Supplementary Guidance on

Using SROI

SOCIAL VALUE UK

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Version 1

Exposure Draft

This is the exposure draft of the updated version of the meals-to-wheels case study that is in the Guide to SROI.

Please send any comments to info@socialvalueuk.org

SROI in action

The story of how one organisation developed their use of SROI

Contents

1 Introduction

1.1 Isn't SROI too difficult for a small organisation to use?

The complexities of understanding and accounting for how much difference an activity can make means there are often no absolute answers. But it is far better to think through the issues and be able to understand better what is going on, than it is to ignore the issues because they appear complex. Better, more informed, decisions are made if the issues are considered. This need not require any training or support. But, often we do not allow ourselves time to think. The bigger the decision, the more support and resources are likely to be required.

How far you need to go to understand and account for how much difference an activity makes will depend on why you need to know. Different audiences and different objectives will require different levels of certainty for the thinking to be used to influence decisions. The level of rigour depends on the level of risk that the audience is willing to accept. If you do not already have all the data required, then the level of rigour can also require a level of resource. The important thing is to consider the audience and the objectives, and then consider the level of rigour required for SROI thinking to be fit for purpose.

The Assurance Process aims to give reassurance to external audiences that an SROI has reached a particular standard. It tests an understanding of, and compliance with SROI principles at a particular level of rigour (currently 'moderate'). For an assured report, the objective is evidence of understanding of the principles. Examples of assured SROIs are available on the Social Value UK Website (www.socialvalueuk.org).

It is unlikely that someone without a background or experience in applying the principles of SROI will be able to produce an analysis of their SROI that meets the assurance standard, without support. This is no different to starting out in research, evaluation or financial accounting. But SROI is not all or nothing (assured or nothing). It is not just about producing reports to this standard. As for some objectives, the level of rigour that is sufficient for assurance will not be enough, and for others, a reduced level of rigour may be appropriate.

This supplement offers some examples of internal organisational objectives that SROI is useful for and explores how SROI can be developed by an organisation over time without a lot of resource up front.

This example is not a case for less rigour! The more time and effort we are able to put in to thinking about how much difference our activities make, the better informed our decisions are. Robust research that meets the standards and rigours of good social science will require more rigour than is presented here. However, such an endeavour may be beyond what is required by an organisation in order to make better decisions.

This example is a case for doing something rather than nothing. To reiterate for emphasis: it is far better to start to think through the issues and be able to understand better what is going on, than it is to ignore the issues due to their complexity.

Latter sections of this supplement also explore some technical detail as a worked example.

1.2 Being Transparent

Less rigour is not an excuse for unclear thinking or reduced transparency. It is crucial that organsations are clear about how far they have been able to go, what they have done and not done, and the level of risk that can be concluded based on what they have done. Every effort should be made to understand any limitations, even for internal purposes.

A separate supplement is/will be available with guidance on how to start out with SROI and develop SROI for different objectives (which will require different levels of rigour).

1.3 Wheels-to-Meals

The Guide to SROI includes an example to show how SROI is used in practice. This is based on the fictitious example of Wheels-to-Meals, a charity that developed from a meals-on-wheels service, provided by staff and volunteers.

Wheels-to-Meals provides a luncheon club to eligible older and disabled local residents and the majority of the volunteers are also elderly. The luncheon club is delivered with the same resources as a meals-on-wheels service, except that residents are transported to meals, rather than the other way round. The service includes provision of hot, nutritious lunches, transport, opportunities to socialise, and to take mild exercise. The service is available for up to 30 residents, 5 days a week and 50 weeks a year.

This example is designed to explore specific issues and, as such, is not a complete assessment. There is no real stakeholder data, and more research into indicators, proxies and deadweight would be required for Assurance. Assured SROIs of real activities, are available on Social Value UK. This example instead, aims to explore some of the things that are not readily available in public reports: how to use SROI to help an organisation make better decisions.

In this instance, there were two organisational objectives for Wheels-to-Meals:

1. To have a better idea of how much difference they were making; and
2. To improve their services.

*Note that Wheels-to-Meals did not need to submit their report for assurance at this stage, or to use it for external communication. It was for internal decision making. The level of rigour presented here is appropriate for these purposes.

1.4 One step at a time

Over a period of years, the charity's understanding and use of SROI developed by

- Firstly, understanding and applying principles; then
- Secondly, developing a forecast value map (also known as an impact map); and then
- Thirdly, checking the actual against this forecast and developing a revised forecast for the next period.

2 Year 1

Wheels-to-Meals had realised that its service users not only needed the good hot meals it provided but, equally important, the contact and socialising with other clients and with the staff and volunteers who brought the meals to them.

Wheels-to-Meals first heard about SROI at a conference and were interested to find out more and explore it further.

They were delivering a contract which had been their core funding for a number of years, and did not feel themselves any need to change. But the funding scene was changing for them and SROI seemed to offer the potential to meet 2 immediate needs:

- The charity could not afford an evaluation of their activities, but recognised the need for a more systematic way to prove what they knew anecdotally – that their delivery model made a positive difference to the lives of their users.
- They were being consulted on how the future of the service they delivered was to be funded and delivered, and they wished to contribute to this with evidence of their process for improving services.

A member of staff was tasked to find out more and report back to the trustees. The report to trustees suggested that there were options:

- An assured SROI report, for public reporting, prepared by a consultant. Initial quotes they had received ranged from several thousand pounds to tens of thousands.
- An internal SROI management report, which they thought they could do internally by following the guide or after some training. But this would require some data on outcomes that they didn't currently collect.
- Applying the principles without support and not doing an SROI analysis or report.

While the first 2 options were desirable, there were not the resources to do this in the budget for the current year, and they did not want to wait and miss the opportunities to influence future service delivery. The first 2 options would be considered for the future. In the meantime, the last option was developed without any support or resources.

2.1 Applying the Principles

For each of the principles of SROI, Wheels-to-Meals considered:

1 What the principle meant;
2 What their current practice was;
3 Where it could be improved in line with the principles; and
4 The practical implications of this.

The guide for SROI set out the questions that SROI was all about:

- Who changes as a result of our activities?
- How do they change?
- How do we prove it has changed?
- Which changes are (most) valued?
- Is it all down to us?

Wheels-to-Meals had an agenda item at the steering group to discuss what they thought these would mean to them. It was agreed they were helpful questions to think through, but it was not clear to them how far they needed to go with answering them before it was good enough for an SROI. Someone volunteered to explore this and report back to the next meeting.

This led Wheels-to-Meals to realise that the level of rigour which they needed to answer these questions depended on their objectives and audience. They discussed who (internal and external) would have an interest in the questions (above) being answered. They defined their SROI objectives and started to develop a plan for SROI. To begin with, they agreed their objectives related to service improvement and an ability to contribute to the consultation and not public reporting for this year.

2.1.1 Understand what changes
The charity thought about what they already knew they had changed, and how they knew this. This led them to identify a number of areas where they were not as confident as they thought about proving the outcomes and actions to develop this.

2.1.2 Involve stakeholders
Wheels-to-Meals had a good background in participative engagement. This had traditionally been in consultation and feedback, and more recently with a representative of service users on the steering committee. In reading about SROI, they now understood why it was important to extend this to involving service users in discussions about outcomes, evidence and value, and looked for opportunities to include this in their existing operations and structures.

2.1.3 Value the things that matter
At first, the trustees were sceptical about putting monetary values on things, until it was explained to them that the principle was not about money, but about stakeholders expressing the relative importance of the things that changed for them (the outcomes). The committee soon got behind this concept when it was tested at a luncheon club meeting, and lots of value for service users was identified that they were not even aware of until they asked! Staff were tasked to explore other areas of value with some of the families of service users too when there was opportunity.

2.1.4 Only include what is material
Using some limited guidance (from Accountability website), Wheels-to-Meals set some criteria for what a material outcome would mean to them - how they would know when something was important enough to influence their decisions and actions - and tried testing it on the things coming out of the luncheon club to see if it was working for them.

2.1.5 Do not over-claim
Wheels-to-Meals had little data to know if:

- the changes for stakeholders would have happened anyway? or
- how much of the change is down to others?

But they realised that they needed to know. Otherwise they could not see what difference the luncheon club was making in the world around it and the worlds' of service users. If some of it was ultimately not down to them, how could they know if they were making a real difference?

So they started to ask stakeholders about these things, and discussed how else they could answer these questions about possible factors influencing the outcomes other than the luncheon club, which in turn, unfolded how much change was down to the luncheon club.

2.1.6 Be transparent and 2.1.7 Verify the result
Wheels-to-Meals were not reporting yet and did not yet have any assumptions to set out, or results to verify. However, they did recognise that as they spent more time on these issues internally, they needed to explain to the whole team why they were doing it. This led to some helpful discussions about internal transparency and accountability and so sharing results of the work as it developed. This helped a number of the team see the bigger picture.

2.2 Influencing future funding

At this stage, there was not enough information to directly influence future funding. However following the conversation with the commissioner, the local authority came back to Wheels-to-Meals to express interest in what they were trying to do, and offered support by providing research that the authority currently undertook as useful data for Wheels-to-Meals. The relationship with the commissioner was strengthened.

The commissioner observed that even if they had produced a SROI number, she would not be able to take the SROI number into account in her decision. What interested the authority was the process and commitment to service improvement based on the principles of SROI.

3 Year 2

The local authority contract for this charity was to become the subject of a joint commissioning approach. Wheels-to-Meals wanted to contribute to the joint commissioning process with a credible demonstration of the social value it is creating. Wheels-to-Meals' staff and trustees worked together to define the scope of their upcoming SROI analysis and decided that it would:

- contribute to the joint commissioning process;
- cover all the activities of the organisation over one calendar year;
- be a forecast SROI analysis; and
- be undertaken by internal staff.

The Guide to SROI (http://socialvalueuk.org/what-is-sroi/the-sroi-guide) sets out the forecast SROI that Wheels-to-Meals prepared. This resulted in a SROI of roughly 2 to 1 based on a value created of £81,742 and a cost of £42,375. The value map is set out in Appendix A (page 16).

3.1 Developing the use of SROI

Wheels-to-Meals had recognised that this forecast was only the beginning of their use of SROI; to demonstrate the value they were creating. A forecast only sets the scene and helped Wheels-to-Meals establish a monitoring system. Wheels-to-Meals were aware that they would need to analyse the value actually created at the end of the year.

In preparing this analysis, Wheels-to-Meals became aware that they could improve the way in which they accounted for value but also the way in which they delivered services in order to create more value. So, the developments in Wheels-to-Meals' use of SROI during year 2 fall into two broad categories:

- Changes to improve the accuracy of the account of value
- Changes to create more value

4 Year 3

One year later, Wheels-to-Meals updated the forecast as part of its annual review and in order to set targets for the social value it planned to create over the coming years.

During the year the staff and volunteers had continued discussions with stakeholders to gain a better understanding of their outcomes. As a result they had recognised that judgements they had made about the important point in the chain of events (theory of change) should be improved. This would mean updating the outcomes for future analyses. They also recognised that the Health Service had not been included as a stakeholder. Again, this would be accounted for in future forecasts.

Despite these issues, Wheels-to-Meals decided to compare actual performance with what had been forecast and prepare a new forecast for the following year that updated the understanding of outcomes, and included more stakeholders. The comparison was based on the outcomes in the forecast. Changes to outcomes would require changes to indicators and financial proxies. Wheels-to-Meals also decided to use the same financial proxies for this comparison. This means that the comparison is of the quantity of the outcomes that can be attributed to Wheels-to-Meals before accounting for any changes in attribution.

The information that was available covered performance in relation to the number of residents involved, the indicators, the duration of the outcomes, and deadweight.

This process of updating the SROI is referred to in this document as a comparison of actual against forecast, however it is sometimes also described as an evaluative SROI.

4.1 Data on indicators, duration and deadweight

4.1.1 Number of local residents involved
There was a target in the forecasted SROI for 30 local residents to attend the service, which was based on the previous year's intake. This had been reached at the beginning of the year, and by the end had risen to 35.

4.1.2 Number of older people avoiding hospitalisation
The target had been 7. The actual number depends on an assessment of what would have happened without the intervention. The consultant in the local hospital estimated that of the 35 people that had used the service, around 10 would be expected to need to stay in hospital as a result of falls. The actual number was 6.

4.1.3 Fewer visits to the doctor
The local doctor was also able to estimate the number of visits that the group had made in previous years, and made an assessment of what she thought they would have been expected to make this year. The doctor was not able to share information on any individuals, but was able to discuss demand for the group as a whole. This group was, in any case, part of a target group that the doctor collected monitoring information for anyway. and the discussion here helped both the local doctor and Wheels-to-Meals understand how important this change was to residents, and how both the local doctor/ nurse and Wheels-to-Meals could make the most difference to residents.

The range was between 4 and 8 per annum and the doctor did not think there had been any reduction. She also thought that even if this were to occur, her experience was that people would start to come back sooner than the 5 years that had been forecast. Additionally, the local doctor argued that they may have signposted some people to other sources of support to improve their health and so deadweight was increased to 25% from 0%.

4.1.4 Residents less isolated

The reduction in isolation (surveyed both before and after the year of the luncheon club examined) was found to be happening to more residents than originally forecast (20 as opposed to 16) and there was evidence that people maintained and intended to maintain both relationships and activities (at least 2 years as opposed to 1)

4.1.5 Increased physical activity fewer and lower duration to one year

Although residents did report feeling healthier despite attending the local doctor as frequently as before, fewer residents reported this than expected (10 as opposed to 14) and of those that were no longer attending Wheels-to-Meals that were interviewed, they had not kept up with the nutritious meals. As a result the duration was reduced to one year. The doctor was not able to identify any changes to health arising from nutrition, but did argue those attending Wheels-to-Meals appeared to be eating more nutritious meals and that not all of the outcome would have happened anyway. It was difficult to estimate deadweight as Wheels-to-Meals does not yet have access to trend and benchmark data, but the doctor estimated deadweight as being around 75% and this was used as a starting point, rather than 100%.

4.1.6 Neighbours experience less social contact

In the survey of neighbours that had been carried out which covered a sample of those residents attending, neighbours did confirm fewer visits but not as many as had been expected (200 fewer visits as opposed to 275).

4.2 Result

After taking these factors into account, the SROI fell to 1.2:1 based on a value created of £50,227 and a cost of £42,375. The value map is set out in Appendix B (page 18).

The main variances were £29k less relating to fewer people avoiding hospital, and £3k less from the reduction in duration of stopping visiting the doctor.

4.3 Implications following this comparison

The main implications for SROI work followed other changes that needed to be made to outcomes, valuations and attribution that would be accounted for in the new forecast.

However, as a result of the comparison with the initial forecast, the organisation recognised that expectations of health outcomes were perhaps too high, whilst the importance of social relationships had been understated. The initial approach to using financial proxies based on cost rather than on value had skewed the assessment of the importance of outcomes towards health outcomes. Even so, and despite the original purpose of the analysis to inform commissioning, the health service had not been persuaded that costs would be saved.

Wheels-to-Meals recognised that they would need to do more to show commissioners that there was a value to resources that could be reallocated. Wheels-to-Meals also realised that they were beginning to learn more about how and where the organisation created value and that this would help them improve. The initial objectives for the SROI analysis (to contribute to joint commissioning and coproduction discussions) were beginning to change.

5 A new forecast SROI

To define the new forecast, information from stakeholders for the year of the original forecast, and fresh information from stakeholders about what they thought would happen in the coming year was used.

5.1 Changes to the value map

5.1.1 Changes to numbers of residents

The fact that local residents would come and go throughout the year added an additional complication. However at this stage, Wheels-to-Meals decided to work on the basis that the equivalent of 30 local residents would attend for a whole year, and on average, experience the forecast outcomes. In reality, this was likely to be around 35 individuals based on the previous year.

5.1.2 Changes to stakeholders

A new stakeholder was added - the health service - where the fact that fewer local residents needed to be admitted to hospital was a material outcome. The financial proxy that had previously been used in relation to residents as the stakeholder not being admitted to hospital was used but Wheels-to-Meals was careful to describe this as a value of resources freed up for other uses.

Wheels-to-Meals had long been aware that some of the local residents had mild dementia. However, they decided that the outcomes and value created for this group may be different and that this may have implications for how the service was delivered.

In exploring what changed for residents with mild dementia, Wheels-to-Meals realised they would need to refer to the families/carers of these resident s for some data on changes to these residents. This led Wheels-to-Meals to realise that the changes for families/carers for residents with mild dementia were potentially more significant than families/carers of other residents. Wheels-to-Meals is reviewing if families/carers for residents with mild dementia should be included as a stakeholder. Meanwhile, the time saved for families/carers is factored in to the deadweight (i.e. some of the outcome would have happened anyway as families/carers would have otherwise spent time to support residents).

5.1.3 Changes to outcomes and financial proxies

Older people

In relation to avoiding hospital, discussions with local residents showed that this hadn't gone far enough. If they went one step further in the chain of events (theory of change), older people were saying that the outcome of avoiding hospital was important because it meant that they could maintain their independence and dignity. Similarly with increased socialising, residents went on to say that they were less isolated.

The financial proxies for this were based on what residents would have to pay to be able to stay at home, the value ascribed to maintaining independence and savings in spending on drugs. These proxies were explored with a group of ten residents, involving them in an assessment of how much they would prefer to be able to stay at home unsupported over the equivalent period, compared to other things.

This resulted in a range of values that were either side of the financial proxies used within a range of plus or minus 20%.

At the same time, although they became less isolated with new friends and activities, they also lost some of the contact they had had with neighbours and became more isolated locally. This outcome had previously only been included for the neighbours.

The improved health outcome was amended slightly and the financial proxy updated to be an estimate based on consultation with local residents, triangulated against family spending survey and alternative cost.

The quantity was also increased. The data from last year was 6 residents ending up in hospital. But the consultant at the hospital had expected it to be nearer 10 (out of the 30). Balancing these factors, a decision was made to increase the forecast quantity from 6 to 7 and keep this figure under review.

Volunteers
The involvement of other elderly people as volunteers was also keeping them active and contributing to their health.

Neighbours
In the forecast, there had been a negative outcome as neighbours became less involved. Staff and volunteers were able to talk to neighbours throughout the year, and realised that that neighbours were feeling less relevant in providing support. This was an example of a fall in what may be called social capital, and the outcome was amended to be neighbours feeling displaced.

Health Service
The new stakeholder could expect to free up some resources as a result of the service. The value of this was used as a proxy for residents in the forecast of year 2. Wheels-to-Meals realised a more appropriate way to show this was with the Health Service as a stakeholder.

The proxy for the resources saved was based on NHS Costs. These were not available in England, so Wheels-to-Meals had used Scottish average figures which were publically available. Although there were figures for the UK from the Personal Social Services Research Unit (PSSRU), the analysis of costs is not consistent with the Scottish figures used in the forecast of year 2. The new forecast is still based on the NHS costs, but Wheels-to-Meals is working with a contact in the Health service locally to understand in more detail the cost changes for the levels of change expected. Wheels-to-Meals decided that the change in value, year on year, using consistent proxies was more useful information to them than the SROI number itself, and so until further information on what was included in unit costs was obtained, the Scottish figures were used.

5.1.4 Changes to indicators
As well as changes to indicators to account for new outcomes, Wheels-to-Meals recognised that the indicators they had been using did not provide information on how much change stakeholders had been experiencing, and had focused on how many stakeholders had experienced change. For a forecast this would now be an average amount of expected change. Wheels-to-Meals recognised that when it came to comparing performance against the forecast, different stakeholders would experience different amounts of change.

In the new forecast, Wheels-to-Meals continued to use subjective and objective indicators where needed, but also looked for appropriate scales to use, or developed their own, to show the amount of change.

5.1.5 Changes to quantities and duration
The first forecast was developed when less information was available. The actual against the forecast, assessed at the end of year 2, provided valuable data to inform the quantities and duration of change for the new forecast, and changes were made accordingly. Stakeholders were also involved to test assumptions based on the data from the previous year.

5.1.6 Changes to deadweight and attribution
The information on deadweight, displacement and duration that had been developed during the year was used for the new forecast. Wheels-to-Meals, in consultation with the doctor, local authority and local residents maintained the view that there was no significant displacement of other services.

The introduction of a new stakeholder reduced attribution, but increased inputs (investment), although some attribution was now recognised in relation to family support. The attribution for family support was estimated on the basis of discussion with residents and, whilst not high, was included. Wheels-to-Meals intended to involve some family members over the coming year.

Wheels-to-Meals was still relying on estimations based on information from stakeholders. However it was not developing relationships with the health service, and discussing how more accurate information on trends and benchmarks could be made available- and how this would benefit both Wheels-to-Meals and the commissioner.

5.1.7 Change to inputs
The value of the contract had been reduced by 8% in line with pressure on cost savings. After reviewing the budget, Wheels-to-Meals had identified some cost savings in purchasing, especially in relation to food and drink. Without compromising on quality, they chose to make a cut in hours for catering staff. An additional volunteer was required to maintain the service (now 5).

The service was becoming more dependent on volunteers; an effective balance between staff and volunteers proved important, especially as more systematic management of outcomes with users and other organisations became more important.

5.1.8 Materiality decisions
Discussions with stakeholders had not resulted in any new outcomes that were considered to not be relevant. Significance was based on a judgement after considering the value, deadweight and displacement and expected quantity of outcomes.

The following outcomes were not deemed material, and were removed from the value map:

- **The nurse group sessions helped residents manage their health and symptoms better, they were healthier and residents went to the doctors less**

In terms of overall workloads, the reduction in visits, and resources freed up were not significant.

- **Resident went to luncheon club instead of staying at home, neighbour called round less and so neighbour felt displaced/ rejected**

Although the value to older people of less contact with neighbours was low, this was seen as an important issue to explore in future, and one which Wheels-to-Meals wanted to do explore further the next year before coming to a final conclusion. However, it was decided that the increased isolation of neighbours as a result of less contact with elderly people was not significant.

This outcome was negative, and also the only outcome for this stakeholder group. For these reasons the outcomes for this stakeholder group will be kept under review to ensure they are still consulted and their outcomes assessed.

The value map with these outcomes highlighted is set out in **Appendix C (page 20).**

The overall effect was to reduce the ratio from 2.3 to 2.28 but with 2 fewer outcomes to manage.

5.2 The new forecast

The resulting forecast was 2.28:1 based on a value created of £106,413 and a cost of £46,653, but the structure and implications were very different. The value map is set out in Appendix D (page 24). The value to the new stakeholder – the health service - relating to the value for other potential patients accessing services was £68,061 (before discounting). Although the value to older people from socialising had increased as the duration of the outcome increased, the main value was from maintaining independence and dignity. Considerable value was being lost to older people due to the replacement of local support networks. Although local support had not provided the benefits that helped people stay at home, they were still valuable to both residents and neighbours (although not valued as highly by neighbours).

5.3 Implications for monitoring systems

The charity already used a set of performance indicators for the luncheon club, largely driven by funder's requirements. The forecast SROI suggested outcomes, and so different indicators were required to track and evidence these outcomes. Initially, the indicators from the forecast outcomes were added to those already being used. This doubled the monitoring requirements. Wheels-to-Meals discussed monitoring requirements with the funder (the local authority). Although the funder was not able to take the SROI into account in their commissioning process, they were supportive of what the charity were trying to do and welcomed their SROI efforts. It was agreed that some of the original indicators could be dropped in favour of some identified by the SROI. This improved the monitoring process for Wheels-to-Meals, the funder, and stakeholders, without increasing the numbers of indicators being used.

5.3.1 Residents no longer attending

There was a need to maintain some contact with people no longer attending Wheels-to-Meals. Generally people stopped coming for reasons not associated with the service and so were willing to respond to phone surveys from staff that they used to know.

5.3.2 Neighbours

It was simple to collect information from neighbours in a one off annual survey by knocking on the door and either completing the short survey then, or arranging a time to come back. With 45 people attending over the year, the total number of 'neighbours' was around 135. This year the sample was around 40. The survey is designed to check that the relevant neighbour is 'ok'.

5.3.3 Importance of relationship with the local doctor

The importance of the relationship with the local doctor, where many of the older people are registered, was recognised as critical. Some of the new residents attended a different doctor and this relationship needed to be developed.

5.3.4 Attribution and commissioning

Relating to the above relationship, it has become clearer that Wheels-to-Meals should be working with neighbours, families, social services and local doctors providing a service which helps people maintain their independence. Wheels-to-Meals has started thinking about its relationship with commissioners from the perspective of becoming part of an integrated service, and has started discussions with its commissioner.

Whilst this is developing, Wheels-to-Meals now feels more confident about being able to explain and sell its service to the local authority in terms of meeting targets for meal services and reducing demand on social services.

5.4 Implications for Service design

Wheels-to-Meals recognised that getting out of your home is a way of helping people stay in their home. Wheels-to-Meals is considering how this might be integrated into the mission and values of the organisation. However, there are other more immediate changes so that more value can be created. In particular exploring how Wheels-to-Meals could:

- Respond to local residents requests to help them maintain independence
- Work with neighbours and carers to ensure that time with Wheels-to-Meals does not detract from community support
- Review activities whilst at Wheels- to-Meals to maximise developing social relationships, and time spend on activities away from the service – i.e. act as a networker where possible.
- Review activities with health service to ensure that health benefits are maximised

The practical steps were:

- Formal update meetings with commissioner and the local doctor to discuss how the service can support health improvements
- Staff meeting agenda item on maintaining independence
- Staff encouraged to informally ask service users what sort of things they were involved in and how this was changing.
- Formal feedback from neighbours on an annual survey

6 Using the results

Following the forecast SROI analysis, a management report was prepared for discussion by the trustees.

6.1 Recommendations about mission and objectives

The existing mission was to provide healthy nutritious meals to elderly residents. However, Wheels-to-Meals should consider changing this to reflect the importance of helping older people stay in their homes though provision of social and physical activities.

6.2 Recommendations about scope

The scope remains the same but there is more focus on internal improvements. External communication is as much around how services are being improved and how other outcomes are being managed as it is about a ratio of social value to cost.

6.3 Recommendations about stakeholders

Additional stakeholders have been included, and the management team expects to spend more time working with these stakeholders, including the local doctor and neighbours. These discussions will improve information on attribution and deadweight but also on how joint working can create more value for all stakeholders.

Wheels-to-Meals is reviewing if families/carers for residents with and without mild dementia should be included as a stakeholders.

6.4 Recommendations about outcomes

The organisation is increasingly focusing on outcomes and a deeper understanding of them and their causes, and expects to report on progress against outcomes at trustee meetings.

6.5 Recommendations about valuation

Emphasising the value that is being created from the perspective of stakeholders has meant involving stakeholders in discussions about value. This provides an opportunity to revise trustee reporting to include more information on how much value is being created. Whilst this is an important focus for internal discussions and resource allocation, many of the values do not relate to cost savings or value of resources that can be reallocated, or are not commonly shared by a wider audience. Further work with the health service, social services and sector bodies will be explored to develop more commonality in outcomes and valuations.

6.6 Recommendations about avoiding over claiming

It will be increasingly important that Wheels-to-Meals can assess how much change would have happened anyway. There are some national datasets available and being developed which could provide more information on deadweight and these will be explored. This may require further revision to indicators in future.

6.7 Recommendations about activities and services

Currently 75% of Wheels-to-Meals time and resources are spent on providing Meals. However, much more value is being created by maintaining independence and this comes from a combination of socialising and physical health. Wheels-to-Meals will be exploring how services could be structured including:

- Services for fewer residents but with more support leading to a net increase in value created
- Same level of resources on meals but better integration, with other sources of support including neighbours
- More involvement of residents in preparing meals
- Stop delivering the meals contract and just provide physical social activities with volunteers

Appendix A The forecast for Year 2

Stakeholders		Inputs		Outputs	Outcomes							
		description	value		Description	Indicator	Source	Quantity	Duration	Financial Proxy Description	Value	Source
									(years)			
elderly/ disabled residents	residents use health services less	time	£0	**luncheon club:** - group activities (board games, craft, mild/ therapeutic exercise, info and awareness sessions) - transport for 30 people - 7500 hot meals annually	the mild/therapeutic group exercise sessions made residents fitter, they had fewer falls and ended up in hospital less	fewer falls and associated hospital admissions/stays annually	one off research	7	1	Accident & Emergency	£94.00	NHS cost book 07/08
									1	Geriatric assessment - Inpatient	£4,964.00	
									1	Geriatric continuing care - Inpatient (average 5 wks x £1,444)	£7,220.00	
					the nurse led group sessions helped residents manage their health and symptoms better and they were healthier	fewer visits to the doctor annually (appointments) and residents report improvement in physical health	questionnaire and interviews	90	5	consultation with doctor	£19.00	NHS cost book 2006
	residents 'get out of the house more'				residents made new friends and spent more time with others through the group activities	new clubs/group activities joined during year and residents report an increase in personal well-being/feeling less isolated	questionnaire	16	1	Average annual membership/cost	£48.25	current average costs of bus trips, bingo and craft clubs
					residents had nutritious meals with 3 (out of) 5-a-day and they were healthier	fewer District nurse visits and residents reporting increased physical activity of 3 hours or more a week	questionnaire	14	2	District Nurse Visits	£34.00	NHS cost book 07/08
local authority	residents provided with nutritious meal	meals on wheels contract (annual)	£24,375		*material outcomes for residents only (not for council). All outcomes for this stakeholder already considered above.*							
wheels-to-meals volunteers (retired)	keep active	time (at min wage) 4 volunteers x 3 hrs x 5 days x 50 wks x £6 (forecast)	£18,000		healthier volunteers (retired)	volunteers report increased physical activity of 3 hours or more a week since volunteering	volunteer annual assessment	4	1	annual elderly residents swimming pass	£162.50	local authority
neighbours of elderly/ disabled residents	look out for neighbours	time	£0		reduction in neighbourly care/shopping and breakdown of informal community networks	fewer instances of neighbours shopping for residents annually	one-off survey	275	3	supermarket online shopping delivery fee	-£5.00	www.tesco.co.uk
Total			£42,375									

Stakeholders		Inputs		Outputs	Outcomes	Deadweight	Displacement	Attribution	Impact	Drop off	Calculating Social Return				
		description	value		Description	%	%	%		%	Discount rate (%)		3.5%		
											Year 1 (the 1st year after activity)	Year 2	Year 3	Year 4	Year 5
elderly/ disabled residents	residents use health services less	time	£0	**luncheon club:** - group activities (board games, craft, mild/ therapeutic exercise, info and awareness sessions) - transport for 30 people - 7500 hot meals annually	the mild/therapeutic group exercise sessions made residents fitter, they had fewer falls and ended up in hospital less	0%	0%	5%	£625.10	50%	£625.10	£0.00	£0.00	£0.00	£0.00
									£33,010.60		£33,010.60	£0.00	£0.00	£0.00	£0.00
									£48,013.00		£48,013.00	£0.00	£0.00	£0.00	£0.00
					the nurse led group sessions helped residents manage their health and symptoms better and they were healthier	0%	0%	10%	£1,539.00	10%	£1,539.00	£1,385.10	£1,246.59	£1,121.93	£1,009.74
	residents 'get out of the house more'				residents made new friends and spent more time with others through the group activities	10%	0%	35%	£451.62	0%	£451.62	£0.00	£0.00	£0.00	£0.00
					residents had nutritious meals with 3 (out of) 5-a-day and they were healthier	100%	0%	0%	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00
local authority	residents provided with nutritious meal	meals on wheels contract (annual)	£24,375		*material outcomes for residents only (not for council). All outcomes for this stakeholder already considered above.*				£0.00		£0.00	£0.00	£0.00	£0.00	£0.00
wheels-to-meals volunteers (retired)	keep active	time (at min wage) 4 volunteers x 3 hrs x 5 days x 50 wks x £6 (forecast)	£18,000		healthier volunteers (retired)	70%	0%	10%	£175.50	35%	£175.50	£0.00	£0.00	£0.00	£0.00
neighbours of elderly/ disabled residents	look out for neighbours	time	£0		reduction in neighbourly care/shopping and breakdown of informal community networks	5%	0%	0%	-£1,306.25	5%	-£1,306.25	-£1,240.94	-£1,178.89	£0.00	£0.00
Total			£42,375						£82,508.57		£82,508.57	£144.16	£67.70	£1,121.93	£1,009.74

Present value of each year	£79,718.43	£134.58	£61.06	£977.70	£850.17
Total Present Value (PV)					£81,741.93
Net Present Value					£39,366.93
Social Return £ per £					£1.93

Appendix B Actual results from Year 2 compared with the forecast

Stakeholders		Inputs		Outputs	Outcomes							
		description	value		Description	Indicator	Source	Quantity	Duration	Financial Proxy Description	Value	Source
									(years)			
elderly/ disabled residents	residents use health services less	time	£0	**luncheon club:** - group activities (board games, craft, mild/ therapeutic exercise, info and awareness sessions) - transport for **35** people - 7500 hot meals annually	the mild/therapeutic group exercise sessions made residents fitter, they had fewer falls and ended up in hospital less	fewer falls and associated hospital admissions/stays annually	one off research	**6**	1	Accident & Emergency	£94.00	NHS cost book 07/08
									1	Geriatric assessment - Inpatient	£4,964.00	
									1	Geriatric continuing care - Inpatient (average 5 wks x £1,444)	£7,220.00	
					the nurse led group sessions helped residents manage their health and symptoms better and they were healthier	fewer visits to the doctor annually (appointments) and residents report improvement in physical health	questionnaire and interviews	**0**	**2**	consultation with doctor	£19.00	NHS cost book 2006
	residents 'get out of the house more'				residents made new friends and spent more time with others through the group activities	new clubs/group activities joined during year and residents report an increase in personal well-being/feeling less isolated	questionnaire	**20**	**2**	Average annual membership/cost	£48.25	current average costs of bus trips, bingo and craft clubs
					residents had nutritious meals with 3 (out of) 5-a-day and they were healthier	fewer District nurse visits and residents reporting increased physical activity of 3 hours or more a week	questionnaire	**10**	**1**	District Nurse Visits	£34.00	NHS cost book 07/08
local authority	residents provided with nutritious meal	meals on wheels contract (annual)	£24,375		*material outcomes for residents only (not for council). All outcomes for this stakeholder already considered above.*							
wheels-to-meals volunteers (retired)	keep active	time (at min wage) 4 volunteers x 3 hrs x 5 days x 50 wks x £6 (forecast)	£18,000		healthier volunteers (retired)	volunteers report increased physical activity of 3 hours or more a week since volunteering	volunteer annual assessment	4	1	annual elderly residents swimming pass	£162.50	local authority
neighbours of elderly/ disabled residents	look out for neighbours	time	£0		reduction in neighbourly care/shopping and breakdown of informal community networks	fewer instances of neighbours shopping for residents annually	one-off survey	**200**	2	supermarket online shopping delivery fee	-£5.00	www.tesco.co.uk
Total			£42,375									

Stakeholders		Inputs		Outputs	Outcomes	Deadweight	Displacement	Attribution	Impact	Drop off	Calculating Social Return				
		description	value		Description	%	%	%		%	Discount rate (%)		3.5%		
											Year 1 (the 1st year after activity)	Year 2	Year 3	Year 4	Year 5
elderly/ disabled residents	residents use health services less	time	£0	**luncheon club:** - group activities (board games, craft, mild/ therapeutic exercise, info and awareness sessions) - transport for **35** people - 7500 hot meals annually	the mild/therapeutic group exercise sessions made residents fitter, they had fewer falls and ended up in hospital less	25%	0%	5%	£401.85	50%	£401.85	£0.00	£0.00	£0.00	£0.00
									£21,221.10		£21,221.10	£0.00	£0.00	£0.00	£0.00
									£30,865.50		£30,865.50	£0.00	£0.00	£0.00	£0.00
					the nurse led group sessions helped residents manage their health and symptoms better and they were healthier	**25%**	0%	10%	£0.00	10%	£0.00	£0.00	£0.00	£0.00	£0.00
	residents 'get out of the house more'				residents made new friends and spent more time with others through the group activities	10%	0%	35%	£564.53	0%	£564.53	£564.53	£0.00	£0.00	£0.00
					residents had nutritious meals with 3 (out of) 5-a-day and they were healthier	**75%**	0%	0%	£85.00	£85.00	£85.00	£0.00	£0.00	£0.00	£0.00
local authority	residents provided with nutritious meal	meals on wheels contract (annual)	£24,375		*material outcomes for residents only (not for council). All outcomes for this stakeholder already considered above.*				£0.00		£0.00	£0.00	£0.00	£0.00	£0.00
wheels-to-meals volunteers (retired)	keep active	time (at min wage) 4 volunteers x 3 hrs x 5 days x 50 wks x £6 (forecast)	£18,000		healthier volunteers (retired)	70%	0%	10%	£175.50	35%	£175.50	£0.00	£0.00	£0.00	£0.00
neighbours of elderly/ disabled residents	look out for neighbours	time	£0		reduction in neighbourly care/shopping and breakdown of informal community networks	5%	0%	0%	-£950.00	5%	-£950.00	-£902.50	£0.00	£0.00	£0.00
Total			£42,375						£52,363.48		£52,363.48	-£337.98	£0.00	£0.00	£0.00

Present value of each year	£50,592.73	-£315.50	£0.00	£0.00	£0.00
Total Present Value (PV)					£50,277.23
Net Present Value					£7,902.23
Social Return £ per £					£1.19

Appendix C The new forecast for Year 3 – with immaterial outcomes

Stakeholders			Inputs		Outputs	Outcomes							
			Description	Value		Description	Indicator	Source	Quantity	Duration	Financial Proxy Description	Value	Source
Who do we have an effect on and who has an affect on us	(Sub-groups)	What do we think will change for them	What do they invest?		Summary of activity in numbers	How would the stakeholder describe the change?	How would you measure it	Where did you get the information from?	How much change was there?	How long did it last?	What proxy would you use to value the change?	What is the value of the proxy?	Where did you get the information from?
Elderly/ disabled residents (30)	Residents without dementia (27)	Residents have better quality of life Residents 'get out of the house more'	Time	£0	**LUNCHEON CLUB:** - Group activities (board games, craft, mild/ therapeutic exercise, info and awareness sessions) - transport for 30 people	The mild/therapeutic group exercise sessions made residents fitter, they had fewer falls and ended up in hospital less and so **residents avoided pain and anxiety and maintained independence and dignity**	Number of residents spending at least 4 weeks less time in family/health service care out of their homes and as a consequence reporting not losing independence and dignity	One off research	7	1	Less spent on home help, 4 weeks costs (£1,260) Stakeholder defined relative value (between £4,300 -£7,125. £4,380 used) Less spent on drugs and therapies to reduce pain and anxiety (£260)	£5,820	Research on local cost of home help (www.guardian.co.uk/money/2007/mar/11/observercashsection.theobserver6), value game consultation information from stakeholders
						The sessions by the nurse helped residents manage their health and symptoms better and **residents were slightly healthier**	Number of residents who report improvement in physical health and who go to doctors at least 4 times less a year	Questionnaire and interviews	20	2	Stakeholder defined relative value (between £300 -£1,000. £300 used)	£300	Estimate based on consultation with residents, triangulated against family spending survey and alternative cost
						Residents made new friends and spent more time with others through the group activities, socialised more and so **residents felt less isolated**	Number of residents who spent at least 2 hours a week in company of new friends and reported feeling less isolated as a consequence (at least 3 step improvement on an isolation scale of 1-10)	questionnaire	20	2	Average annual membership/cost of: 2 coach trips and weekly art and craft club	£74	locals adverts/research
						Residents have less contact with neighbours and so **residents are more isolated**	Number of residents who experienced at least 2 less contacts a week with neighbour and reported feeling more isolated as a consequence (at least 3 step drop on an isolation scale of 1-10)	one-off survey	8	2	Average annual membership/cost of: 2 coach trips and weekly art and craft club	-£74	locals adverts/research
						Residents have less contact with neighbours and so **neighbourly care was reduced**	Number of residents who experienced at least 2 less contacts a week with neighbour	one-off survey	13	2	annual cost of weekly supermarket shopping delivery	-£260	Tesco
						The mild/therapeutic group exercise sessions made residents with dementia with dementia fitter, they had fewer falls and ended up in hospital less and so	Number of residents spending at least 4 weeks less time in family/health service care out of their homes and whose families report that	interviews with residents and their families	1	1	Less spent on home help, 4 weeks costs (£1,260)	£5,820	Research on local cost of home help (www.guardian.co.uk/money/2007/mar/11/observercashsection.theobserver6),

Stakeholders			Inputs		Outputs	Outcomes							
			Description	Value		Description	Indicator	Source	Quantity	Duration	Financial Proxy Description	Value	Source
Who do we have an effect on and who has an affect on us	(Sub-groups)	What do we think will change for them	What do they invest?		Summary of activity in numbers	How would the stakeholder describe the change?	How would you measure it	Where did you get the information from?	How much change was there?	How long did it last?	What proxy would you use to value the change?	What is the value of the proxy?	Where did you get the information from?
	Residents with some dementia (3)					**residents avoided pain and anxiety and maintained independence and dignity**	resident appears not to be losing independence and dignity				Stakeholder defined relative value (between £4,300 -£7,125. £4,380 used)		value game consultation
											Less spent on drugs and therapies to reduce pain and anxiety (£260)		information from stakeholders
						Residents with dementia occupied with structured group activities, increased communications and so less agitated and **increased ability to carry out day-to-day tasks independently**	no. of residents that are less stressed (on a scale) according to families and report being able to carry out tasks that they couldn't do prior to the project.	interviews with residents and their families	2	1	Less spent on home help, 12 weeks costs (£3,780)	£3,780	locals adverts/research
Health Service (1)	Local Doctor	Residents use health services less	Nurses time	£1,728	- 7500 hot meals annually	The nurse group sessions helped residents manage their health and symptoms better, they were healthier and **residents went to the doctors less**	fewer doctors appointments	doctor's records	84	2	resources freed up (unit cost for surgery visit)	£31	Unit Costs of Health & Social Care, PSSRU, 2009
	Hospital			£0		Residents were fitter, more mobile, had fewer falls and so **residents ended up in hospital less**	fewer hospital admissions	residents questionnaire	7	1	resources freed up (unit costs: Accident & Emergency + Geriatric assessment - Inpatient + Geriatric continuing care - Inpatient (ave 5 wks))	£12,964	NHSS Cost Book 2011/12
Local authority (1)		Residents provided with nutritious meal	meals on wheels contract (annual)	£22,425		*Material outcomes for other stakeholders*							
Wheels-to-meals volunteers (retired) (5)		Keep active	time (at min wage) 5 volunteers x 3 hrs x 5 days x 50 wks x £6 (forecast)	£22,500		Material outcomes for other stakeholders							
Neighbours of elderly/ disabled residents (42)		No change expected - continue looking out for neighbours	time	£0		Resident went to luncheon club instead of staying at home, neighbour called round less and so **neighbour felt displaced/ rejected**	number of neighbours who reported speaking to neighbour less and feeling displaced/rejected as a consequence	random door-to-door survey	11	3	difference in hourly rate for a carer being demoted 1 grade (2hrs a wk x50wks)	-£220	cost of home help as advertised
Total				£46,653									

Stakeholders			Inputs		Outputs	Outcomes	Deadweight	Displacement	Attribution	Drop off	Impact	Calculating Social Return				
			Description	Value		Description	%	%	%	%		Discount rate (%)		£0		
Who do we have an effect on and who has an affect on us	(Sub-groups)	What do we think will change for them	What do they invest?		Summary of activity in numbers	How would the stakeholder describe the change?	What would have happened without the activity?	Were other activities with same outcomes displaced?	Who else contributed to the change?	Does the outcome drop off in future years?	Total outcomes, times proxy less deadweight, displacement	Year 1 (after activity)	Year £2	Year £3	Year £4	Year £5
Elderly/ disabled residents (30)	Residents without dementia (27)	Residents have better quality of life Residents 'get out of the house more'	Time	£0	**LUNCHEON CLUB:** - Group activities (board games, craft, mild/ therapeutic exercise, info and awareness sessions) - transport for 30 people	The mild/therapeutic group exercise sessions made residents fitter, they had fewer falls and ended up in hospital less and so **residents avoided pain and anxiety and maintained independence and dignity**	25%	0%	5%	50%	£29,027	£29,027	£0	£0	£0	£0
						The sessions by the nurse helped residents manage their health and symptoms better and **residents were slightly healthier**	25%	0%	10%	10%	£4,050	£4,050	£3,645	£0	£0	£0
						Residents made new friends and spent more time with others through the group activities, socialised more and so **residents felt less isolated**	10%	0%	0%	0%	£1,332	£1,332	£1,332	£0	£0	£0
						Residents have less contact with neighbours and so **residents are more isolated**	0%	20%	0%	0%	-£474	-£474	-£474	£0	£0	£0
						Residents have less contact with neighbours and so **neighbourly care was reduced**	15%	0%	0%	0%	-£2,873	-£2,873	-£2,873	£0	£0	£0
						The mild/therapeutic group exercise sessions made residents with dementia with dementia fitter, they had fewer falls and ended up in hospital less and so	25%	0%	5%	50%	£4,147	£4,147	£0	£0	£0	£0

Stakeholders			Inputs		Outputs	Outcomes	Deadweight	Displacement	Attribution	Drop off	Impact	Calculating Social Return				
			Description	Value		Description	%	%	%	%		Discount rate (%)		£0		
Who do we have an effect on and who has an affect on us	(Sub-groups)	What do we think will change for them	What do they invest?		Summary of activity in numbers	How would the stakeholder describe the change?	What would have happened without the activity?	Were other activities with same outcomes displaced?	Who else contributed to the change?	Does the outcome drop off in future years?	Total outcomes, times proxy less deadweight, displacement	Year 1 (after activity)	Year £2	Year £3	Year £4	Year £5
	Residents with some dementia (3)					**residents avoided pain and anxiety and maintained independence and dignity**										
						Residents with dementia occupied with structured group activities, increased communications and so less agitated and **increased ability to carry out day-to-day tasks independently**	30%	0%	0%	0%	£5,292	£5,292	£0	£0	£0	£0
Health Service (1)	Local Doctor	Residents use health services less	Nurses time	£1,728	- 7500 hot meals annually	The nurse group sessions helped residents manage their health and symptoms better, they were healthier and **residents went to the doctors less**	10%	10%	0%	0%	£2,096	£2,096	£2,096	£0	£0	£0
	Hospital			£0		Residents were fitter, more mobile, had fewer falls and so **residents ended up in hospital less**	25%	0%	0%	0%	£68,061	£68,061	£0	£0	£0	£0
Local authority (1)		Residents provided with nutritious meal	meals on wheels contract (annual)	£22,425		*Material outcomes for other s*					£0	£0	£0	£0	£0	£0
Wheels-to-meals volunteers (retired) (5)		Keep active	time (at min wage) 5 volunteers x 3 hrs x 5 days x 50 wks x £6 (forecast)	£22,500		Material outcomes for other s					£0	£0	£0	£0	£0	£0
Neighbours of elderly/ disabled residents (42)		No change expected - continue looking out for neighbours	time	£0		Resident went to luncheon club instead of staying at home, neighbour called round less and so **neighbour felt displaced/ rejected**	20%	0%	0%	50%	-£1,936	-£1,936	-£968	-£484	£0	£0
Total				£46,653							£108,722	£108,722	£2,758	-£484	£0	£0

Total Present Value (PV)		
Net Present Value		
Social Return £ per £		

Total Present Value (PV)			£107,184
Net Present Value			£60,531
Social Return £ per £			£2.30

Appendix D The new forecast for Year 3 – only material outcomes

Stakeholders			Inputs		Outputs	Outcomes							
			Description	Value		Description	Indicator	Source	Quantity	Duration	Financial Proxy Description	Value	Source
Who do we have an effect on and who has an affect on us	(Sub-groups)	What do we think will change for them	What do they invest?		Summary of activity in numbers	How would the stakeholder describe the change?	How would you measure it	Where did you get the information from?	How much change was there?	How long did it last? (years)	What proxy would you use to value the change?	What is the value of the proxy?	Where did you get the information from?
Elderly/ disabled residents (30)	Residents without dementia (27)	Residents have better quality of life	Time	£0	**LUNCHEON CLUB:** - Group activities (board games, craft, mild/ therapeutic exercise, info and awareness sessions)	The mild/therapeutic group exercise sessions made residents fitter, they had fewer falls and ended up in hospital less and so **residents avoided pain and anxiety and maintained independence and dignity**	Number of residents spending at least 4 weeks less time in family/health service care out of their homes and as a consequence reporting not losing independence and dignity	One off research	7	1	Less spent on home help, 4 weeks costs (£1,260)	£5,820	Research on local cost of home help (www.guardian.co.uk/money/2007/mar/11/observercashsection.theobserver6),
											Stakeholder defined relative value (between £4,300 -£7,125. £4,380 used)		value game consultation
											Less spent on drugs and therapies to reduce pain and anxiety (£260)		information from stakeholders
						The sessions by the nurse helped residents manage their health and symptoms better and **residents were slightly healthier**	Number of residents who report improvement in physical health and who go to doctors at least 4 times less a year	Questionnaire and interviews	20	2	Stakeholder defined relative value (between £300 -£1,000. £300 used)	£300	Estimate based on consultation with residents, triangulated against family spending survey and alternative cost
		Residents 'get out of the house more'				Residents made new friends and spent more time with others through the group activities, socialised more and so **residents felt less isolated**	Number of residents who spent at least 2 hours a week in company of new friends and reported feeling less isolated as a consequence (at least 3 step improvement on an isolation scale of 1-10)	questionnaire	20	2	Average annual membership/cost of: 2 coach trips and weekly art and craft club	£74	locals adverts/research
						Residents have less contact with neighbours and so **residents are more isolated**	Number of residents who experienced at least 2 less contacts a week with neighbour and reported feeling more isolated as a consequence (at least 3 step drop on an isolation scale of 1-10)	one-off survey	8	2	Average annual membership/cost of: 2 coach trips and weekly art and craft club	-£74	locals adverts/research
						Residents have less contact with neighbours and so **neighbourly care was reduced**	Number of residents who experienced at least 2 less contacts a week with neighbour	one-off survey	13	2	annual cost of weekly supermarket shopping delivery	-£260	Tesco

Stakeholders			Inputs		Outputs	Outcomes							
			Description	Value		Description	Indicator	Source	Quantity	Duration	Financial Proxy Description	Value	Source
Who do we have an effect on and who has an affect on us	(Sub-groups)	What do we think will change for them	What do they invest?		Summary of activity in numbers	How would the stakeholder describe the change?	How would you measure it	Where did you get the information from?	How much change was there?	How long did it last? (years)	What proxy would you use to value the change?	What is the value of the proxy?	Where did you get the information from?
	Residents with some dementia (3)					The mild/therapeutic group exercise sessions made residents with dementia with dementia fitter, they had fewer falls and ended up in hospital less and so **residents avoided pain and anxiety and maintained independence and dignity**	Number of residents spending at least 4 weeks less time in family/health service care out of their homes and whose families report that resident appears not to be losing independence and dignity	interviews with residents and their families	1	1	Less spent on home help, 4 weeks costs (£1,260)	£5,820	Research on local cost of home help (www.guardian.co.uk/money/2007/mar/11/observercashsection.theobserver6),
											Stakeholder defined relative value (between £4,300 -£7,125. £4,380 used)		value game consultation
											Less spent on drugs and therapies to reduce pain and anxiety (£260)		information from stakeholders
						Residents with dementia occupied with structured group activities, increased communications and so less agitated and **increased ability to carry out day-to-day tasks independently**	no. of residents that are less stressed (on a scale) according to families and report being able to carry out tasks that they couldn't do prior to the project.	interviews with residents and their families	2	1	Less spent on home help, 12 weeks costs (£3,780)	£3,780	locals adverts/research
Health Service (1)		Residents use health services less	nurses time	£1,728									
	Hospital			£0		Residents were fitter, more mobile, had fewer falls and so **residents ended up in hospital less**	fewer hospital admissions	residents questionnaire	7	1	resources freed up (unit costs: Accident & Emergency + Geriatric assessment - Inpatient + Geriatric continuing care - Inpatient (ave 5 wks))	£12,964	NHSS Cost Book 2011/12
Local authority (1)		Residents provided with nutritious meal	meals on wheels contract (annual)	£22,425	- 7500 hot meals annually	*Material outcomes for other stakeholders*							
Wheels-to-meals volunteers (retired) (5)		Keep active	time (at min wage) 5 volunteers x 3 hrs x 5 days x 50 wks x £6 (forecast)	£22,500		*Material outcomes for other stakeholders*							
Total				£46,653									

Stakeholders			Inputs		Outputs	Outcomes	Deadweight	Displacement	Attribution	Drop off	Impact	Calculating Social Return				
			Description	Value		Description	%	%	%	%		Discount rate (%)		3.5%		
Who do we have an effect on and who has an affect on us	(Sub-groups)	What do we think will change for them	What do they invest?		Summary of activity in numbers	How would the stakeholder describe the change?	What would have happened without the activity?	Were other activities with same outcomes displaced?	Who else contributed to the change?	Does the outcome drop off in future years?	Total outcomes, times proxy less deadweight, displacement and attribution	Year 1 (the 1st year after activity)	Year 2	Year 3	Year 4	Year 5
Elderly/ disabled residents (30)	Residents without dementia (27)	Residents have better quality of life	Time	£0	**LUNCHEON CLUB:** - Group activities (board games, craft, mild/ therapeutic exercise, info and awareness sessions)	The mild/therapeutic group exercise sessions made residents fitter, they had fewer falls and ended up in hospital less and so **residents avoided pain and anxiety and maintained independence and dignity**	25%	0%	5%	50%	£29,027	£29,027	£0	£0	£0	£0
						The sessions by the nurse helped residents manage their health and symptoms better and **residents were slightly healthier**	25%	0%	10%	10%	£4,050	£4,050	£3,645	£0	£0	£0
		Residents 'get out of the house more'				Residents made new friends and spent more time with others through the group activities, socialised more and so **residents felt less isolated**	10%	0%	0%	0%	£1,332	£1,332	£1,332	£0	£0	£0
						Residents have less contact with neighbours and so **residents are more isolated**	0%	20%	0%	0%	-£474	-£474	-£474	£0	£0	£0
						Residents have less contact with neighbours and so **neighbourly care was reduced**	15%	0%	0%	0%	-£2,873	-£2,873	-£2,873	£0	£0	£0

Stakeholders			Inputs		Outputs	Outcomes	Deadweight	Displacement	Attribution	Drop off	Impact	Calculating Social Return				
			Description	Value		Description	%	%	%	%		Discount rate (%)		3.5%		
Who do we have an effect on and who has an affect on us	(Sub-groups)	What do we think will change for them	What do they invest?		Summary of activity in numbers	How would the stakeholder describe the change?	What would have happened without the activity?	Were other activities with same outcomes displaced?	Who else contributed to the change?	Does the outcome drop off in future years?	Total outcomes, times proxy less deadweight, displacement and attribution	Year 1 (the 1st year after activity)	Year 2	Year 3	Year 4	Year 5
	Residents with some dementia (3)					The mild/therapeutic group exercise sessions made residents with dementia with dementia fitter, they had fewer falls and ended up in hospital less and so **residents avoided pain and anxiety and maintained independence and dignity**	25%	0%	5%	50%	£4,147	£4,147	£0	£0	£0	£0
						Residents with dementia occupied with structured group activities, increased communications and so less agitated and **increased ability to carry out day-to-day tasks independently**	30%	0%	0%	0%	£5,292	£5,292	£0	£0	£0	£0
Health Service (1)		Residents use health services less	nurses time	£1,728												
	Hospital			£0		Residents were fitter, more mobile, had fewer falls and so **residents ended up in hospital less**	25%	0%	0%	0%	£68,061	£68,061	£0	£0	£0	£0
Local authority (1)		Residents provided with nutritious meal	meals on wheels contract (annual)	£22,425	- 7500 hot meals annually	*Material outcomes for other s*					£0	£0	£0	£0	£0	£0
Wheels-to-meals volunteers (retired) (5)		Keep active	time (at min wage) 5 volunteers x 3 hrs x 5 days x 50 wks x £6 (forecast)	£22,500		*Material outcomes for other s*					£0	£0	£0	£0	£0	£0
Total				£46,653							£108,562	£108,562	£1,630	£0	£0	£0

Present value of each year	£104,891	£1,522	£0	£0	£0
Total Present Value (PV)					£106,413
Net Present Value					£59,760
Social Return £ per £					£2.28