITH SOME SEPARATION

MY 11.30 IS USUALLY ON TIME, BUT IF THERE IS A DIFFICULTY BECAUSE OF STAFF NOT BEING ON DUTY, IT HAS TWICE RECENTLY BEEN SPECTACULARLY LATE. (1.50PM + 2.10PM!!!) I WISH THEY COULD CALL ME, TO WARN ME ON SUCH OCCASSIONS. THIS DID HAPPEN ONCE (BACK) WHEN DELAYED BY TRAFFIC.)

I AM UNABLE TO STAND TO COOK A MEAL, SO FIND MEALS ON WHEELS HAVE SUITED ME, THEY ARE HOT ALWAYS THE VERY BEST BUT MAINLY THEY ARE VERY GOOD AND I SHALL CONTINUE WITH THEM.

I AM NOT ABLE TO DIGEST BEANS SWEET CORN, NOT ENOUGH FISH AND MEAT, MORE CABBAGE - ADD GREEN VEG IN LUNCHES. 3 SMALL PIECES OF MEAT OR FISH IS NOT SUFFICIENT

I DONT LIKE THE ROAST LAMB IN GRAVY MEAT ALWAYS VERY TOUGH, I CANNOT EAT IT
I WOULD LIKE MY MEAL TO COME EARLIER
I DONT ALWAYS GET THE MEAL I HAVE ORDERED

HCM ARE A GREAT ASSET TO THE COMMUNITY AND ARE MUCH APPRECIATED BY THE RETIRED ELDERLY AND HANDICAPPED PEOPLE ESPECIALLY. ONE CAN BE ASSURED OF AT LAST I GOOD HOT MEAL PER DAY, HCM IS A BIG + TO THE COMMUNITY

I AM SO GRATEFUL FOR A GOOD HOT MEAL EACH DAYAS I AM UNABLE TO COOK FOR MY

HUSBAND AND MYSELF, DUE TO HAVING HAD A STROKE

HOT PUDDINGS ARE GENERALLY EXCELLENT. THE FRUIT SALAD THOUGH IS TASTELESS BECUASE IT IS FROZEN

NOTHING I CAN THINK OF SOMETIMES THE MEALS COULD BE A LITTLE BIT HOTTER

MRS PETERS DOES NOT EAT MASHED POTATO AND CONSEQUENTLY THIS IS THROW AWAY WHICH CUTS DOWN SIGNIFICANTLY THE SIZE OF HER MEAL

I DONT THINK SO

HAPPY WITH THE SERVICE

VERY HAPPY THANK YOU!

WISHING YOU ALL A HAPPY XMAS
ROAST DINNER MEAT CAN BE POOR

I THINK THE SERVICE IS VERY SATISFACTORY. I ALWAYS ENJOY THE MEALS, CARRY ON WITH THE SERVICE.

VERY PLEASED WITH THE QUALITY OF SERVICE
COIULDNT HAVE MORE SWEET CORNTRIE

YES! I LUV YOU ALL!

ANY CONTACT NEED PLEASE COME TO ME DAUGHTER COVER, BECAUSE OF MEMORY AND MENTAL STATE OF MY MOTHER.

VERY HAPPY AND CONTENT WITH THE MEALS AND THE LEVEL OF SERVICE
MERRY CHRISTMAS AND A HAPPY NEW YEAR!
IM VERY GRATEFUL FOR YOUR SERVICE

THE HOT POTS + STEWS OFFEN DO NOT CONTAIN VERY MUCH MEAT, SOMETIMES MEAT IS TUFF.
SPONGE PUDDINGS OFTEN NOT SPONGEY, TUFF + SOLID.

MORE VARIETY IN PUDDINGS FOR REDUCED FAT DIET. WOULD HELP. IT WOULD BE HELPFUL TO LET CUSTOMERS KNOW IF A MEAL IS VERY LATE:- FOR EXAMPLE:- DUE TO AN ACCIDENT

FANTASTIC SERVICE - THANK JON.

A BIG THANK YOU FOR COOKING AND DELIVERING IT.

THIS IS A LIFE SAVER SERVICE. I HOPE MORE YOUNG PEOPLE WILL JOIN STAFF TO KEEP IT GOING.

SERVICE MEAL APPRECIATED

KEEP UP THE GOOD WORK! IT IS A LUXURY TO RECEIVE IN ITSELF + IF I NEEDED IT. I FEEL I COULD ASK FOR ADVICE OR HELP FROM THE PERSON WHO IS DELIVERING THE MEAL.

AS I AM ONE OF THE LAST DELIVERIES AT TRING THE CUSTARD & GRAVY ARE OFTEN VERY DRY
I HAD TO CANCEL MEALS ON THURSDAYS AS THEY ARRIVED TOO LATE FOR ME TO ATTEND ANOTHER MEETING IN TRING EACH WEEK.

WHEN A MEAL TURNS UP VERY LATE I WORRY IT'S NOT GOING TO TURN UP AT ALL.

ALL YOUR STAFF INCLUDING ADMIN STAFF ARE EXCELLENT

YOU HAVE WONDERFUL DRIVERS AND VERY GOOD ADMIN STAFF

THERE IS NOTHING TO TELL YOU

FOLLOWING SECTIONS NOT APPLICABLE AS ONLY ONE DAY.

NO HAPPY-THANKS

MUM FINDS SOME, OF THE MEALS A LITTLE TOUGH SO SHE SOMETIMES LIQUIDISES THEM.

YES TOO MUCH RED MEAT AND PORK WOULD ONLY LIVE TO RECEIVE NOW AND AGAIN

TOO MANY MEALS WITH GREEN BEANS

1. I FEEL THE MEALS ARE TOO SMALL
2. THE VEGETABLES ARE MIXED UP
3. I LIKE OMELETTE AND CHIPS, NOT B/BEANS WHICH ARE ALL OVER IT
4. THE PUDDINGS ARE LOVELY

NOT ALWAYS EASY TO FIND SOMETHING THAT IS LIKED ON THE MENU

IT IS A COMFORT TO KNOWN THAT IS I NEEDED ANYTHING AND NO ONE ELSE TO ASK WHO CAN HELP I COULD ASK WHOEVER BRINGS MY MEAL. I WOULD NOT WANT TO BE A NUISANCE BUT ONLY IN REAL NEED.

NOTHING ELSE

THANK EVERYONE FOR THEIR FRIENDLINESS

HAVE A GOOD CHRISTMAS AND A HAPPY NEW YEAR TO ALL HELPERS

NOTHING EXCEPT WE ARE GRATEFUL FOR THE SERVICE THANK YOU.

DELIVERS ARE USUALLY VERY RELIABLE AND ON TIME. HOWEVER MEAL ORDERED ON PHONE FOR 22/12/11 ALTHOUGH REGISTERED ON SYSTEM WAS NOT ON DELIVERY SCHEDULE.

MY MUM WOULD LIKE TO CANCEL HER MEALS WITH YOU FROM MONDAY 19TH DECEMBER 2011 AS SHE CAN NOT EAT THAT MUCH NOW AND IS HAPPY TO COOK HERSELF WHEN SHE NEEDS TO

DAD HAS PUREED MEALS. THE LIVE IN CARER TELLS ME THAT SOMETIMES THE SAME MEAL ARRIVES MORE THAN ONCE IN A WEEK. IF SO, THIS IS NOT ACCEPTABLE BUT I HAVE NO EVIDENCE TO SUPPORT HER COMMENT. I HAVE NOW ASKED HER TO KEEP THE MEAL LABELS FOR A WEEK, EACH WEEK, AND LET ME KNOW IF THERE REALY ARE REPEATS

NO THANKS

VERY PLEASE ABOUT THE SERVICE I GET, FROM THE STAFF I COME IN CONTACT WITH. ALL NICE AND CHEEFUL.

THANK YOU FOR YOUR SERVICE, FILLED IN BY DAUGHTER, THANK YOU FOR CARING!

NO I DONT THINK SO BUT A BIG THANK YOU ALL WHO DO THE WONDERFUL SERVICE. FILAN CASEY

SANDWICHES ARE DRY

ENJOYS HOT PUDDINGS EVERYDAY

1. MY MOTHER DOESNT EAT THE MEAL DELIVERED EVERYDAY. IS IT POSSIBLE TO INSIST SHE STARTS EATING IT WHEN THE PERSON DELIVERS IT?
2. COULD THE MEAL BE DELIVERED BY THE EXTERNAL DOOR AT THE FRONT OF NO 5 AND NOT VIA THE INTERNAL DOOR.

THE MEAL IS THE HIGHLIGHT OF MUM'S DAY AND WE COULD NOT MANAGED WITHOUT IT – SHE WOULD HAVE TO GO INTO A HOME OR HAVE ADDITIONAL CARERS.

TO MANY GREEN BEANS APART FROM THAT IS O.K

NO COMPLAINTS - DELIGHTED WITH IT ALL

I DONT ALWAYS GET THE MEAL I HAVE ORDERED, WHICH IS DISAPPOINTING

VERY HAPPY WITH SERVICE

THANK YOU FOR THE SERVICE

I FIND THE PEOPLE SO NICE AND FRIENDLY AND LOOK FORWARD TO SEEING THEM EVERYDAY
THANK YOU SO MUCH MRS XXXXX

DRAFT

Appendix G: Client Questionnaire Data

Hertfordshire Community Meals

Customer Service Satisfaction as at 29th February 2012

1. I find the overall quality of the meals:

	With (Not Answered)		Without (Not Answered)	
	Count	Percentage	Count	Percentage
(Not Answered)	18	2.94 %		
Excellent	143	23.33 %	143	24.03 %
Good	381	62.15 %	381	64.03 %
Fair	64	10.44 %	64	10.76 %
Poor	7	1.14 %	7	1.18 %
Total Responses	613	100.00%	595	100.00%

2. I find the variety of food available on the menu is:

	With (Not Answered)		Without (Not Answered)	
	Count	Percentage	Count	Percentage
(Not Answered)	13	2.12%		
Excellent	146	23.82%	146	24.33%
Good	367	59.87%	367	61.17%
Fair	78	12.72%	78	13.00%
Poor	9	1.47%	9	1.50%
Total Responses	613	100.00%	600	100.00%

3. I think the overall meal size is:

	With (Not Answered)		Without (Not Answered)	
	Count	Percentage	Count	Percentage
(Not Answered)	12	1.96%		
Too big	15	2.45%	15	2.50%
Just right	508	82.87%	508	84.53%
A little too small	71	11.58%	71	11.81%
A lot too small	7	1.14%	7	1.16%
Total Responses	548	100.00%	601	100.00%

4. The temperature of my meal on arrival is:

	With (Not Answered)		Without (Not Answered)	
	Count	Percentage	Count	Percentage
(Not Answered)	19	2.55%		
Too hot	8	1.46%	8	1.35%
Just right	531	87.04%	531	89.39%
Too cold	8	1.09%	8	1.35%
Variable	47	7.85%	47	7.91%
Total Responses	613	100.00%	548	100.00%

5. If you receive our teatime sandwich meal, is the overall quality:

	With (Not Answered)		Without (Not Answered)	
	Count	Percentage	Count	Percentage
(Not Answered)	546	89.07%		
Excellent	26	4.24%	26	38.81%
Good	29	4.73%	29	43.28%
Fair	10	1.63%	10	14.93%
Poor	2	0.33%	2	2.98%
Total Responses	613	100.00%	67	100.00%

6. The service I receive from my delivery driver is:

	With (Not Answered)		Without (Not Answered)	
	Count	Percentage	Count	Percentage
(Not Answered)	20	3.26%		
Excellent	380	61.99%	380	64.08%
Good	204	33.28%	204	34.40%
Fair	9	1.47%	9	1.52%
Total Responses	613	100.00%	593	100.00%

7. The customer service from the office staff when I call is:

	With (Not Answered)		Without (Not Answered)	
	Count	Percentage	Count	Percentage
(Not Answered)	64	10.44%		
Excellent	298	48.61%	298	54.28%
Good	224	36.54%	224	40.80%
Fair	20	3.26%	20	3.64%
Poor	7	1.14%	7	1.28%
Total Responses	613	100.00%	549	100.00%

8. I feel the time my meal is normal delivered is:

	With (Not Answered)		Without (Not Answered)	
	Count	Percentage	Count	Percentage
(Not Answered)	41	6.69%		
Too early	47	7.67%	47	8.22%
Just right	460	75.04%	460	80.42%
Too late	35	5.71%	35	6.12%
No opinion	30	4.89%	30	5.24%
Total Responses	613	100.00%	572	100.00%

9. Would you like more information on our teatime meal?

	With (Not Answered)		Without (Not Answered)	
	Count	Percentage	Count	Percentage
(Not Answered)	83	13.54%		
Yes please	50	8.16%	50	9.43%
No thank you	480	78.30%	480	90.57%
Total Responses	613	100.00%	530	100.00%

10. Would you like more information on our breakfast meal?

	With (Not Answered)		Without (Not Answered)	
	Count	Percentage	Count	Percentage
(Not Answered)	88	14.36%		
Yes please	40	6.53%	40	9.43%
No thank you	485	79.12%	485	90.57%
Total Responses	613	100.00%	525	100.00%

11. Would you like more information on our winter emergency grocery box?

	With (Not Answered)		Without (Not Answered)	
	Count	Percentage	Count	Percentage
(Not Answered)	83	13.54%		
Yes please	117	19.09%	117	22.08%
No thank you	413	67.37%	413	77.92%
Total Responses	613	100.00%	530	100.00%

12. Because of the nutritious meals and regular visits from HCM's meal delivery drivers:

I am better nourished

	With (Not Answered)		Without (Not Answered)	
	Count	Percentage	Count	Percentage
(Not Answered)	129	21.04%		
Always	342	55.79%	342	70.66%
Sometimes	130	21.21%	130	26.86%
Never	12	1.96%	12	2.48%
Total Responses	613	100.00%	484	100.00%

I feel happier

	With (Not Answered)		Without (Not Answered)	
	Count	Percentage	Count	Percentage
(Not Answered)	137	22.35%		
Always	346	56.44%	346	72.69%
Sometimes	124	20.23%	124	26.05%
Never	6	0.98%	6	1.26%
Total Responses	613	100.00%	476	100.00%

I feel healthier

	With (Not Answered)		Without (Not Answered)	
	Count	Percentage	Count	Percentage
(Not Answered)	154	25.12%		
Always	306	49.92%	306	66.67%
Sometimes	129	21.04%	129	28.10%
Never	24	3.92%	24	5.23%
Total Responses	613	100.00%	459	100.00%

I no longer worry about injuring myself cooking

	With (Not Answered)		Without (Not Answered)	
	Count	Percentage	Count	Percentage
(Not Answered)	132	21.53%		
Always	389	63.46%	389	80.87%
Sometimes	59	9.62%	59	12.27%
Never	33	5.38%	33	6.86%
Total Responses	613	100.00%	481	100.00%

I feel safer

	With (Not Answered)		Without (Not Answered)	
	Count	Percentage	Count	Percentage
(Not Answered)	154	25.12%		
Always	383	62.48%	383	83.44%
Sometimes	63	10.28%	63	13.73%
Never	13	2.12%	13	2.83%
Total Responses	613	100.00%	459	100.00%

I feel secure knowing someone will check on me everyday

	With (Not Answered)		Without (Not Answered)	
	Count	Percentage	Count	Percentage
(Not Answered)	107	17.46%		
Always	447	72.92%	447	88.34%
Sometimes	47	7.67%	47	9.29%
Never	12	1.96%	12	2.37%
Total Responses	613	100.00%	506	100.00%

I have peace of mind

	With (Not Answered)		Without (Not Answered)	
	Count	Percentage	Count	Percentage
(Not Answered)	123	20.07%		
Always	408	66.56%	408	83.26%
Sometimes	75	12.23%	75	15.31%
Never	7	1.14%	7	1.43%
Total Responses	613	100.00%	490	100.00%

I have more friends

	With (Not Answered)		Without (Not Answered)	
	Count	Percentage	Count	Percentage
(Not Answered)	208	33.93%		
Always	233	38.01%	233	57.54%
Sometimes	99	16.15%	99	24.44%
Never	73	11.91%	73	18.02%
Total Responses	613	100.00%	405	100.00%

I feel part of a community

	With (Not Answered)		Without (Not Answered)	
	Count	Percentage	Count	Percentage
(Not Answered)	192	31.32%		
Always	236	38.50%	236	56.06%
Sometimes	110	17.94%	110	26.13%
Never	75	12.23%	75	17.81%
Total Responses	613	100.00%	421	100.00%

I feel more independent

	With (Not Answered)		Without (Not Answered)	
	Count	Percentage	Count	Percentage
(Not Answered)	160	26.10%		
Always	317	51.71%	317	69.98%
Sometimes	99	16.15%	99	21.85%
Never	37	6.04%	37	8.17%
Total Responses	613	100.00%	453	100.00%

I would be in a care home if I didn't receive these Meals on Wheels Service

	With (Not Answered)		Without (Not Answered)	
	Count	Percentage	Count	Percentage
(Not Answered)	213	34.75%		
Always	188	30.67%	188	47.00%
Sometimes	80	13.05%	80	20.00%
Never	132	21.53%	132	33.00%
Total Responses	613	100.00%	400	100.00%

As I feel healthier and/or I have fewer injuries, I visit my GP less

	With (Not Answered)		Without (Not Answered)	
	Count	Percentage	Count	Percentage
(Not Answered)	222	36.22%		
Always	193	31.48%	193	49.36%
Sometimes	128	20.88%	128	32.74%
Never	70	11.42%	70	17.90%
Total Responses	613	100.00%	391	100.00%

Appendix H: Client Data: Telephone Interviews October 2012

Initial Questions

1. How long have you been receiving MoWs from HCM?
2. What has changed for you as a result of us providing meals for you?
3. What was life like before MoWs?
4. What is it like now?
5. Have all the changes been positive? Have there been any negative changes?
6. Has anything changed that you weren't expecting?
7. What do you think would have happened if you didn't get support from HCM?

Social Questions (with score out of 10)

1. Do you feel happier?
2. Do you feel healthier?
3. Are you less worried about having an accident?
4. Do you feel more secure?
5. Do you feel more independent?

Financial proxies

1. Do you feel happier? (Existing proxy - counselling)
2. Do you feel healthier? (Existing proxy -
3. Are you less worried about having an accident?
4. Do you feel more secure?
5. Do you feel more independent?

Final questions

1. Could you tell us who else (organisations or people) contribute to these things?
2. Do you have any further comments you would like to tell us about?

Client 1

March 2012
Life is much more convenient
Less convenient
More comfortable
Yes. No negative changes
No
Life would be less convenient

Yes (8)

Yes (8)

Yes (5)

Yes (7)

Yes (7)

No suggestions - didn't understand

No suggestions - didn't understand

No suggestions - didn't understand

No suggestions - didn't understand

No suggestions - didn't understand

Family members

"Excellent service, would recommend it to anyone"

"Cheerful and helpful people"

"Pretty regular and nutritionally balance meals"

Initial Questions

1. How long have you been receiving MoWs from HCM?
2. What has changed for you as a result of us providing meals for you?
3. What was life like before MoWs?
4. What is it like now?
5. Have all the changes been positive? Have there been any negative changes?
6. Has anything changed that you weren't expecting?
7. What do you think would have happened if you didn't get support from HCM?

Social Questions (with score out of 10)

1. Do you feel happier?
2. Do you feel healthier?
3. Are you less worried about having an accident?
4. Do you feel more secure?
5. Do you feel more independent?

Financial proxies

1. Do you feel happier? (Existing proxy - counselling)
2. Do you feel healthier? (Existing proxy -
3. Are you less worried about having an accident?
4. Do you feel more secure?
5. Do you feel more independent?

Final questions

1. Could you tell us who else (organisations or people) contribute to these things?
2. Do you have any further comments you would like to tell us about?

Client 2

April 2012

Helped recovery from hospital since hip replacement, very convenient service

Difficult to make my own meals after hospital

Much more convenient

Yes. No negative changes

No

Sister-in-law would have to help out much more, and would have sandwiches

Yes (8)

Yes (9)

No

Yes (5)

Yes 5)

Going out with friends

No suggestions

N/A

Agree with current proxy

More carer assistance

Nephews, brother, sister-in-law

"Very nice-just right"

"Very friendly drivers"

"Nice variety, quite tasty"

"Having the service is just very comfortable"

Initial Questions

1. How long have you been receiving MoWs from HCM?
2. What has changed for you as a result of us providing meals for you?
3. What was life like before MoWs?
4. What is it like now?
5. Have all the changes been positive? Have there been any negative changes?
6. Has anything changed that you weren't expecting?
7. What do you think would have happened if you didn't get support from HCM?

Social Questions (with score out of 10)

1. Do you feel happier?
2. Do you feel healthier?
3. Are you less worried about having an accident?
4. Do you feel more secure?
5. Do you feel more independent?

Financial proxies

1. Do you feel happier? (Existing proxy - counselling)
2. Do you feel healthier? (Existing proxy -)
3. Are you less worried about having an accident?
4. Do you feel more secure?
5. Do you feel more independent?

Final questions

1. Could you tell us who else (organisations or people) contribute to these things?
2. Do you have any further comments you would like to tell us about?

Client 3

September 2009

Things are more convenient

No response

No response

Yes. No negative changes

No

Could use Wiltshire Farm Foods but need microwave

Yes (5)

No

Yes (5)

Yes (5)

No

No suggestions - didn't understand

N/A

No suggestions - didn't understand

No suggestions - didn't understand

N/A

Carers and social services

"The service can be a bit samey"

"Sometimes meals are not cooked properly"

"Value for money for a hot meal"

Initial Questions

1. How long have you been receiving MoWs from HCM?
2. What has changed for you as a result of us providing meals for you?
3. What was life like before MoWs?
4. What is it like now?
5. Have all the changes been positive? Have there been any negative changes?
6. Has anything changed that you weren't expecting?
7. What do you think would have happened if you didn't get support from HCM?

Social Questions (with score out of 10)

1. Do you feel happier?
2. Do you feel healthier?
3. Are you less worried about having an accident?
4. Do you feel more secure?
5. Do you feel more independent?

Financial proxies

1. Do you feel happier? (Existing proxy - counselling)
2. Do you feel healthier? (Existing proxy -
3. Are you less worried about having an accident?
4. Do you feel more secure?
5. Do you feel more independent?

Final questions

1. Could you tell us who else (organisations or people) contribute to these things?
2. Do you have any further comments you would like to tell us about?

Client 4

February 2007

Don't have to worry about meals, very convenient service

Life was OK before

Life is fine

Yes. No negative changes

No

Feel more lonely

Yes (5)

No

No

Yes (5)

No

No suggestions - didn't understand

N/A

N/A

No suggestions - didn't understand

N/A

Neighbours, healthcare professionals

"Service is alright"

"Could be a bit better"

"The meals are edible"

"Thank you for your service"

Initial Questions

1. How long have you been receiving MoWs from HCM?
2. What has changed for you as a result of us providing meals for you?
3. What was life like before MoWs?
4. What is it like now?
5. Have all the changes been positive? Have there been any negative changes?
6. Has anything changed that you weren't expecting?
7. What do you think would have happened if you didn't get support from HCM?

Social Questions (with score out of 10)

1. Do you feel happier?
2. Do you feel healthier?
3. Are you less worried about having an accident?
4. Do you feel more secure?
5. Do you feel more independent?

Financial proxies

1. Do you feel happier? (Existing proxy - counselling)
2. Do you feel healthier? (Existing proxy -
3. Are you less worried about having an accident?
4. Do you feel more secure?
5. Do you feel more independent?

Final questions

1. Could you tell us who else (organisations or people) contribute to these things?
2. Do you have any further comments you would like to tell us about?

Client 5

March 2010
Don't have to worry about meals, very convenient service
Life was OK before
Life is fine
Yes. No negative changes
No
Very important service because I can't get out and about

Yes (8)

No

Yes (8)

Yes (7)

Yes (8)

Go out and have a meal with friends

N/A

No suggestions

Agree with current proxy

No suggestions

Age concern help with shopping and the manager in charge of flats

"No improvements, piping hot meal which is always regular"

"I feel less lonely"

"Really like the choice"

"A meal every day puts a cap on everything"

Initial Questions

1. How long have you been receiving MoWs from HCM?
2. What has changed for you as a result of us providing meals for you?
3. What was life like before MoWs?
4. What is it like now?
5. Have all the changes been positive? Have there been any negative changes?
6. Has anything changed that you weren't expecting?
7. What do you think would have happened if you didn't get support from HCM?

Social Questions (with score out of 10)

1. Do you feel happier?
2. Do you feel healthier?
3. Are you less worried about having an accident?
4. Do you feel more secure?
5. Do you feel more independent?

Financial proxies

1. Do you feel happier? (Existing proxy - counselling)
2. Do you feel healthier? (Existing proxy -
3. Are you less worried about having an accident?
4. Do you feel more secure?
5. Do you feel more independent?

Final questions

1. Could you tell us who else (organisations or people) contribute to these things?
2. Do you have any further comments you would like to tell us about?

Client 6

June 2012
Not really
No response
No response
Yes. No negative changes
No
Would have to have Wiltshire Farm Foods

Yes (7)
No
Yes (7)
No
No

No suggestions - didn't understand
N/A
No suggestions - didn't understand
N/A
N/A

Carers, cleaning lady, daughter
"I'm happy with my service"
"The benefit is having a meal on time"
"Thankful for the help"

Initial Questions

1. How long have you been receiving MoWs from HCM?
2. What has changed for you as a result of us providing meals for you?
3. What was life like before MoWs?
4. What is it like now?
5. Have all the changes been positive? Have there been any negative changes?
6. Has anything changed that you weren't expecting?
7. What do you think would have happened if you didn't get support from HCM?

Social Questions (with score out of 10)

1. Do you feel happier?
2. Do you feel healthier?
3. Are you less worried about having an accident?
4. Do you feel more secure?
5. Do you feel more independent?

Financial proxies

1. Do you feel happier? (Existing proxy - counselling)
2. Do you feel healthier? (Existing proxy -
3. Are you less worried about having an accident?
4. Do you feel more secure?
5. Do you feel more independent?

Final questions

1. Could you tell us who else (organisations or people) contribute to these things?
2. Do you have any further comments you would like to tell us about?

Client 7

January 2011

Less worries after hospital, If no hot food, wouldn't have bothered, health would deteriorate, slippery slope

I used to be very active, now totally housebound

Totally housebound

Yes. No negative changes

No

Really don't know, would have to do the best myself"

Yes (10)

Yes (5)

Yes (8)

Yes (8)

Yes (8)

No suggestions - unsure

No suggestions - unsure

Agree with current proxy (client already has adaptations in home)

Carers (client already has carers' support)

Give me my legs back! Mobility aids could help

Friends, professional carers

"Helps me no end"

"They are good meals, though sometimes a little too small"

"All the drivers are very pleasant"

Initial Questions

1. How long have you been receiving MoWs from HCM?
2. What has changed for you as a result of us providing meals for you?
3. What was life like before MoWs?
4. What is it like now?
5. Have all the changes been positive? Have there been any negative changes?
6. Has anything changed that you weren't expecting?

7. What do you think would have happened if you didn't get support from HCM?

Social Questions (with score out of 10)

1. Do you feel happier?
2. Do you feel healthier?
3. Are you less worried about having an accident?
4. Do you feel more secure?
5. Do you feel more independent?

Financial proxies

1. Do you feel happier? (Existing proxy - counselling)
2. Do you feel healthier? (Existing proxy -
3. Are you less worried about having an accident?
4. Do you feel more secure?
5. Do you feel more independent?

Final questions

1. Could you tell us who else (organisations or people) contribute to these things?
2. Do you have any further comments you would like to tell us about?

Client 8

March 2008

Very happy, feel great

Things were OK

Much happier now

Yes. No negative changes

No

Has a son to help out over weekends but not during the week, would have to ask for more help

Yes (10)

Yes (10)

No

No

Yes (9)

Go out with son for a drink

Do gardening together

N/A

N/A

Go out with sons for a lunch time meal or to the pub

Sons

"Gives me something to look forward to"

"Don't ever stop my meals!"

"Love the dinners, they're beautiful"

Initial Questions

1. How long have you been receiving MoWs from HCM?
2. What has changed for you as a result of us providing meals for you?
3. What was life like before MoWs?
4. What is it like now?
5. Have all the changes been positive? Have there been any negative changes?
6. Has anything changed that you weren't expecting?
7. What do you think would have happened if you didn't get support from HCM?

Social Questions (with score out of 10)

1. Do you feel happier?
2. Do you feel healthier?
3. Are you less worried about having an accident?
4. Do you feel more secure?
5. Do you feel more independent?

Financial proxies

1. Do you feel happier? (Existing proxy - counselling)
2. Do you feel healthier? (Existing proxy -
3. Are you less worried about having an accident?
4. Do you feel more secure?
5. Do you feel more independent?

Final questions

1. Could you tell us who else (organisations or people) contribute to these things?
2. Do you have any further comments you would like to tell us about?

Client 9

June 2012

Certainly helped recovery from hospital, very convenient, generally feel better because of them

Challenging after returning from hospital

More comfortable

Yes. No negative changes

No

Hospital recovery would have been very difficult without MoWs, especially when myself and wife were both ill. Health has improved since MoWs

Yes (9)

Yes (9)

Yes (8)

Yes (9)

Yes (8)

Going out for a meal

Having a full cupboard of grocery shopping

Community carer providing assistance

Agree with current proxy

No suggestions - unsure

Carers

"Service is very good"

"Very pleasant and very very nice drivers"

"Sometimes the menu is too long"

Initial Questions

1. How long have you been receiving MoWs from HCM?
2. What has changed for you as a result of us providing meals for you?
3. What was life like before MoWs?
4. What is it like now?
5. Have all the changes been positive? Have there been any negative changes?
6. Has anything changed that you weren't expecting?
7. What do you think would have happened if you didn't get support from HCM?

Social Questions (with score out of 10)

1. Do you feel happier?
2. Do you feel healthier?
3. Are you less worried about having an accident?
4. Do you feel more secure?
5. Do you feel more independent?

Financial proxies

1. Do you feel happier? (Existing proxy - counselling)
2. Do you feel healthier? (Existing proxy -
3. Are you less worried about having an accident?
4. Do you feel more secure?
5. Do you feel more independent?

Final questions

1. Could you tell us who else (organisations or people) contribute to these things?
2. Do you have any further comments you would like to tell us about?

Client 10

March 2010

Life is much more convenient and comfortable. Several medical problems. Disabled and can't lift things.

Very challenging to look after myself as I am housebound

More comfortable

Yes. Only negative change - previous service used to have home-cooked meals.

No

"Goodness, I would be in much greater pain and life would be much less comfortable"

Yes (5)

No

No

Yes (5)

No

People would have to do shopping for me, buying food, go out and have a meal

N/A

N/A

Would need a carer or someone else to check on me

N/A

No

"So grateful I am able to have them"

"MoWs are definitely a good thing"

"Much better off with than without it, life is more comfortable"

Appendix I: Family / Carer Interview Questions

1. How long has the person you care for been receiving meals from Hertfordshire Community Meals?
2. What has changed for **you** *<please ensure that they talk about themselves here and not the customer>* as a result of us providing and delivering meals?
3. Supplementary questions if required: What was life like before?
4. What is it like now?
5. Will it change more in the future do you think?
6. Has all the changes been positive? If not explain what has not been positive
7. Has anything changed that you weren't expecting
8. How long do you think the change will last?
9. What could we show someone (for each change) that would prove that these changes have taken place?
10. What do you think would have happened if you didn't get support from Herts Community Meals?
Linked to question 10
Do you think you would be using day care/ residential?
Do you think you may have had to use NHS services more?
11. If there is more than one change – which change is most important to you? Which is least important
12. What other ways might the same changes be achieved?
13. What other services/organisations contribute to the changes <alarm, home visits etc?

Appendix J: Family / Carer Questionnaire

FEEDBACK FORM FOR CARER/FAMILY MEMBER OF MOWs CUSTOMER

Hertfordshire Community Meals (HCM) is looking at the impact of the meals on wheels service between 1 April 2011 and 30 September 2011.

This questionnaire is designed to help us find out what has happened to you and your loved one as a result of receiving this service and how important these things are. Please be honest because this will help us be accurate in our conclusions. Your name won't be recorded with the answers you give. A report on the impact of HCM will be shared widely to tell people about the benefits of Herts Community Meals, to raise awareness of the services/activities, and to improve and develop the organisation.

About you

How are you involved with Herts Community Meals? (e.g. does a family member receive meals?)

What difference would it make to you if the person you care for didn't receive the meals on wheels service from Herts Community Meals? (e.g. would you have to provide them?)

Changes for you

Please complete the table below to tell us about if and how the services provided by HCM have made a difference for you. Please work across from left to right and follow the instructions in the top row. You need only complete the columns for differences that you have ticked.

Possible improvements in your life	Please tick those improvements that apply	Please rate the importance of this improvement to you (1-low, 5-high)	Please rate how far these improvements are because of HCM (1-not because of HCM at all, 5-definitely because of HCM)	How else could this improvement have been achieved (i.e. through another service)?
I feel less stressed				
I do not feel as pressured				
I have better relationships with my family				
I have a better relationship with the person I care for				
I have peace of mind				
I feel happier				
I have more free time				
I can now work/work more hours				
Other				
Other				

Differences for the person you care for:				
They appear healthier				
They appear happier				
They can remain out of residential care for longer				
Other				
Other				

If you are now able to work or have been able to increase the number of hours, please indicate how many/more hours per week you are now able to work?

Please describe what would have happened to the person you care for if they were unable to receive the Meals on Wheels service:

Is there anything else you would like to say about HCM, the difference it makes, or anything else in this questionnaire (positive or negative)?

Is there anything else you would like to say about the MOWs delivered by Herts Community Meals (positive or negative)?

Thank you so much for your help.

We really appreciate the time you have taken to complete this questionnaire. We will make sure that you are able to see what we found out, and how we used the information, when the impact assessment is complete.

PLEASE RETURN THIS IN THE STAMPED ADDRESSED ENVELOPE PROVIDE

DRAFT

Appendix K: Family / Carer Data Questionnaire

Hertfordshire Community Meals

Customer Service Satisfaction as at 29th February 2012

Changes for You

Possible improvements in your life

1. I feel less stressed

Please state if these improvements apply

	Count	Percentage
(Not Answered)	54	33.54 %
Yes	107	66.46 %
No	0	0 %
Total Responses	161	100.00%

If Yes, please rate the importance of this improvement to you (1=low, 5=high)

	Count	Percentage
(Not Answered)	52	32.30 %
1	0	0 %
2	2	1.24 %
3	8	4.97 %
4	21	13.04 %
5	78	48.45 %
Total Responses	161	100.00%

Please rate how far these improvements are because of HCM (1= not because of HCM at all, 5=definitely because of HCM)

	Count	Percentage
(Not Answered)	66	40.99 %
1	0	0 %
2	2	1.24 %
3	8	4.97 %
4	18	11.18 %
5	67	41.61 %
Total Responses	161	100.00%

2. I do not feel as pressured

Please state if these improvements apply

	Count	Percentage
(Not Answered)	49	30.43 %
Yes	112	69.57 %
No	0	0 %
Total Responses	161	100.00%

If Yes, please rate the importance of this improvement to you (1=low, 5=high)

	Count	Percentage
(Not Answered)	58	36.02 %
1	0	0 %
2	3	1.86 %
3	12	7.45 %
4	20	12.42 %
5	68	42.24 %
Total Responses	161	100.00%

Please rate how far these improvements are because of HCM (1= not because of HCM at all, 5=definitely because of HCM)

	Count	Percentage
(Not Answered)	70	43.48 %
1	0	0 %
2	2	1.24 %
3	11	6.83 %
4	16	9.94 %
5	62	38.51 %
Total Responses	161	100.00%

3. I have better relationships with my family

Please state if these improvements apply

	Count	Percentage
(Not Answered)	118	73.29 %
Yes	42	26.09 %
No	1	0.62 %
Total Responses	161	100.00%

If Yes, please rate the importance of this improvement to you (1=low, 5=high)

	Count	Percentage
(Not Answered)	119	73.91 %
1	0	0 %
2	4	2.48 %
3	6	3.73 %
4	5	3.11 %
5	27	16.77 %
Total Responses	161	100.00%

Please rate how far these improvements are because of HCM (1= not because of HCM at all, 5=definitely because of HCM)

	Count	Percentage
(Not Answered)	123	76.40 %
1	1	0.62 %
2	2	1.24 %
3	6	3.73 %
4	6	3.73 %
5	23	14.29 %
Total Responses	161	100.00%

3. I have a better relationship with the person I care for

Please state if these improvements apply

	Count	Percentage
(Not Answered)	105	65.22 %
Yes	55	34.16 %
No	1	0.62 %
Total Responses	161	100.00%

If Yes, please rate the importance of this improvement to you (1=low, 5=high)

	Count	Percentage
(Not Answered)	104	64.60 %
1	0	0 %
2	2	1.24 %
3	8	4.97 %
4	9	5.59 %
5	38	23.60 %
Total Responses	161	100.00%

Please rate how far these improvements are because of HCM (1= not because of HCM at all, 5=definitely because of HCM)

	Count	Percentage
(Not Answered)	111	68.94 %
1	0	0 %
2	1	0.62 %
3	9	5.59 %
4	8	4.97 %
5	32	19.88 %
Total Responses	161	100.00%

4. I have peace of mind

Please state if these improvements apply

	Count	Percentage
(Not Answered)	35	21.74 %
Yes	126	78.26 %
No	0	0 %
Total Responses	161	100.00%

If Yes, please rate the importance of this improvement to you (1=low, 5=high)

	Count	Percentage
(Not Answered)	39	24.22 %
1	0	0 %
2	2	1.24 %
3	4	2.48 %
4	16	9.94 %
5	100	62.11 %
Total Responses	161	100.00%

Please rate how far these improvements are because of HCM (1= not because of HCM at all, 5=definitely because of HCM)

	Count	Percentage
(Not Answered)	50	31.06 %
1	0	0 %
2	0	0 %
3	4	2.48 %
4	18	11.18 %
5	89	55.28 %
Total Responses	161	100.00%

5. I feel happier

Please state if these improvements apply

	Count	Percentage
(Not Answered)	78	48.45 %
Yes	83	51.55 %
No	0	0 %
Total Responses	161	100.00%

If Yes, please rate the importance of this improvement to you (1=low, 5=high)

	Count	Percentage
(Not Answered)	84	52.17 %
1	0	0 %
2	0	0 %
3	6	3.73 %
4	15	9.32 %
5	56	34.78 %
Total Responses	161	100.00%

Please rate how far these improvements are because of HCM (1= not because of HCM at all, 5=definitely because of HCM)

	Count	Percentage
(Not Answered)	89	55.28 %
1	0	0 %
2	2	1.24 %
3	9	5.59 %
4	12	7.45 %
5	49	30.43 %
Total Responses	161	100.00%

6. I have more free time

Please state if these improvements apply

	Count	Percentage
(Not Answered)	110	68.32 %
Yes	51	31.68 %
No	0	0 %
Total Responses	161	100.00%

If Yes, please rate the importance of this improvement to you (1=low, 5=high)

	Count	Percentage
(Not Answered)	114	70.81 %
1	2	1.24 %
2	1	0.62 %
3	7	4.35 %
4	13	8.07 %
5	24	14.91 %
Total Responses	161	100.00%

Please rate how far these improvements are because of HCM (1= not because of HCM at all, 5=definitely because of HCM)

	Count	Percentage
(Not Answered)	118	73.29 %
1	1	0.62 %
2	1	0.62 %
3	6	3.73 %
4	12	7.45 %
5	23	14.29 %
Total Responses	161	100.00%

7. I can now work/work more hours

Please state if these improvements apply

	Count	Percentage
(Not Answered)	133	82.61 %
Yes	28	17.39 %
No	0	0 %
Total Responses	161	100.00%

If Yes, please rate the importance of this improvement to you (1=low, 5=high)

	Count	Percentage
(Not Answered)	135	83.85 %
1	1	0.62 %
2	1	0.62 %
3	4	2.48 %
4	8	4.97 %
5	12	7.45 %
Total Responses	161	100.00%

Please rate how far these improvements are because of HCM (1= not because of HCM at all, 5=definitely because of HCM)

	Count	Percentage
(Not Answered)	138	85.71 %
1	2	1.24 %
2	2	1.24 %
3	4	2.48 %
4	5	3.11 %
5	10	6.21 %
Total Responses	161	100.00%

8. Other

Please state if these improvements apply

	Count	Percentage
(Not Answered)	155	96.27 %
Yes	6	3.73 %
No	0	0 %
Total Responses	161	100.00%

If Yes, please rate the importance of this improvement to you (1=low, 5=high)

	Count	Percentage
(Not Answered)	153	95.03 %
1	0	0 %
2	0	0 %
3	0	0 %
4	2	1.24 %
5	6	3.73 %
Total Responses	161	100.00%

Please rate how far these improvements are because of HCM (1= not because of HCM at all, 5=definitely because of HCM)

	Count	Percentage
(Not Answered)	152	94.41 %
1	0	0 %
2	0	0 %
3	0	0 %
4	0	0 %
5	9	5.59 %
Total Responses	161	100.00%

Differences for the person you care for:

1. They appear healthier

Please state if these improvements apply

	Count	Percentage
(Not Answered)	60	37.27 %
Yes	101	62.73 %
No	0	0 %
Total Responses	161	100.00%

If Yes, please rate the importance of this improvement to you (1=low, 5=high)

	Count	Percentage
(Not Answered)	65	40.37 %
1	0	0 %
2	1	0.62 %
3	6	3.73 %
4	10	6.21 %
5	79	49.07 %
Total Responses	161	100.00%

Please rate how far these improvements are because of HCM (1= not because of HCM at all, 5=definitely because of HCM)

	Count	Percentage
(Not Answered)	74	45.96 %
1	0	0 %
2	0	0 %
3	13	8.07 %
4	11	6.83 %
5	63	39.13 %
Total Responses	161	100.00%

2. They appear happier

Please state if these improvements apply

	Count	Percentage
(Not Answered)	67	41.61 %
Yes	94	58.39 %
No	0	0 %
Total Responses	161	100.00%

If Yes, please rate the importance of this improvement to you (1=low, 5=high)

	Count	Percentage
(Not Answered)	74	45.96 %
1	0	0 %
2	1	0.62 %
3	7	4.35 %
4	12	7.45 %
5	67	41.61 %
Total Responses	161	100.00%

Please rate how far these improvements are because of HCM (1= not because of HCM at all, 5=definitely because of HCM)

	Count	Percentage
(Not Answered)	84	52.17 %
1	0	0 %
2	1	0.62 %
3	14	8.70 %
4	9	5.59 %
5	53	32.92 %
Total Responses	161	100.00%

3. They can remain out of residential care for longer

Please state if these improvements apply

	Count	Percentage
(Not Answered)	56	34.78 %
Yes	104	64.60 %
No	1	0.62 %
Total Responses	161	100.00%

If Yes, please rate the importance of this improvement to you (1=low, 5=high)

	Count	Percentage
(Not Answered)	73	45.34 %
1	1	0.62 %
2	1	0.62 %
3	4	2.48 %
4	11	6.83 %
5	71	44.10 %
Total Responses	161	100.00%

Please rate how far these improvements are because of HCM (1= not because of HCM at all, 5=definitely because of HCM)

	Count	Percentage
(Not Answered)	79	49.07 %
1	0	0 %
2	1	0.62 %
3	10	6.21 %
4	8	4.97 %
5	63	39.13 %
Total Responses	161	100.00%

DRAFT

Appendix L: Client / Carer Response to Open Ended Questions:

Is there anything else you would like to say about the MOWs delivered by Herts Community Meals

(positive or negative)?

THE MEALS COULD BE LARGER FOR A MAN'S APPETITE - BOTH MAIN AND PUD

They could be improved GREATLY

The meals are good and my aunty enjoys them

Mum and I are delighted with the service - its well organised and everyone concerned is extremely pleasant.

Mum enjoys the meals v. much.

The food provided is always received with thanks and our parents enjoy the meals. The drivers/deliveries are so nice and always have a nice chat with them, they always look forward to there arrival.

The real negative is the fact that a hot drink is not provided so he can go all day from -7 without.

They are delivered by cheerful caring people, comforting to know someone is seeing her everyday, which I consider a valuable service

The only thing I could say is the helpings could be larger, as my brother supplements his meals with bread.

Kind delivery folk

all good

UNDERSTANDABLY THE MEALS ARE MADE DOWN TO A PRICE. THE OPTION OF A BETTER QUALITY AT A PREMIUM PRICE WOULD BE GOOD.

WE ARE GRATEFUL THAT YOU PROVIDE THE SERVICE.

All of the people I've dealt with have been kind, compassionate and caring. I am very grateful.

This makes a big difference to an elderly person. I always enjoy exchanging a few words when I am there.

I think he has a good relationship with delivery drivers - we do get good feedback from you

I only have praise and gratitude - thank you

Sometimes vegetables are very over cooked but overall standard is good and the clients enjoy them

The kind man who delivers her meals is someone who cares

I WAS DISAPPOINTED THAT THE MEALS WERE PREVIOUSLY FROZEN AND NOT FRESHLY PREPARED LACK OF VARIETY OF VEGETABLES

Very good and the person that delivers it is always cheerful and polite

BRILLIANT SERVICE, MANY THANKS, 1ST CLASS

I often arrive to find the lunch left on the side forgotten about because my grandmother has opened the door, taken it from the driver, placed it down to close the door and walked off into the house. It would be really helpful if the person delivering could carry it into the kitchen for her which means more chance of her eating the meal.

THE PEOPLE ARE EXCELLENT, ALWAYS POLITE AND COURTEOUS WE WOULD BE LOST WITHOUT IT

The meals service is my life saver as i felt as if i was always moaning at dad

V PLEASED WITH SERVICE V RELIABLE IF NOT AVAILABLE AUNT WOULD BE IN CARE

Very good. Thanks

Big thank you!

Yes many thanks for an excellent service

MY MUM SAYS THE PEOPLE WHO DELIVER HER MEALS OFTEN LET HER CHOOSE AN ALTERNATIVE MEAL IF THE ONE FIRST OFFERED SHE DOESNT FANCY

THE SERVICE QUALITY OF FOOD AND PERSONNEL ARE EXCELLENT

Great service

All good

Great

Lunch seems good. Tea less good, with rather low quality items included. I would prefer to have to pay a bit more and have better quality (i.e. Tesco value yogurts)

PLEASE KEEP UP THIS EXCELLENT SERVICE AND THANK ALL THE PEOPLE INVOLVED FOR THE ESSENTIAL SERVICE THAT YOU PROVIDE

The people who deliver are excellent - friendly, polite, caring. My mother constantly complains about the meals themselves - partly because she cannot remember what she ordered, but mostly because they are not home cooked with fresh vegetables - not an achievable situation

At the beginning of the year HCM alerted us to mum being ill and we were able to get her into hospital straight

To wish you all a merry Christmas and New Year and to say a big thank you

I am perfectly happy with the service provided to my mother

A great service!

MUM IS NOW 84 AND HAS ALWAYS ENJOYED HER FOOD. HAVING THESE MEALS MAKES A BIG DIFFERENCE AND KNOWING SHE IS GETTING A MEAL EVERYDAY WE ARE NOT THERE GIVES MY SISTER AND I PEACE OF MIND

It is a good reliable service

Delivery drivers are very nice

I AM VERY IMPRESSED WITH THE QUALITY OF THE MEALS AND THE STAFF IN THE OFFICE ARE VERY PROFESSIONAL AND HELPFUL

This service is very important to me as a carer. I have never been let down. There is a good choice of food, it is hot, nutritious and it is delivered on time and Aunt enjoys it (unlike carers who can be unreliable and time keeping is poor)

I WOULD LIKE TO PAY MY FATHERS BILL BY DIRECT DEBIT CAARD OVER THE PHONE, BUT HAVE NEVER AS YET BEEN ABLE TO DO SO AS THE PHONE IS NEVER ANSWERED WHEN IT WAS ANSWERED ONCE THE PERSON DIDNT KNOW HOW TO TAKE A PAYMENT OVER PHONE THEY ARE VERY UNDERSTANDING

A great band of people who do fantastic work...long may it continue. p.s. Tea time food - a great idea – on days she goes to day care she doesn't need to worry about what to eat as it is waiting for her when she gets back...wonderful!

Having a definite time of delivery would be helpful

THANK YOU

You are brilliant!! You have improved my mother's quality of life and provided confidence and reassurance to myself. Thank you

The meals that I have seen appear to be hot, well balanced and nourishing

MISS xxxx IM SURE APPRECIATE THE PROVISION AND BENEFIT ENORMOUSLY FROM THE REGULAR DAILY CONTACT WITH THE FOLKS WHO DELIVER. THANK YOU SO MUCH

My mother enjoys most of the meals - particularly the puddings

NOTHING YOU ARE DOING ALL THAT IS POSSIBLE

A LITTLE LATE DELIVERY ON WEEKENDS WHICH MAKES HER ANXIOUS AS SHE IS A DIABETIC

A VERY GOOD SERVICE

THE DELIVERY PEOPLE ARE ALWAYS VERY FRIENDLY AND HELPFUL

ONLY NEGETAIVE IS THAT THERE SHOULD BE MORE VARIETY EVERYDAY TEND TO BE REPEATEDTOO OFTEN IN THE WEEK MORE SELECTION OF FRESH VEGETABLES

I AM VERY GRATEFUL FOR THE WORK EVERYONE CONNECTED TO MOW DOES. WITH MUMS BAD MEMORY SHE WAS FORGETTING TO EAT, WITH A HOT MEAL IN FRONT OF HER SHE JUST EATS IT AND ALWAYS SAYS HOW NICE THEY ARE. MANY THANKS AGAIN

FIRST CLASS SERVICE, ESP DRIVER (xxx) AND OFFICE STAFF. THANK YOU

You don't always deliver meals that have been ordered you send a different meal which she doesn't always eat

Great service, much appreciated

The service is fantastic - a real gem. Keep it the same; it represents real value for money

Until you get into a situation where you need the service people do not appreciate what a valuable and underrated job you do. Fantastic reliable caring service, not a comment usually heard today. I can't praise it enough, thank you.

As I am living in Yorkshire, it's a great relief to know that Vera is being fed on a daily basis. I very much appreciate the caring, dedicated service that you provide, both at your HQ and through the delivery personnel

I would like to thank the people who deliver these meals as they have helped both my mother and myself

My mother has not had anything bad to say about any meals done by HCM

The menu options are fine - giving plenty of choice. The volunteer helpers are all cheery and pleasant

Excellent

My sister in law comes to me 2 days a week - goes to her sons some weekends and over Christmas. MOWs are vital as she would forget to eat a regular main meal. Your help to me and your note of any changes to the routine - are as vital to me as a main meal is to my sister in law. Long may you continue!

Positive MOWs are brilliant in always who ever invented them need the best and congratulations reward ever!

Provide excellent variation of menu of meals nutritional and good daily choice of meals

Just a THANK YOU!

I am very grateful for the service as I have severe health problems and know that with HCM and mums care team she is well provided for

My mother seems to enjoy the food you send her

The only negative thing is there is not enough cabbage on the menu

Tea could be a little more exciting and possibly we could pay more for a macaroni cheese/shepherds pie/sausage and mash tea particularly in the cold winter months

As mum lost her sense of smell and taste after TIAs, the appearance and temperature of her food are very important. These are both good with the meals provided.

Also good to have someone calling to make sure elderly relative is ok. We were alerted recently as relatively had a fall and delivery person called emergency services as well as us.

An absolute god send to me and my dad

Thank you for the service you provide and for your efficiency. You are very efficient and kind.

It is a wonderful way to make sure everything is ok with my mother as MOW check if she is alright.

My mother has Alzheimer's and can become very anxious when the meal is quite late (sometimes 1 hour from normal). The staff are very helpful.

Only positive.

I would not be able to do without this service. Knowing that my ad has a warm meal delivered by dedicated drivers makes both our lives better! Thank you.

Very excellent service.

As above. Security, trust, friendly, consistency. 100% good.

I am very grateful to you all.

Time of delivering MOW is irregular. The person I care for gets confused.

Fantastic service - long may it continue!

The importance of a hot meal delivered daily on the table, the contact with other people is very very important.

THANK YOU!

The only negative (Be it a small one) is that my fathers meals don't come at the same time each day. I understand this is almost impossible to achieve so accept it.

Good service for his needs.

Mother looks forward to her meals, some are better than others. The midday call is also important for

her, so that she has someone who can report if anything is wrong with her during the day. She has fallen over twice in the past year and cannot get up if she does.

Thank you to all the staff.

Brilliant service. Thank You. :) Driver is so friendly, kind, patient and courteous.

Is there anything else you would like to say about HCM, the difference it makes, or anything else in this questionnaire (negative or positive)?

MARY WHO DELIVERS THE MEALS IS A CHEERFUL VISITOR EACH DAY - HE LOOKS FORWARD TO HER VISIT

Really great service, thank you

Not happy with mow

There has been a problem for the past year I have been living in various places and post has not been sent to the correct address. Hopefully resolved now

I am able to help my daughter who has twin babies and do my 'work' (paper work/admin) during the day instead of at night!

We think you should know how important a visit from someone is and how positive the people who work for you are

I am extremely grateful to the service and staff who deliver the meals

Is nice to know someone is going in every lunch time I know they will let me or my daughter know if there is a problem.

Thank you so much

All good

As a family we appreciate the cheerfulness of all the drivers. A big thanks from us all.

I AM HAPPY THAT SOMEONE VISITS EVERY DAY. AS THE ACCOMMODATION SHE LIVES IN DOESNOT HAVE A RESIDENT WARDEN ANY MORE. I AM HAPPY TO RELY ON YOUR DELIVERY PERSON TO INFORM ME IF THERE IS A PROBLEM. AS THEY ARE ALL VERY NICE PEOPLE SHE LOOKS FORWARD TO THE VISIT AND KNOWS SHE WILL HAVE A HOT MEAL EVERYDAY.

My dad now has 3 meals a day which has improved his quality of life and mind

ESSENTIAL COG IN THE CHAIN OF CONTACTS MY MOTHER NEEDS

The fact that a meal is being delivered rather than just a care visit makes it easier for my mother to accept

Thank you very much- especially to the delivery team. The meals always look delicious + the woman who delivers is delightful - polite, happy helpful*.

Great service, great people

I FIND THE STAFF EFFICIENT + PLEASANT AND FEEL THAT I CAN RELY ON THE SERVICE WHICH IS VITAL WHEN I AM AWAY OR ON HOLIDAY

I WAS TAKING TIME OFF WORK WHEN WE (MY BROTHER AND I) NOTICED MY MOTHER'S WEIGHT LOSS AND FAILURE TO COOK. I WENT BACK TO WORK KNOWING MY BROTHER AND HCM WOULD FEED MY MUM, SHE HAS GAINED WEIGHT AND IS HEALTHIER.

A fantastic service!

All meals are perfect for my mothers needs and delivered usually at the same time that she looks forward to receiving. Thank you all so much!

It creates a high in her day which she looks forward to

The staff are always very friendly and always accommodate where possible

Wonderful to rely on you. Thank you

THE SERVICE IS VERY BENEFICIAL AS IT ALLEVIATES HIS DIFFICULTIES NOT ONLY IN PREPARING HIS MEALS BUT ALSO PLANNING WHAT AND WHEN TO EAT I AM PLEASED THE HCM DRIVERS ARE FRIENDLY AND HELPFUL AND THAT THEY DISH UP HIS MEAL

The meals have improved so much since he has what was then MOW. At least i know he eats most of them

ABSOLUTELY BRILLIANT ON ALL COUNTS

It would be very helpful for someone to be on hand to take phone calls as whenever ive needed to speak to someone I have to leave an answer phone message and therefore I never know I the issue is being dealt with as no one phone's back even when I have left my phone number

IT MEANS MUM SEEK ANOTHER PERSON AT HOME, AND AS SHE LIKES PEOPLE IT HAS A POSITIVE EFFORT ON HER SAVES THE WORRY OF 95YR OLD TRYING TO LIGHT GAS OVEN AND COOK

YOUNG LADY HEAT DELIVERIES TO DAD DURING WEEK IS VERY NICE AND ALWAYS HAS A CHEERY SMILE FOR HIM

I will say it gives me and family peace of mind, knowing mum can have a hot dinner each day enriched with vitamins, she would not otherwise have=perhaps not be getting, to keep her happy and healthier in her own home she so loves.

V. positive - gives all confidence knowing that if family not around then meals are still being delivered and someone popping in

WOULD BE HELPFUL IF INVOICES COULD BE SETTLED BY DIRECT DEBIT. I OFTEN CALL TO PAY BY DEBIT CARD AND PHONE ISNT ANSWERED AND CALLS NOT RETURNED I THEN HAVE TO REMEMBER TO CALL AGAIN IN RESTICTED OPENING TIMES

Thank you or your continued service it has made a huge difference to dad's health

All good

Good services, must help a lot of people/carers/family - very useful

HCM PROVIDE A CRITICAL SERVICE TO VULNERABLE PEOPLE AND THEIR DIRECT FAMILIES ENABLING FAMILIES TO OPERATE AS NORMAL A LIFE AS POSSIBLE UNDER WHAT CAN BE AN INCREDIBLY CHALLENGING DAY TO DAY SITUATION TO KEEP A LOVED ONE AT HOME

IS DIFFICULT TO ANSWER SOME OF THESE QUESTIONS AS SHE IS NOT EATING MUCH OF

THEM AT PRESENT AS SHE DOESNT WANT TO EAT ALONE. SHE LL USUSALLY EAT

PUDDING BUT HARDLY TOUCH THE DINNER SHED BE BETTER EATING IN THE COMMON

ROOM WITH OTHERS BUT NO ONE ELSE SEEMS TO BE HAVING THEM

The original MOW and now HCM mean we know mum is getting a proper meal and we know we will be alerted if something goes wrong. The meal is the highlight of her day.

When i have cause to ring the office in Adeyfield i have always found them to be extremely helpful and friendly

The service is fantastic; my client enjoys the meals and appreciates contact with drivers. Well done - keep up the good work!

Really happy with the services

My mum loves her MOW. It gives her another face to say hello to on a daily basis. MOW and carers means she can remain in her own home which is her most important wish.

VERY HAPPY WITH THE SERVICE. MUM HAS HAD SEVERAL FALLS AND THE DELIVERY PEOPLE HAVE ALWAYS INFORMED MY SISTER OR MYSELF. ALSO THE OFFICE STAFF ARE VERY CARING AND WILL ALWAYS CHECK IF THERE HAS BEEN A PROBLEM WITH MUM

The peace of mind especially in bad weather is great

Staff are very friendly - useful for me to pay the invoice by phone

BEFORE MY DAD HAD MEALS ON WHEELS DESPITE MY BEST EFFORTS HE WOULD OFTEN EAT

FOOD THAT HAD GONE BEYOND ITS EXPIRY DATE WITH MEALS ON WHEELS I CAN BE ASSURED THIS WONT RECUR AND THEREFORE NO RISK TO HIS HEALTH

Prior to receiving HCM Aunt had been losing weight - her weight has now stabilised. I do not believe that if she was still having reheated frozen dinners we would get calorie / nutritional content correct and achieve this ourselves

VERY HELPFUL

Much appreciated

THE PEOPLE THAT DELIVER THE MEALS SEEM TO BE VERY CHEERFUL AND POSITIVE WITH THE CLIENTS

The visit each day by the HCM deliverer is not only welcomed by mum saying hello to a familiar face but also reassuring for the carers

Having a brief visit from your personal once a day, truly helps

THE HELPERS WHO DELIVERS HIS MEALS ARE VIGUELENT AND IF HE DOESNT ANSWER THE DOOR THEY LET ME KNOW. THEY ARE BRILLIANT

As well as the regular improvement to her diet which has improved her health, your drivers have provided friendship and a caring attitude. This is an invaluable additional contact with the outside world and a safeguard to myself

I like to know that someone will be calling on my mother most days as i worry that she will fall and be unable to contact anyone

I love the people who bring her meals! They have a laugh and a bit of banter which my faunt loves and it is an extra companionship for her

ONLY GOOD COMMENTS ABOUT QUALITY PRICE SERVICE RELIABILITY AND FRIENDLY SERVICE IT IS PEACE OF MIND KNOWING THAT SOMEONE IS GOING IN EVERYDAY

VERY HELPFUL STAFF ON PHONE

JUST DELIGHTED ALL ROUND WITH EVERYTHING BEST DECISION MADE

PEACE OF MIND HAVING A HOT MEAL DAILY AND DAILY CONTACT VIA DRIVER

WE ARE VERY HAPPY WITH THIS VERY IMPORTANT SERVICE

1 - a great service that mother looks forward to

2 - a check for me that mum is okay

Mum really appreciates the delivery driver, she says he is jolly and friendly and makes her smile

MOW not only provides a varied and affordable meal service but divides a long day up with me knowing somebody caring is looking in on my mum which to me is priceless!

HCM are a life line, they are friendly and my mother looks forward to them going, i know she is fine when they visit. HCM is a regular, daily visit to break the day up. Also a way of monitoring my mother if the door is not answered as the contact number call up would be used

Along with the carer, HCM allows my mum to remain in her own home and to maintain a quality of life. She would hate it if this didn't continue It makes a great difference knowing she gets a hot meal each day, and an extra visitor each day to check on her

He enjoys the visits of his 'ladies' as they are all local and he can have a little chat

Positive. The meals are just right and the staff who deliver are really good!!!

Excellent service meal arrives lovely and hot and is always delivered by friendly people

It's comforting to know that my father is seeing another person. We feel you genuinely care about him. He looks forward to his meal and only has good things to say

You provide a timely excellent service, with great staff

Text and Paragraph Responses by Question

HCM Feedback - Carer/Family Member of MOWs Customer

I have found both the office staff and delivery staff to be very helpful

This is a lifeline to us and our relative

Excellent in contacting me if any problem with access, dads health. Pleased to be able to pay by debit card, a great help

You provide a good service. Great driver who is kind and helpful. Food can look a bit bland and can be variable in quality.

It is all positive and your delivery people are lovely.

No, very happy.

I absolutely trust this service. I know that I will be contacted if there is a problem with my dad. Service always reliable and friendly.

100% good. How could elderly people live and stay independent in own home? Even when unwell something to rely on. Security very important.

HCM makes carer feel less stressed.

The afternoon sandwich service is helping immensely.

Personal contact.

Makes a great difference.

I am very pleased with all that MOW provides for my father and feel that it has given him his independence back.

The meals are very hot. Come regularly. Also, if there is any concern they call us.

Since having meals 7 days a week mother has been in better health and has gained weight! Was 6.5 stone, now 9.5 stone. She is brighter and much more with it. She wouldn't have recovered from her accident properly.

A regular hot meal is essential; a different smiley face coming through the door makes a difference as well.

Enables mum to stay in her own home.

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Appendix M: HCC Interview Questions

PARTNER ORGANISATIONS – INTERVIEW QUESTIONS

These questions are being asked as part of an evaluation of HCM. The results are to inform the evaluation only and will not be used for any other purposes. We would welcome honest and open feedback.

1. How long have you and your organisation been involved with HCM?
2. What has changed for you as a result of what HCM has done? NB: We are asking you to focus on what has changed for you/your organisation rather than for the young people/clients.
3. What or who else has contributed to the change?
4. If you / your organisation had not been involved with HCM what would have happened?
5. Do you think there will be more change for you/ your organisation in the future as a result of what HCM have done? If yes, what?
6. Have all the changes been positive? If not explain what has not been positive.
7. Has anything changed that you weren't expecting?
8. How long do you think the change will last?
9. What could we show someone (for each change) that would prove that these changes have taken place?
10. If there is more than one change - which change is most important to you/your organisation? Which is least important?
11. What have you contributed to the work of HCM? (time, money, other resources).

Appendix N: Volunteer Questionnaire

FEEDBACK FORM FOR VOLUNTEERS

Hertfordshire Community Meals (HCM) is looking at the impact of the meals on wheels service between 1 April 2011 and 30 September 2011. This questionnaire is designed to help us find out what has happened to you as a result of receiving this service and how important these things are. Please be honest because this will help us be accurate in our conclusions. Your name won't be recorded with the answers you give. A report on the impact of HCM will be shared widely to tell people about the benefits of Herts Community Meals, to raise awareness of the services/activities and to improve and develop the organisation.

About you

How are you involved with Herts Community Meals (how long have you volunteered and approximately for how many hours a week)?

What would happen/what else would you do if you didn't volunteer for Herts Community Meals?

Changes for you

Please complete the unshaded boxes in the table below to tell us if and how the services provided by HCM have made a difference for you. Please work across from left to right and follow the instructions in the top row. You need only complete the columns for differences that you have ticked.

Differences (changes) that the service has made for you.	Please tick those major differences that have happened for you and the reason why?	Please rate the differences you have ticked in order of importance for you, with 1 as the most important, 2 the next most important etc.	What else could you do or purchase to achieve the same difference?	If HCM had not been around, would this change have happened for you?	How much (in %) of the change has been due to people outside HCM, e.g. other services, family or friends?	How long (in years) do you imagine that this change will last after you have stopped volunteering for HCM?
I feel more active			E.g. Join a local leisure club Go swimming			
<ul style="list-style-type: none"> I get out the house at least 2 more times per week than I would otherwise 						
<ul style="list-style-type: none"> I spend less time sitting at home (inactive) 						
<ul style="list-style-type: none"> I feel physically fitter 						
<ul style="list-style-type: none"> Other (please explain) 						
I feel satisfied			E.g. Donate money to a local charity Volunteer for alternative charity Going out for the day			
<ul style="list-style-type: none"> I get a feel good feeling 						

<ul style="list-style-type: none"> I feel like I'm making a difference. 						
<ul style="list-style-type: none"> I am happier 						
<ul style="list-style-type: none"> Other (please explain) 						
Improved well being			E.g. Join a local club Meet friends for dinner			
<ul style="list-style-type: none"> I have made new friends 						
<ul style="list-style-type: none"> Its gets me out and about 						
<ul style="list-style-type: none"> It keeps me sociable 						
<ul style="list-style-type: none"> I feel happier 						
<ul style="list-style-type: none"> Other (please explain) 						

Final Questions

Is there anything else you would like to say about HCM, its impact or anything else in this questionnaire either negative or positive?

Thank you so much for your help

We really appreciate the time you have taken to complete this questionnaire. We will make sure that you are able to see how we used the information and what we found out, when the impact assessment is complete.

Appendix O: Full impact Map

Excel spread sheet attached.

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