

Care & Repair

West Lothian



Social Return on Investment (SROI) Analysis

An evaluation of social added value for
Horizon Care and Repair West Lothian

January 2013



CONTENTS

	Page
Executive Summary	3
1 Introduction	5
2 Scope & Stakeholders	10
3 The Investment in the activity	23
4 The Theory of Change	24
5 Outcomes & evidence	36
6 Impact	47
7 Social Return Calculation	50
8 Conclusion and Recommendations	51
9 Audit Trail	54
10 Appendices	54
Appendix A The Principles of SROI	54
Appendix B Horizon Care and Repair Service Impact Map	74
Appendix C Sources, references and assumptions	
C1 Quantities	56
C2 Financial Proxies	62
D Small Repairs Client Survey	66
E Major Works Client Survey	70

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



© Link Group Ltd 2013

All rights reserved. No part of this publication may be stored in a retrieval system or reproduced in any form whatsoever without prior permission in writing from the publisher.

Executive Summary

This is a Social Return on Investment report on the value of Care and Repair West Lothian, a service delivered by Horizon Housing Association. Horizon has been the managing agent of Care and Repair West Lothian (CRWL) since 2001 and has assisted in the region of 9500 older and disabled home owners with essential adaptations or repairs to their homes. In 2012, Horizon Housing Association also became the managing agent for the delivery of Care and Repair Services in North Lanarkshire.

CRWL aims to help older people and people with disabilities to maintain their independence and live comfortably and safely in their own homes within their community. CRWL's core service is to provide advice and information, and to facilitate repairs, improvements and/or adaptations to homes in the private sector, in response to identified need. Since 2004, CRWL has enhanced its service by successfully establishing a small repairs service which provides older and disabled people from all tenures with practical help and advice in undertaking small repairs and handyperson jobs within their homes.

The analysis within this report is based upon the evaluative Social Return on Investment (SROI) model which attributes values to identifiable impacts, in order to calculate the value returned relative to the cost of service provision. This report presents an analysis of the social added value delivered through the total investment of £489,463 in Care and Repair West Lothian from April to December 2011 of which £135,339 is revenue funding provided by West Lothian Council under a Service Level Agreement contract.

Stakeholders

Main stakeholders, who they are, how many and scope restricted to:

- Small Repairs Service Client Households
- Major Works Service Client Households
- West Lothian Council
- NHS Lothian

Care and Repair West Lothian Outcomes

The impact map constructed for Care and Repair West Lothian following stakeholder consultation showed that a range of outcomes were being created, which include:

- Reduced falls and accidents in the home.
- Increased ability to remain living at home.
- Increased sense of security and safety.
- Reduced cost of housing elderly and disabled people.
- Reduced time spent by both local authority care staff and community based NHS staff gaining access to clients' homes.
- Reduced cost of provision of care services in the home.
- Reduced delay to hospital discharge process.

Results

The total impact calculated from the impact map for Care and Repair West Lothian from April to December 2011 under the assumptions made was £940,067. The value of this impact in future years is discounted to net present values, using a discount rate of 3.5%. The total present value of Care and Repair West Lothian is calculated as £2,218,458. The total invested to generate the total present value, was £489,463. The SROI index is a result of dividing the total present value by the investment. This gives a social return of £4.53 for every £1 invested in Care and Repair West Lothian.

Total impact	940,067	£940,067	£597,769	£504,069	£127,100	£127,100
	Present Value of each year	£908,277	£577,554	£487,023	£122,802	£122,802
Total Present Value						£2,218,458
Investment						£489,463
Social Return £ per £						£4.53

Recommendations

The report sets out recommendations for the Care and Repair West Lothian service, Horizon Housing Association and stakeholders in particular the local authority and NHS. These include:

- That Horizon Housing Association considers enhancing its small repairs service to provide a greater number of technical trade jobs beyond a typical handyperson task.
- That there is a greater role for the NHS to play in supporting the provision and development of the service. The findings of the report clearly demonstrate significant cost benefits to the NHS through the provision of the service, and improved communication and partnership working would develop the service further and increase the return.
- That stakeholders review current arrangements for promotion of the service, with an awareness that increased demand for the service may result in a requirement for review of the current model of service delivery
- That West Lothian Council consider revising the Service Level Agreement to broaden the scope of the service, and consider models for resourcing this, including the possibility of a token charge to clients.
- That West Lothian Council considers scope to make greater use of CRWL to streamline elements of the adaptations grants process, which would in turn increase the social return.

Introduction

1.1 Horizon Housing Association and Care and Repair West Lothian

Horizon Housing Association (Horizon) is a national Registered Scottish Charity which promotes and provides affordable housing and services that enable people, irrespective of impairment, to live full and independent lives in the community of their choice. Horizon provides 822 homes for rent or shared ownership in 11 local authority areas from North Ayrshire in the west of Scotland to Fife in the east. It also provides factoring services to 19 owner occupiers. All of Horizon's properties are designed to Housing for Varying Needs standards, with approximately 25% designed to meet the specific needs of wheelchair users. The organisation is based in a purpose designed barrier free office in Livingston.

In 2009, Horizon entered into a constitutional partnership with the Link group of companies to the mutual benefit of its tenants, service users and communities.

On behalf of West Lothian Council, Horizon has been the managing agent of Care and Repair West Lothian (CRWL) since 2001 and to December 2012 has assisted 9447 older and disabled home owners with essential adaptations or repairs to their homes. In 2012, Horizon Housing Association also became the managing agent for the delivery of Care and Repair Services in North Lanarkshire.

CRWL aims to help older people and people with disabilities to maintain their independence and live comfortably and safely in their own homes within their community. CRWL's core service is to provide advice and information, and to facilitate repairs, improvements and/or adaptations to homes in the private sector, in response to identified need. Since 2004, CRWL has enhanced its service by successfully establishing a small repairs service which provides older and disabled people from all tenures with practical help and advice in undertaking small repairs and handyperson jobs within their homes.

1.2 Policy context

1.2.1 Benefits of Care & Repair

There are four reasons why Care and Repair services have gained widespread support from local and central government.

- It assists in achieving health, social care and housing objectives in addition to enhancing social justice for older and disabled people.
- It fills a gap in current services in many local authority areas.
- It is a valued and popular service amongst clients and other stakeholders who are involved in assisting older and disabled people to remain in their homes safely and securely.

- It fits with the preventative spend agenda, providing multiple cost savings to a range of stakeholders.

The Scottish Government is committed to improving the quality of private housing in Scotland. This reflects the evidence that there are substantial condition issues in the private sector. Improving poor condition housing is now recognised as having important links to better health and increased opportunities to remain living independently within the community

Care and Repair West Lothian contributes to the Scottish Government's and West Lothian Council's objectives by helping to make people's homes more suitable for their needs. In particular, the service supports older and disabled clients through the maze of organising major repair and adaptations works, negotiating with the local authority over grants and building warrants or other approvals, and handling the many queries and issues which arise during the process of the work being done. In particular, Care and Repair meets a wide range of national and local policy objectives for those who use the service in terms of:

- The degree of consultation and involvement provided.
- Explanation of all options available for getting works undertaken.
- Accuracy of information provided on issues such as cost and timescale.
- The quality of the work carried out.

The provision of allied services - a small repairs and handyperson service, including fitting of key safes, enabling bulky uplifts, enabling recycling of home safety units, and trade referrals – serves parallel Scottish Government and West Lothian Council objectives:

- Improving the health and quality of life of older people;
- improving care, support and protection for those older people who need it ; and
- improving opportunities for older people by creating more chances for older people to participate and to be involved in their communities.

1.2.2 Reshaping Care for Older People

The Scottish Government, NHS and COSLA recently embarked on a major programme to engage all interests in reshaping care and support services for older people so that policy objectives are met in ways that are sustainable. The programme was taken forward through the Ministerial Strategic Group (MSG) on Health and Community Care, which is chaired by the Minister for Public Health and Sport. The programme consisted of 8 primary work streams, each championed by a member of the MSG. Of the 8 work streams, the most relevant one for care and repair services is the housing and communities work stream, known as *Wider Planning for an Ageing Population*. This work stream built on the achievements of the Review of Older People's Housing (ROOPH) which took place between 2005 and 2008 had two key aims:

- To understand the key needs and wants of older people, with respect to the housing and environmental circumstances that would optimise their independence and quality of life

- To propose short, medium and long term actions at national and local level that will positively impact on meeting agreed needs and wants.

The report stated that in terms of demographics, Scotland's population has been ageing as a result of higher life expectancy and lower fertility rates. In October 2009, the General Register Office for Scotland published new 25 year population projections. These show that the population of Scotland is likely to increase by 7% by 2033, and that there will be a greater proportion of older people. The number of people aged 75 and over is now projected to increase by 23% between 2008 and 2018, and by 84% between 2008 and 2033. In the same 25 year period, the number of people aged 60 – 74 is projected to increase by 33%.

West Lothian, however, by 2018, is forecast to experience the highest rise (+64 per cent) in any local authority in Scotland in people aged 75 and over, with the second highest increase in those aged 60-74 (+45 per cent). The over 85 population will increase by nearly 100%. By 2014 one in three people in West Lothian will be over the age of 50. This growing elderly population tends to live longer with a range of multiple health conditions and degenerative diseases such as dementia, cancer, osteoporosis and diabetes.

West Lothian Council has been committed to developing a range of creative and innovative services, which complement personal care services and maximise independence. Its commitment to Care and Repair was set out in its Older People's Strategic Services Statement (2009 – 2012) as one of its approaches for reducing numbers of paid care hours required, reducing the length of hospital stays and delayed discharges and reducing the length of stays in care homes, reducing the risk of falls, prevention of hospitalisation and supporting people with long term conditions to remain at home. The Council's senior social care advisor reports that two thirds of health and social care spending in West Lothian relates to hospital and care home costs, and 35% of spend relates to unplanned hospital admissions, with the largest element of this relating to older people who have had falls. The West Lothian Community Health Care Partnership (WLCHCP) is currently consulting on a draft Joint Commissioning Plan for Older People.

Wider Planning also reported on changes in housing expectations. It reported that demand and aspirations have changed and will continue to do so over time, as a result of both general shifts in attitudes and policy changes. For example, indications are that people now in their fifties have very different expectations from the current generation of people over 75. Despite the economic downturn current trends in housing tenure suggest that more people will enter older age as home owners. Between 1981 and 2004, owner occupation in Scotland increased from 36% to 66%, while social renting decreased from 54% to 26%.

The stakeholder survey suggested that, to date, insufficient attention has been paid to the role of the private sector in meeting the housing needs of older people. Housing is particularly important to older people who are likely to spend more time at home than those of working age and to have impairments

which reduce their mobility. In general terms, older people are looking for independence, respect, safety, financial security and to be involved and consulted. Many older people express a preference to stay in their existing homes, rather than downsize or move to specialist housing, using adaptations as their needs change, and they look for support to maintain their homes in terms of reliable contractors to carry out repairs and adaptations services.

The Scottish Government supports a wide range of services to enable people to remain in their own homes as they become older and their mobility reduces. The stakeholder survey asked about the quality and capacity of different services. Respondents identified access to gardening services as presenting the biggest problems, but saw adaptations, handyperson services and housing support as the highest priorities for improvement. There were more issues with services in the private sector than the social rented sector, with information and advice a particular problem in the former.

1.2.3 Scheme of Assistance

Under the Scheme of Assistance, introduced by local authorities in 2009-10, under the Housing (Scotland) Act 2006, local authorities are required to provide information and advice on adaptations and improvements, mandatory grants for eligible adaptations, to meet assessed needs and, in some cases, loans or grants. In terms of moving home, the main triggers for older people moving home are bereavement, health problems and social isolation. The decision to move is often very difficult with considerable emotional upheaval, as it may involve giving up the family home, moving to an unfamiliar area or downsizing and having to decide which possessions to keep. With support and advice, some older people will choose, and be able, to stay put, but in some cases, it is questionable whether the intention to remain at home is based on choice or a lack of knowledge of the alternatives. For others, a move to more appropriate housing, which is easier to heat or maintain, or is close to carers or to necessary services, may be most appropriate.

Assistance may be required with packing, alterations to the new property and costs. The main issues for those who have decided to move, identified by the stakeholder survey, are cost, competition for and lack of suitable properties and lack of information and advice. There is considerable evidence about where current arrangements do not work well for older people, but less understanding of why they do not work or break down. However, the *Wider Planning* report suggested that:

- Older people need better information on their housing options and also assistance on the implications of that information for them;
- Lessons from good practice services are not always sufficiently shared and mainstreamed;
- Frontline services too often appear fragmented and un-coordinated to older people;
- Housing needs of older people are not generally a high priority in the housing sector, with Local Housing Strategies tending to focus on other needs and issues;

Some services which are generally agreed to have a key role in helping older people to maintain independent living, such as adaptations and small repairs services, are not as well-resourced or effective as might be expected.

1.3 Social Return on Investment (SROI)

SROI analyses the value that arises from changes to people's lives (and changes to other stakeholders) that are not being captured in financial transactions. These changes are described by stakeholders and indicators are used to assess the amount of change, with proxies used to place a financial value on these changes. These changes are described as outcomes.

The principles of this approach are set out in Appendix A.

This report is an evaluation of the social return from Care and Repair West Lothian from April to December 2011

This Social Return on Investment report aims to shed further light on the difference Care and Repair Services makes to a range of stakeholders including the clients themselves, the local authority and the NHS. It is hoped the report will contribute to the Reshaping Care agenda and assist Community Care and Health Partnerships to gain a better understanding of the impact and contribution of Care and Repair Services.

The Report also aims to inform a service review of CRWL both from the internal perspective of Horizon Housing Association and Link Group and for the contracting authority, West Lothian Council. The Report concludes with a range of recommendations at both operational and strategic levels.

The target audiences for the Report are:

- Horizon Housing Association Board, Senior Management and Care & Repair staff.
- West Lothian Council/West Lothian Community Health Care Partnership
- NHS Lothian
- Care and Repair Scotland
- Scottish Government
- Scottish Federation of Housing Associations

2 Scope & Stakeholders

2.1 Project Activity

Care & Repair West Lothian (CRWL) is a free and confidential service available for people who are over 60 years of age or who have a disability. The service offers independent advice and assistance to help people repair, improve or adapt their homes and the care and repair ethos requires that we meet with clients in the comfort of their own homes, in familiar surroundings often with family and close friends in attendance.

Care & Repair West Lothian aims to assist older people and people with disabilities to maintain their independence and live comfortably and safely in their own homes within their community. CRWL provides advice and information, facilitates repairs, improvements and/or adaptations to 60+ or disabled households. CRWL does this through two distinct services that are included in the scope of this SROI analysis:

- Small Repairs Service including installation of Key Safes, Home Safety Equipment Uplifts and assistance with Bulky Uplifts
- Major Works Service including adaptations project management and Private Works trade referrals and project management.

CRWL is delivered in accordance with a Service Level Agreement (SLA) between Horizon Housing Association and West Lothian Council. The SLA sets out the Council's aims for the service including the outcomes they wish the service to achieve and annual output targets. The SLA is discussed further in section 4.2 West Lothian Council Theory of Change.

2.1.1 Small Repairs Service

The Small Repairs Service was established in 2004 to enable older and disabled people to get practical help and advice in undertaking small repairs and handyperson jobs within their homes. The Small Repairs Service is open to anyone living in the West Lothian Council area who is 60+ and/or disabled, regardless of tenure.

There are a number of referral routes for the Small Repairs Service including:

- Self referral – direct phone call by individual or their family/friends.
- Referral through support services such as Social Work Services, NHS, GP or other voluntary organisations with which the household is in contact.
- Stakeholder engagement has identified some more unusual routes including a local electrical store who were aware CRWL would assist disabled or elderly households to move items to kerbside and prepare ready for bulky uplift by WLC.

At the initial telephone call, the client describes what their needs are to the Care and Repair Administration Assistant who makes an initial assessment of the service required. Where the needs are unclear, the Small Repairs Officer (the person who would actually carry out the work) visits the household to

establish what service is required. The Assistant will also determine if the job is beyond a basic small repair and is the responsibility of the landlord be it a private sector landlord, Council or housing association; or if a trade referral is required in the case of a home-owner.

The Small Repairs Officer then visits the client to carry out the small repairs. This includes identifying, and where necessary purchasing, equipment needed to do the job. The client then reimburses CRWL the cost of any materials, and receives a receipt. The most common jobs include:

- changing light bulbs
- hanging curtains
- putting up curtain poles/blinds/pictures/mirrors
- installing internal and external handrails
- repairing/replacing toilet seat/bathroom fixtures
- repairing/replacing door handles
- security items such as peepholes, smoke alarms.

Where the Small Repairs Officer has assessed that a bigger job is necessary, the client is provided with contact details of approved contractors, which have an existing relationship with CRWL or with Horizon in its wider work. This is termed a 'trade referral'. The client can then choose to contact and discuss their requirements with the contractor directly or if they wish, CRWL will make initial contact with the contractors on their behalf. It is then up to the client and contractor to agree the private works and costs.

The Small Repairs Service also installs Key Safes, mostly on behalf of and at the request of the Council's social services staff. These are fixed to the wall at the entrance to the home to enable the safe deposit of keys for the home. The Key Safe has a combination lock which is only provided to carers, family, trusted neighbours to allow ease of access to the home in case of emergency or where the occupant is unable to open the door from the inside.

CRWL are also contracted by WLC to uplift Careline Home Safety Equipment that is no longer needed by the household. The equipment is then refurbished and reused. If CRWL do not get access to uplift the Careline equipment, the service user, or their family if service user is deceased, is billed by the Council for the cost of the equipment.

In the West Lothian Council area, householders with bulky items requiring uplift by the Council must prepare and move all items to the kerbside by 7am (6am on Saturdays for fridges and freezers). Items will not be uplifted from inside the property. This is an impossible task for many disabled and elderly householders. CRWL will assist disabled and elderly householders to move items ready for bulky uplift. CRWL receive referrals directly from the Council or the householder to carry out this service.

2.1.2 Major Works Service

The Major Works Service is available to homeowners who are 60+ and /or are disabled. The majority of households referred to CRWL are eligible for

financial support for adaptations work. However, there are some instances where the individual is under 60 and is simply seeking advice on approved contractors to carry out private works or in a limited number of cases an individual does not wish to pursue financial support through the Scheme of Assistance.

The majority of adaptations are for the installation of wet floor showers, followed by stair lifts and external ramps to access the home. In some cases multiple adaptations are required.

The following describes the service provided by CRWL for major adaptations where the individual is eligible for financial support.

Scheme of Assistance Grants Process for Major Adaptations

1. CRWL receives a referral from the Occupational Therapist and all of the client details are entered into the ACT database.
2. CRWL checks the Registers of Scotland website to confirm owner's details for the property where the proposed work is to be the subject of a grant application. CRWL visits the client to explain the process, confirm ownership details and check the financial position in terms of qualifying claims for the grant award.
3. CRWL selects three contractors from its list of approved contractors and send out a tender request with agreed specification for the works.
4. Contractors return tenders by the date on the tender letter. Once tenders are received, the ACT database is updated and Care & Repair arranges to visit the client again.
5. During this second visit, the client chooses their preferred contractor and CRWL advises the client of the required client contribution to the cost of the agreed works, informs them of the process involved if they wish additional works, and explains the process from this point forward.
6. CRWL submits the grant application to the Grants Section of West Lothian Council and advises the successful contractor of the client's decision. If required, the successful contractor is expected to apply for the building warrant at this stage
7. The Grants section makes the client an offer of grant award within 6 weeks from the date CRWL submits the grant application. If the client accepts the offer of grant, then CRWL issues a letter to the appointed contractor instructing the works to proceed, and to be completed within 6 weeks of the date on the letter.
8. The certificate of approval is sent to the contractor by the Grants section, although the contractor can start the works before the certificate of approval is issued.
9. On a monthly basis, CRWL contacts clients and contractors to determine whether works have been completed, and if not, the current position in terms of the progress of the case. If necessary, CRWL will liaise with the contractor and support the client to resolve any issues. CRWL prepares a monthly report detailing the progress of each case and a completions

report for cases completed during that particular month. Both reports are sent to all Occupational Therapists and respective Team Managers.

10. In terms of completed works, CRWL sends out satisfaction surveys to all clients with freepost envelopes, and if any have not been returned within 2 weeks, CRWL contacts clients to undertake a telephone survey.
11. Contractors are advised that on completion of works, an invoice detailing start and finish dates, and Completion Certificate and Electrical Safety Test Certificate must be forwarded to West Lothian Council. West Lothian Council inspects work, and when satisfied, a cheque is issued to contractor for the sum of the grant award.

2.1.3 Where a need has been identified for an individual to get adaptations to their home, but they are not eligible for financial assistance through the Scheme of Assistance, CRWL can provide a trade referral and a project management service to assist with progression of works. The project management service is still free, but to date has been limited to relatively small scale works, for a small number of people and is not widely known. There is likely to be a latent demand for project management by the Care and Repair service, as it is able to marry knowledge and skill in supporting older and disabled people to be in control with technical and contract management skills and local knowledge. However increased demand would require additional capacity to be resourced in order to respond to this.

2.2 Period of Study

This report is an evaluation of CRWL from April to December 2011. This period of study was chosen as:

- This period presents a current, true reflection of service delivery.
- Good, up to date data and records are available for this period.
- This is the final year of the current service level agreement and the SROI Report will complement and contribute to West Lothian Council's service review.

2.3 Stakeholders and Stakeholder engagement

The analysis focuses on 5 stakeholder groups:

- Small Repairs Service Client Households.
- Major Works Service Client Households.
- West Lothian Council.
- NHS Lothian.
- CRWL Approved Contractors.

The following table summarises the stakeholder groups and their involvement in the SROI analysis.

Stakeholder	Method of Involvement	How many	When
Small Repairs Service Client Households	Postal survey sent to all Small Repairs Service Clients	87 responses out of 552 client households	June/July 2012

	Telephone based interviews	20 107 total response out of 552 = 19% sample size	July 2012
Major Works Service Client Households	Personal home visit interviews	27 Clients interviewed out of total of 126 major works = 21% sample size	July 2012
West Lothian Council	One to one interviews with: Housing Strategy and Development OT Group Manager Occupational Therapists (Social Work Services)	1 1 4 (2 Bathgate, 2 Strathbrock)	August/ September 2012
NHS Lothian	Telephone interviews Community Nursing Team Leader St John's Hospital (Acute Care Discharge) OT Assistant	3	September 2012

2.3.1 Stakeholder 1 **Small Repairs Service Client Households**

The primary objective of Care and Repair West Lothian is to provide a small repairs and major adaptations service for disabled and elderly (60+) households in the West Lothian Council area. The primary beneficiaries are therefore client households who receive a service from CRWL.

However, as previously discussed, Care and Repair West Lothian consists of two distinct services that are included in the scope of this SROI analysis:

- Small Repairs Service including installation of Key Safes, Home Safety Uplifts and assistance with Bulky Uplifts
- Major Works Service including adaptations project management and Private Works trade referrals

From the stakeholder engagement, it was evident that clients of the two services experienced different outcomes and to different degrees. For example installing a wet floor shower can have far reaching and significant outcomes compared to changing a light bulb. However from the perspective of the client and other stakeholders the impact and value of the services can be equally significant. Both, for example, have been shown to reduce the likelihood of falls and accidents in the home. It was therefore felt necessary to split the CRWL Client Households into two groups so they could be treated appropriately in the impact map, namely:

- Small Repairs Service Client Households
- Major Works Service Client Households

It should be noted that where the Client Household included a spouse or family member who was resident in the household, they were included in the stakeholder engagement and impact analysis.

During the period from April to December 2011, the Small Repairs Service delivered the following outputs:

Case Type	Qrt.1	Qrt.2	Qrt.3	Total
Advice & Information	11	7	1	19
Small Repairs (incl bulky uplift)	65 (6)	82 (19)	95 (13)	242 (38)
Key Safes	91	105	114	310
Home Safety Uplifts	123	120	120	363
Total Jobs	296	333	343	972

In some instances a single household may have received a combination of more than one element of the service. Home Safety Uplifts have not been included in the total number of Client households as the householder is usually deceased or moved into residential care. The benefit of this service is its contribution to the speed of delivery to subsequent social work clients, who are indirectly beneficiaries of the Care and Repair service.

Type of Job	Number	Type of Job	Number
Door Repairs	28	External Jobs	21
Light Bulbs	21	Re-Arrange Furniture	11
Other Internal Jobs	123	Bulk Uplift	38

This table shows the type of advice provided by CRWL:

Type of Advice	Qrt.1	Qrt.2	Qrt.3	Total
Energy Efficiency	0	1	0	1
Financial	4	2	0	6
Grants	0	0	0	0
Technical	3	1	0	4
Other	4	3	1	8

Other advice includes:

- Scope of small repairs service.
- The adaptation process.
- Feasibility studies for proposed building works.
- What does the care and repair service do?
- Signposting to various organisations and services including Older Peoples Advice Service, Energy Assistance Package and West Lothian Council various services.

A range of information sources were used to develop the basis of the Impact Map for Small Repairs Service Client households including:

- Case notes.
- One to one interviews.
- Case management database.
- Ongoing client satisfaction feedback.

While the above information provides detailed information on quantitative outputs, more detailed information was needed to develop the full story of change for Small Repairs Service Client households and gain a fuller understanding of the difference the service made to their lives.

A survey form was sent to all 552 households who were Small Repairs Service Client households during the period under analysis. These responses were augmented with 20 telephone interviews based on the same questions in the postal survey. 87 responses were returned, which combined with the 20 telephone interviews give a sample size of 19% of Small Repairs Client Households.

A sample questionnaire can be found in Appendix C3. The survey aimed to find out what difference the service made to the lives of Clients, and their household, and if the service was achieving its aim of providing a repairs and adaptations service that would ultimately help elderly and disabled people to remain in their homes for longer, safely and securely.

The 20 client households selected to participate in telephone interview were representative of the range of small repairs carried out by the service during the period under analysis. There was no bias in selecting clients for interview as there was no personal relationship between the CR assistant who selected the clients, and the clients themselves.

The analysis of types of outcomes is detailed in Section 4 of this Report “The Theory of Change”. The proportional importance of outcomes is considered in the Impact Map and in justification for decisions on attribution, deadweight, duration of outcome etc. The Appendices in Section 10 provide further explanation of these decisions.

2.3.2 Stakeholder 2 Major Works Service Client Households

As discussed, the primary objective of Care and Repair West Lothian is to provide a small repairs and major adaptations service for disabled and elderly (60+) households in the West Lothian Council area. The primary beneficiaries are therefore client households who receive a service from CRWL. The next stakeholder that experiences materially significant change is therefore the client households of the Major Works Adaptations Service.

The Major Works Service includes adaptations management and Private Works trade referrals and project management. During the period from April to December 2011, the Major Works Service completed the following:

Case Type	Qrt.1	Qrt.2	Qrt.3	Total
Trade Referrals	29	27	12	68
Private Works	2	0	0	2
Adaptations	43	41	42	126

Trade referrals can be split into the following:

Trade	Qrt.1	Qrt.2	Qrt.3	Total
Builder	6	1	0	7
Decorator	2	4	1	7
Electrician	6	7	3	16
Joiner	2	3	0	5
Plumber	10	7	6	23
Roofer	2	1	2	5
Gardener	1	3	0	4

The 126 adaptations can be split into the following types:

Type of Major Works	Qrt.1	Qrt.2	Qrt.3	Total
Bathroom Adaptations	24	29	23	76
Ramps	4	1	5	10
Stair Lifts	15	11	13	39
Entrance Steps	0	0	1	1

There were 2 private works completed with the assistance of CRWL

Type of Work	Qrt.1	Qrt.2	Qrt.3	Total
Roof Repair	2	0	0	2

A range of information sources were used to develop the basis of the Impact Map for Major Works Service Client Households including:

- Case notes.
- One to one interviews.
- Case management database.
- Ongoing client satisfaction feedback.

While the above information provides detailed information on quantitative outputs, more detailed information was needed to develop the full story of change for Major Works Service Client Households and gain a fuller understanding of the difference the service made to their lives

Interviews were held with 27 Major Works Service Clients in their own homes. The interview was conducted based on the survey form in Appendix C4. The survey aimed to find out what difference the service made to the lives of clients and their household, and if the service was achieving its aim of providing a repairs and adaptations service that would ultimately help elderly and disabled people to remain in their homes for longer, safely and securely. As with the Small Repairs Client sample, Major Works Client Households were selected based on the nature of the work done to ensure a broad understanding of the impact of various works, such as stair lift, ramp, or wet floor shower.

The analysis of outcomes is detailed in Section 4 of this Report “The Theory of Change”. The proportional importance of outcomes is considered in the

Impact Map and in justification for decisions on attribution, deadweight, duration of outcome etc. The Appendices in Section 10 provide further explanation of these decisions.

2.3.3 Stakeholder 3 West Lothian Council

West Lothian Council (WLC) contracts Horizon Housing Association to deliver the Care and Repair West Lothian Service. The Service Level Agreement (SLA) is for the provision of a Care and Repair Service offering independent advice and assistance to help disabled people or those aged 60 or over to repair, improve or adapt their homes. The service aims to assist older people and people with disabilities living in the private sector to maintain their independence and live comfortably and safely in their own homes in the community.

The SLA service specification includes:

- Major Works adaptations for private home owners.
- Small Repairs Service for all tenures.
- Provision of advice and information.
- Installation of key safes.
- Home Safety Equipment (Careline) uplifts.
- Trade referrals as appropriate.
- Limited support for private works according to stricter eligibility criteria.

In addition to the specification in the SLA, CRWL also facilitates clients to comply with the Council's requirements for bulky uplifts. The Council provides various statutory services that affect and are affected by CRWL and contribute to the impact of the Service. Key departments involved in the delivery of the service through referrals and identifying service users needs include:

- Social Work Services – Occupational Therapy.
- Social Work Services - Community Care Assistants.
- Social Work Services - Domiciliary Care - Home Safety.
- Planning and the Environment – Waste Services (Bulky Uplift).
- Housing Strategy and Development.

Referrals from West Lothian Council

WLC Department/Service	Number of referrals during period of analysis
Home Safety Team	329
Social Work	364
Social Work OT Team	112
Other departments	10

One to one and telephone interviews were held with West Lothian Council staff from the above services/teams. The interviews were all held in a similar fashion with the interviewer:

1. outlining the range of services delivered by CRWL
2. listing some of the outcomes reported by CRWL service users through stakeholder engagement

3. general questions on their awareness of the service, its impact on the Council in general and on their department specifically and any recommendations for improving service delivery
4. if they see any benefit from the service being provided by a local housing association with a specialism in housing people with disabilities.

The analysis of outcomes gleaned from the interviews is detailed in Section 4 of this Report “The Theory of Change”. The proportional importance of outcomes is considered in the Impact Map and in justification for decisions on attribution, deadweight, duration of outcome etc. The Appendices in Section 10 provide further explanation of these decisions.

2.3.4 Stakeholder 4 NHS Lothian

NHS Lothian operates a West Lothian Community Health Care Partnership of health and social care and West Lothian NHS Healthcare Trust. NHS Lothian provides various statutory services that affect and are affected by CRWL and contribute to the impact of the Service. There is a particularly close link between the Council’s and NHS Lothian Occupational Therapy Teams and Discharge department in making referrals to CRWL.

Key NHS Teams that are affected and have an effect on the delivery of CRWL include:

- Hospital based Occupational Therapy.
- Community Nursing Teams including District Nurses and Care Staff.
- Acute Services Discharge.
- General Practitioners.

One to one and telephone interviews were held with staff from the above teams. The interviews were all held in a similar fashion with the interviewer:

1. outlining the range of services delivered by CRWL
2. listing some of the outcomes reported by CRWL service users through stakeholder engagement
3. general questions on their awareness of the service, its impact on the NHS in general and on their department specifically and any recommendations for improving service delivery
4. if they see any benefit from the service being provided by a local housing association with a specialism in housing people with disabilities.

The analysis of outcomes gleaned from the interviews is detailed in Section 4 of this Report “The Theory of Change”. The proportional importance of outcomes is considered in the Impact Map and in justification for decisions on attribution, deadweight, duration of outcome etc. The Appendices in Section 10 provide further explanation of these decisions.

NHS hospital or community based teams made 6 direct referrals and GPs 4. It should be noted that stakeholder engagement has highlighted that NHS referrals are mainly made through the WLC Social Work Department rather than directly to CRWL. This hides the number of referrals coming from NHS

and adds an unnecessary additional level of worker involvement from the Council in making referrals.

2.3.6 Excluded Stakeholders

A list of other stakeholders were identified, but they have not been included in this analysis:

- Approved Contractors
- Families and carers of clients not sharing home of client.
- Horizon Housing Association.
- Scottish Government.
- West Lothian Police.
- Voluntary sector service providers.

The reasons for the exclusion of these stakeholders are detailed in Section 9 Audit Trail. There was some limited engagement with families and carers of clients and this merits further discussion in 2.3.8.

2.3.7 Excluded Stakeholder CRWL Approved Contractors

Care and Repair West Lothian has established a list of approved local contractors. There are currently 16 contractors on the list with 6 core contractors, mainly plumbers and electricians, tendering the most often for works. The remaining 10 contractors are used less frequently, for example gardeners, roofers or joiners. This simply reflects the most frequent demand for works being for the installation of wet floor showers or stair lifts.

Each approved contractor must go through an assessment, approval and annual review process to ensure standards are maintained and the best possible service is provided to clients in their homes.

Contractors wishing to become a CRWL Approved Contractor must first read the conditions of contract and the Summary of Assistance Schedule before completing an application form. Eligibility of contractors to carry out work is based on evidence of satisfactory levels of experience of client group, technical ability, financial robustness, resource capacity to tender and to meet timescales as required by clients. The Care and Repair Manager then interviews the Contractor, and decides whether the contractor is appropriate for the service.

All contractors must go through an annual review to ensure service standards are being maintained and the conditions of contract met. Reviews include verbal reports from clients.

For the major works, largely adaptations, approved contractors compete in a tendering process to secure the works. Trade referrals are also made which do not involve CRWL managing a tendering process, unless this is part of a project management agreement with the client. Works are agreed directly between client and contractor with CRWL providing the client with contact details for a range of contractors on its approved contractor list.

Approved contractors carried out the following works from April - December 2011

Case Type	Qrt.1	Qrt.2	Qrt.3	Total
Trade Referrals	29	27	12	68
Private Works	2	0	0	2
Adaptations	43	41	42	126

Trade referral	Qrt.1	Qrt.2	Qrt.3	Total
Builder	6	1	0	7
Decorator	2	4	1	7
Electrician	6	7	3	16
Joiner	2	3	0	5
Plumber	10	7	6	23
Roofer	2	1	2	5
Gardener	1	3	0	4

Approved contractors were initially included in stakeholder engagement with interviews being conducted with 4 of the 16 contractors. Contractors expressed the following outcomes due to their business relationship with CRWL including:

- Increased business
- Number of hours saved from not having to directly manage care and repair client customer relations

However, these outcomes simply reflect the payment of Stage 3 adaptations monies to contractors rather than the creation of social impact as a result of the activity being analysed. The value of the stage 3 adaptations grants and costs covered by older person households (investment) is also netted by the corresponding value of payments to contractors. There is also the additional issue of displacement where if these contractors were not benefiting from the adaptation grants, then another set of contractors would be. The approved contractors were therefore not judged to be materially significant and were not included in the final impact map.

2.3.8 Excluded Stakeholder: Families and carers of clients not sharing home of clients

During the course of engaging with both Small Repairs and Major Works Clients, it became evident that families and carers who do not live in the client household had experienced some change as a result of their family member/neighbour having adaptations done in the home. Some limited engagement with carers and family members indicated that this change could be significant to them. For example, where the client had been dependent on family members/carers to assist them with bathing, the installation of a wet floor shower reduced the level of assistance the client required in the home. 5% of small repairs clients reported reduced demand on family for support in the home. Significantly more major works clients (37%) said they needed less

support in the home. However, in the majority of these cases the reduced support was from NHS or other paid care provision rather than from families due to the more advanced care needs of major works clients.

In the course of delivering the service, CRWL staff have reported a few incidences where family members who own the client's home have refused permission for adaptations to be carried out. This appears to be due to the perception that the adaptations will have a negative impact on the property value. The impact of refusing permission to carry out adaptations would have significant impact on the client requiring adaptations and on other stakeholders.

An example of an adverse impact on the family is where CRWL have been unable to gain access (3 attempts are made) to a home to uplift Careline Home Safety Equipment after a client has moved into a care home or died. The Council's Home Safety team issues a demand to the service user or next of kin for payment of an average of £750 depending on the equipment that needs to be replaced, however, the level of information gathered through stakeholder engagement with families and carers is insufficient to include them in the impact map with any level of confidence. It is recommended that future evaluation of social impact of CRWL should include engaging with family members/carers out with the client household to gain a better understanding of the impact of the service on them. It should also be noted that the social return ratio will be affected by the exclusion of the impact on families and carers.

3 The Investment in the activity

This report is an evaluation of the social return of Care and Repair West Lothian from April to December 2011. Total investment in the activity during this period was £489,463 made up of:

- WLC Service Level Agreement: Contract Value pro rata £135,339.
- WLC Scheme of Assistance: Grants £302,827.
- Major Works Service Clients: contribution to adaptation works £48,895.
- Small Repairs Service Clients: equipment costs £2402.

Major Works Adaptations Costs

Payment	Qrt.1	Qrt.2	Qrt.3	Total	Avg per case @126 cases
Overall Cost	126,120	105,632	119,970	351,722	£2,791
Grant Awards	111,435	91,854	99,538	302,827	£2,403
Client Contribution	14,685	13,778	20,432	48,895	£388

Each stakeholder does provide additional inputs that support the service. For example, West Lothian Council and NHS staff make referrals to CRWL and contribute to client case management. However, these inputs are not additional to these stakeholders' costs as existing staff incorporate this partnership working into their daily workload. Input beyond service provision is therefore not materially significant.

4 The Theory of Change

Care & Repair West Lothian helps older people and people with disabilities living in the private sector to maintain their independence and live comfortably and safely in their own homes within their community. The focus of Care & Repair is on the repair, adaptation or improvement of properties – and to provide advice and support to clients to enable them to get the work done to a high standard with the minimum of disruption.

The theory or story of change is a key aspect of SROI. The stakeholder engagement detailed in section 2 is used to learn more about the stakeholder's experience of CRWL whether this is as a client or as an agency that affects, or is affected by, CRWL. The theory of change from the perspective of each stakeholder is then more fully understood and can be developed in the impact map.

The service clients receive is determined by their individual circumstances and can vary significantly from installation of a key safe to multiple adaptations. There is therefore no one story of change applicable for all service users, but our stakeholder engagement has identified outcomes trends for Small Repairs and Major Works services and Care and Repair West Lothian overall.

This section considers the theory, or story of change, for each of the stakeholders chosen for the study and explores the relationships between stakeholders and the inter-related nature of outcomes or chain of events.

4.1 Change from the perspective of Small Repairs Service Client Households

The objectives of Small Repairs Service Clients in using Care and Repair West Lothian were believed to be:

- To get help with small jobs around the house that the client was un-able to carry out themselves.
- To get help and advice from a trustworthy, reliable source that would mean they could be confident with the job and having strangers in their home.
- To not be “ripped off”.
- To get help with small jobs around the house that would help the client and their spouse to live at home safely and securely.
- To get assistance preparing items for bulky uplift.

A range of measures and information sources were used to find out if these objectives were being achieved by CRWL and to get a clearer picture of the full outcomes Small Repairs Service Client Households experience as a result of receiving the service. Section 2.3.1 details the range of information sources used to develop the basis of the Impact Map for this stakeholder.

The initial analysis of outcomes along with quotes from the interviews and surveys are detailed in the table overleaf. It should be noted that a household can experience more than one outcome that has been separately valued in the impact map. Double counting has been avoided by additional consideration of chains of events and the quantities of stakeholders reaching different parts of the chain of events. The proportional importance of outcomes is considered in the Impact Map and in justification for decisions on attribution, deadweight, duration of outcome etc. The 19% sample size provides a level of confidence in apportioning value of outcomes in the impact map. Assumptions around quantities of outcomes are detailed in Appendix C1. Assumptions of quantities are also tested in the Sensitivity analysis in Section 7

outcomes highlighted during interviews	Quotes from interviews	Sample of 107 of 552 clients = 19% sample size Number reporting outcome and % of sample Figure in bold shows number apportioned to all client households
Reduced falls and accidents in the home	<ul style="list-style-type: none"> Do not have to attempt to stand on a chair or step to fix things which are out of reach. 	20 (19%) 105
Increased ability to remain living at home	<ul style="list-style-type: none"> Wheelchair user - I can do a lot more for myself and keep independence. Before the work was done I was having doubts as to whether it was wise to continue living at home alone due to safety issues. 	17 (16%) 88
Reduced social isolation	<ul style="list-style-type: none"> increased feeling of security, confident that if I go out my wife will be ok and people will be able to reach her in an emergency 	4 (4%) 22
Increased confidence and control over own life	<ul style="list-style-type: none"> Being able to open and shut the doors myself for the first time gives me independence. Now I can move around my home when I want to Have family but feel I have to grovel to get help. Service makes me feel more independent and confident. 	21 (20%) 110
Increased sense of security/safety	<ul style="list-style-type: none"> Handrail has been a great help to my husband and the fact that the external lights are now working has helped me to feel safe. 	21 (20%) 110
Reduced expenditure on basic home maintenance	<ul style="list-style-type: none"> surprised that contractor went to purchase items and fitted them for me and I only had to cover cost of items not the labour 	Actual figure 204 client households who received small repairs service

It was apparent that two of the outcomes expressed by the Small Repairs Client Households in the table above were alternative ways of expressing the same part of the story of change with ultimately the same destination or end point. 20% of the stakeholder sample said they had an increased sense of security and safety and 20% also said they had increased confidence. From the survey forms and telephone interview transcripts it appears that these

outcomes may have been identified as part of a chain of events by stakeholders, that is, if you feel safer and secure, then one is more confident. To avoid double counting in the impact map, only the outcome increased confidence is included as the end point and valued in the impact map.

Table below lists excluded outcomes for small repairs client households following application of significance test indicating low material significance due to limited number of stakeholders reporting outcome and the minimal impact on other stakeholders included in the impact map:

outcomes highlighted during interviews but considered immaterial following significance test	Quotes from interviews	Sample of 107 of 552 clients = 19% sample size Number reporting outcome and % of sample Figure in bold shows number apportioned to all client households
Reduced demand on family time (this outcome mainly affects family members outside the home who are an excluded stakeholder. Also low incidence of outcome reported)	<ul style="list-style-type: none"> • Did not need to ask family for help. Has given me confidence knowing someone is there to help • My husband used to do these kinds of things. Not depending upon family, I can get jobs done when I want them done. My family are always too busy. 	5 (5%) 28
Reduced stress from supporting/caring for spouse (low incidence of outcome reported and multiple factors affect stress levels so attribution questionable)	<ul style="list-style-type: none"> • Without handrails on the stairs now, Mr S could not use the stairs at all. I feel so much better now, more confident and less stressed. 	2 (2%) 11
Reduced demand for care services in the home (most materially significant and relevant to NHS stakeholder so the incidence of this outcome is used in the quantities applied to reduced provision of care services in the home)	<ul style="list-style-type: none"> • 100% helped me to live alone in a civilised manner and at 85 can no longer carry out DIY 	3 (3%) 16
Reduced expenditure on bogus callers (low incidence of outcome reported)	<ul style="list-style-type: none"> • I feel secure that I can call on care and repair, I am elderly and live alone and in the past I have been done by odd job men 	2 (2%) 11

The following case studies further illustrate the impact experienced by Small Repairs Customer Households

Case study 1 - Mrs R

Mrs R asked for new internal door handles to be fitted so that she could open and close doors more easily. She is 88 years old and walks with the aid of a Zimmer frame. The work was of great practical assistance to her and allowed

her to make full use of her house where previously all doors had to be left open to allow Mrs R access to her home. Now she can use all parts of her house without being worried about getting in and out of a room or in keeping the heat in a room. Mrs R said “being able to open and shut the doors myself for the first time gives me independence. Now I can move around my home when I want to”. Fuel costs may also have been reduced but this was not quantified. Mrs S has daughters in Edinburgh and in Canada but neither could have helped.

Case Study 2 - Mr F

Following recurrence of cancer earlier this year, Mr F was assessed as requiring a Careline unit and key safe. Mrs F is disabled with reduced mobility and has home carers. The key safe meant that Mr F was much less stressed about leaving his wife while he was in hospital as he knew her carers would be able to gain access while he wasn't there. Mrs F also felt much safer and more secure.

Case Study 3 – Mr C

Mr C uses a wheelchair to get around inside and outside of his home. He was growing increasingly worried about his ability to remain living at home, as he had fallen out of his wheelchair on a number of occasions while trying to get items off shelves and units. CRWL installed a selection of shelves throughout the house at a height appropriate to Mr C. This simple task has made all the difference to Mr C and his personal confidence and control.

Outcomes for Small Repairs Service Client Households that will be measured in the impact map are:

- reduced fall and accidents in the home
- increased ability to remain living at home safely and securely
- increased confidence as a result of increased control over daily life
- reduced social isolation
- reduced expenditure on household maintenance.

Stakeholders' comments made during interviews and interviewer's observations need further consideration in planning future service delivery and in sharing information with other stakeholders. The following will be incorporated into Section 8 “Recommendations”

- that West Lothian Council reviews Key Safe Service and requirements for follow up to ensure access code process is managed and is secure.
- Given the demonstrable continuing need for small repairs and handyperson services to be provided on a reliable, cost effective and short timescale basis, the Service could be enhanced to carry out jobs requiring a higher level of technical ability beyond a typical handyperson task. The timescale for essential jobs e.g. arranging furniture to enable hospital discharge and bulky uplifts is such that reliability and continuity of service is essential. The current model appears to deliver this and it is recommended that models based on volunteers be pursued with caution as delays can have significant knock on effects on other stakeholders.

- WLC may wish to consider the advantages and disadvantages of levying a nominal service charge for small repairs services, by reviewing other Care and Repair services which operate in this way.
- Horizon HA could consider the development of Small Repairs service beyond a contracted council service.

4.2 Change from the perspective of Major Works Service Clients

The objectives of Major Works Service Clients in using Care and Repair West Lothian were believed to be:

- To get assistance and support adapting their home.
- To get assistance securing financial support to complete adaptations.
- To feel confident that they are getting an ethical service.
- To get trade referrals for tradesmen from a trustworthy, reliable source that would mean they could be confident with the job and having strangers in their home.
- To be able to live more safely and securely in their own home.
- To be able to use all parts of their house without assistance.
- To continue living with dignity and their independence in their own home.

A range of measures and information sources were used to find out if these objectives were being achieved by CRWL and to get a clearer picture of the full outcomes Major Works Service Client Households experience as a result of receiving the service. Section 2.3.1 details the range of information sources used to develop the basis of the Impact Map for this stakeholder.

The initial analysis of outcomes along with quotes from the interviews is detailed in the table overleaf. Please note a household can experience more than one outcome that has been separately valued in the impact map. The proportional importance of outcomes is considered in the Impact Map and in justification for decisions on attribution, deadweight, duration of outcome etc. The 21% sample size (27 of 126 cases) provides a level of confidence in apportioning value of outcomes in the impact map. Assumptions around quantities of outcomes are detailed in Appendix C1. Assumptions of quantities are also tested in the Sensitivity analysis in Section 7

Significant issues/outcomes highlighted during interviews	Quotes from interviews	Sample of 27 of 126 clients = 21% sample size Number reporting outcome and % of sample Figure in bold shows number apportioned to all client households
Increased ability to remain in present home	<ul style="list-style-type: none"> • My husband had been struggling to cope with my needs and was very stressed but now we are coping. 	25 (92%) 116
Increased confidence	<ul style="list-style-type: none"> • I go out much more now as I know my personal hygiene is good – I couldn't have 	24 (88%) 111

	<ul style="list-style-type: none"> a decent wash before. Feels like I am finally getting my life back after the stroke. 	
Reduced amount of support needed in the home	<ul style="list-style-type: none"> Don't have to rely on family members or carers to get in out of the bath. 	10 (37%) 47
Increased sense of security and safety	<ul style="list-style-type: none"> Had to go up the stairs on hands and knees. It was undignified and dangerous. 	20 (74%) 93
Reduced falls and accidents in the home	<ul style="list-style-type: none"> I could get into the bath but not out and twice sustained head injuries getting out of the bath. Used to haul myself up the stairs and caused lasting damage to my shoulder. 	17 (63%) 79 Incidences in transcripts where client specifically mentioned previous falls and a reduction in falls after adaptation
Increased independence and control over daily life	<ul style="list-style-type: none"> I now have more personal freedom and don't have to fit in with times set by my carers. I used to be limited to using stairs once a day but can now do as many trips as I like. 	24 (88%) 111

It was apparent that two of the outcomes expressed by the Major Works Client Households in the table above were alternative ways of expressing the same part of the story of change with ultimately the same destination or end point. 24% of the stakeholder sample said they had increased independence and control over daily life and 24% also said they had increased confidence. From the telephone interview transcripts it appears that these outcomes may have been identified as part of a chain of events by stakeholders, that is, regaining independence and control is directly related to an individual gaining in confidence and vice versa. To avoid double counting in the impact map, only the outcome increased confidence is included as the end point and valued in the impact map.

Further detail on the results of the telephone interviews are provided in the following pages. The quantities highlighted in red were used to populate the table above and the impact map. In addition to the open questions in the interviews, we asked clients to provide grades and additional comments for some potential outcomes. This provided additional subjective information on indicators, duration, deadweight and quantities that have informed the impact map and are discussed further in those sections. The results from the sample 27 major works client households are as follows:

Type of adaptation:

Wet floor shower only	14
(and hand rails)	4
Stair lift only	3
(and hand rails)	2
Wet floor shower and stair lift	2
Ramp	2

How long have you lived in your present accommodation?

1- 3 years	0
3 – 5 years	0

- Greater control in general 6
- Can shower on own now 7
- Don't have to fit around carers schedules 1

How safe do you feel?

By feeling safe we mean how safe you feel both inside and outside your property. This includes fear of falling or other physical harm

- No fear getting around the house now 5
- Less fear of falling 11
- Feel much safer in general 4

Made a difference to the amount of or type of contact you have with family?

- No difference 22
- Big difference to independence of carer husband 1

What difference have the adaptations made to your ability to get out and about more often, or invite visitors to your home?

- No difference 13
- Do more things for myself 6
- Got my life back 1

Do you think you would have been able to manage the adaptation process and grant application without the assistance of the Horizon Care and Repair Service? Did you consider any alternatives?

- No idea of alternatives/would not have pursued 16
- Put off by costs 2
- Looked into it but it was too complicated to do it alone 4

The figures in this question were used as part of deadweight considerations.

The following case studies illustrate the impact experienced by Major Works Client Households

Case study 1

Mrs B was assessed as requiring a stair lift as she suffers from severe respiratory problems-she uses an oxygen cylinder at home-and has rheumatoid arthritis. She could not manage to climb the stairs and was having to consider leaving the house where she and her husband have lived for 47 years. Mr B is a significant support to her but he has health problems too (two heart attacks in recent years) This couple would not have been able to manage the adaptations process without C and R. Mrs B reports a significant increase in her feeling of independence since having the stair lift installed. She feels more confident too and is, she says, now much more in control over her own life. Prior to the installation she was only able to make 1 trip upstairs each day as it was simply too much to undertake given her lack of mobility and breathing problems.

Case study 2

Mr M was supplied with a wet floor shower. Following a stroke, Mr M had a couple of times been stuck in the bath. On another occasion, he had sustained a fall in the bath and had to be admitted to A & E. Prior to the installation, Mr and Mrs M knew nothing about C and R Services in West Lothian. They have lived in their current home for 54 years. Mr M can now manage to wash himself in the shower. Previously he had to have help in the bath. He feels much more confident now and of course, much safer in the bathroom. The wet floor shower installation has given both Mr and Mrs M greater control over their lives

Outcomes for Major Works Client Households that will be measured in the impact map are:

- Increased sense of security and safety.
- Increased ability to remain living at home
- Increased confidence as a result of increased control over daily life
- Reduced falls and accidents in the home.

Stakeholders' comments made during interviews and interviewer's observations need further consideration in planning future service delivery and in sharing information with other stakeholders. The following will be incorporated into Section 8 "Recommendations":

- The Council could consider scope to reduce some of the bureaucratic requirements of its operation of the Scheme of Assistance in order to improve timescales for the adaptations to be installed and free up staffing resources for Care and Repair and other stakeholders . This is recommended particularly for standard types of adaptation below particular cost values e.g. requirement for architect's drawings, building warrants equivalent standards being imposed where these are not statutorily required and multiple tenders.
- There are equality of service issue in terms of length of time to process applications for adaptations by owner occupiers. It is perceived that it takes a significantly longer time compared to other tenures. The Scottish Government could review the scheme of assistance process in terms of equality of experience/service.

4.3 Change from the perspective of West Lothian Council

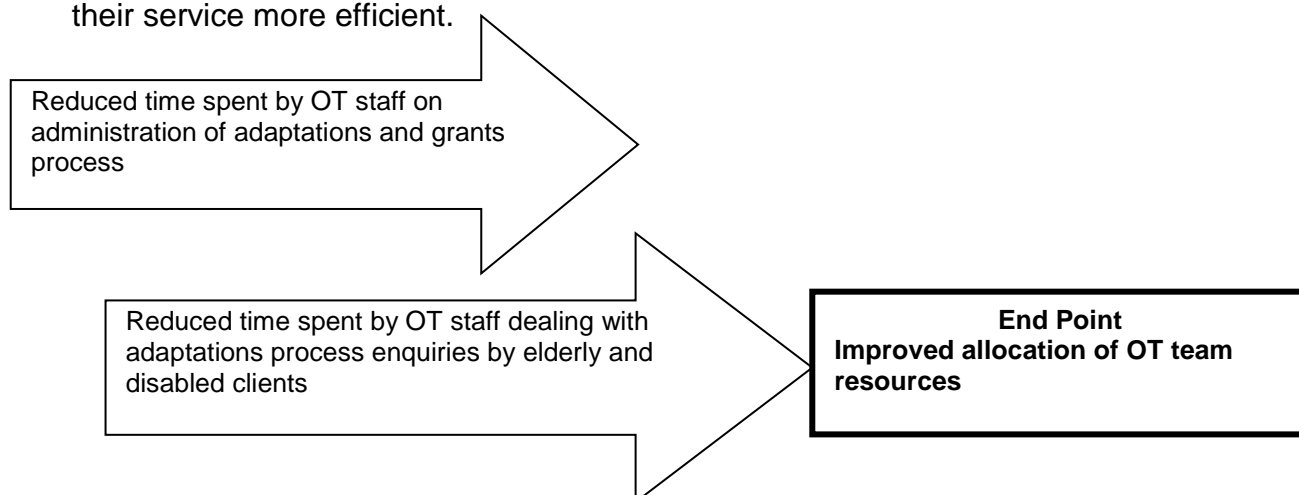
West Lothian Council (WLC) contracts Horizon Housing Association to deliver the Care and Repair West Lothian Service. The Service Level Agreement (SLA) is for the provision of a Care and Repair Service offering independent advice and assistance to help disabled people or those over 60 to repair, improve or adapt their homes. The service aims to assist older people and people with disabilities living in the private sector to maintain their independence and live comfortably and safely in their own homes in the community.

The delivery of CRWL involves various services in the Council as identified on page 17. Those interviewed spoke of additional objectives over and above the SLA that they felt the Council experienced as a result of working with CRWL.

- Improved allocation of Occupational Therapy team resources
- Reduced time spent by local authority care staff delivering services in the homes of clients due to key safe installation.
- Reduced cost of re-housing older and disabled people
- Fulfils service provision gap in Council and provides additional support required by client group.

Chain of Events

Occupational therapists in particular noted the chain of events resulting from the CRWL that leads ultimately to an increase in their capacity to deliver OT assessments for client households. The time that had previously been taken by an OT to complete Scheme of Assistance forms and deal with the adaptations process meant that s/he had less time to maximise using their skills in assessing clients' needs. CRWL takes that burden away and makes their service more efficient.



Outcomes for West Lothian Council that are valued in the impact map are:

-
- Improved allocation of Occupational Therapy team resources.
- Reduced time spent gaining access and delivering services in the homes of clients due to key safe installation.
- Reduced cost of re-housing elderly and disabled people.

Other outcomes identified but not included in the impact map include:

- Reduced expenditure on home safety equipment.
- Increased efficiency of bulky uplift service.

These outcomes were excluded following consideration of relevance and significance tests to assess material significance. There was a low incidence of the council having to replace home safety equipment where the items of equipment had failed to be returned to CRWL and the Council. The Care and Repair Service helped to improve efficiency of the bulky uplift service by

taking bulky items to the kerbside on behalf of client households. However, the impact of not moving items to be picked up by the service was more significant to the older person households themselves rather than the bulky uplift service.

Staff also made a number of general observations that the Council and other stakeholders may find relevant to their own service delivery and to the Care and Repair Service review currently underway. These are considered fully in section 8, Conclusion and Recommendations, and are summarised as follows:

- The Council could review its processes for contractor payment and CRWL/Horizon could review its approved contractor appointment process in relation to potential bottlenecks experienced by both OT team and contractors.
- The Council could consider including the grant management, claim and payment processes into the Care and Repair contract further to streamline service delivery and provide a start to finish service. Examples of this approach can be found in Orkney and Dumfries and Galloway Council.
- There is potential to revise the Care and Repair Service Level Agreement to include:
 - installation of home safety equipment
 - larger or more technical repairs out with the scope of the current small repairs service
 - project management of more works which are currently simply signposted as trade referrals.
- The Council could consider how its investment in CRWL could allow this to be resourced.
- CRWL should increase awareness within the Council of the Bulky Uplift preparation service.

Stakeholders could improve co-ordination and communication, particularly with the NHS around Discharge Planning and in relation to more complex cases or those with more challenging conditions. CRWL makes a particular housing contribution to reshaping care and supporting NHS Lothian and the Council to achieve its targets. However there is no representation of the NHS on CRWL's advisory group, and NHS Lothian does not contribute to the service funding. CRWL and the Council could seek greater involvement by the NHS in both respects.

4.4 Change from the perspective of NHS Lothian

The delivery of CRWL involves various services in the NHS as identified on page 17. Stakeholder engagement with Community Nursing and Discharge teams in NHS Lothian highlighted variations in understanding of the services Care and Repair offers and different referral processes. Referrals from Community Nursing for adaptations and even small repairs appear to go via the Council's Social Work Services OT rather than direct to CRWL. The NHS OT and Discharge teams refer directly to CRWL. This issue will be considered in recommendations.

Outcomes highlighted by NHS Lothian as a result of CRWL are:

- Reduced NHS expenditure as a result of reduced falls and accidents in the home.
- Reduced time spent by community based NHS staff gaining access and delivering services in the homes of clients due to key safe installation.
- Reduced cost of provision of care services in the home due to clients reduced demand as a result of adaptations and resulting increased independence.
- Reduced delay to hospital discharge process.

Outcomes experienced by small repairs and major works client households have a direct impact on NHS, with the NHS experiencing the most materially significant change as a result of small repairs and major works adaptations in client households. The quantities of small repairs and major works client households are used for the following NHS outcomes in the impact map:

- Number of small repairs and major works client households reporting a reduced demand for care services in the home
- Number of small repairs and major works client households reporting that they have suffered reduced falls and accidents in the home

Outcomes for NHS Lothian that are valued in the impact map are:

- Reduced NHS expenditure as a result of reduced falls and accidents in the home.
- Reduced time spent by community based NHS staff gaining access and delivering services in the homes of clients due to key safe installation.
- Reduced cost of provision of care services in the home.
- Reduced delay to hospital discharge process

Recommendations:

NHS Lothian and CRWL should:

- Increase the profile and awareness of the care and repair service within NHS and its relevance to the NHS.
- Encourage direct referral where appropriate, particularly for small repairs and handyperson services, rather than referral via the Council's OT team
- Establish clear liaison arrangements to maximise the contribution CRWL can make to reduce the impact of delayed discharge.
- Strategically, CRWL makes a particular housing contribution to reshaping care and supporting NHS Lothian and the Council to achieve its targets. However there is no representation of the NHS on CRWL's advisory group, and NHS Lothian does not contribute to the service funding.
- NHS Lothian via the Community Health Care Partnership might appropriately consider financial support for core funding and/or further development of the service, for example via the Change Fund, in order to secure the sustainability of the service.
- The NHS could consider appointing a representative to participate in a Care and Repair Advisory Group

5 Outcomes & Evidence

The impact map developed for CRWL shows the relationship, for each stakeholder, between inputs, outputs and outcomes and shows how a figure of impact is then arrived at, and the value of any outcomes which endure for more than the period under study. SROI also places a requirement on practitioners to identify negative outcomes, as well as positive outcomes.

A full description of all assumptions for quantities, financial proxies, sources and calculation method is contained in Appendix C. Not all outcomes identified in the impact map could be included, and a list of outcomes not included together with the reasons for the decision are described in the Audit Trail in Section 9. The audit trail also gives a reason for the decisions made about materiality – why an outcome was not included following the consideration of relevance and significance to included stakeholders.

5.1 Stakeholder inputs and outputs

Stakeholder	Inputs	Outputs
CRWL Small Repairs Client Households	£2,402 cost of materials/equipment used in small repairs Time	204 Small repairs 38 Bulky uplifts 310 Key safes installed 363 Home safety equipment uplifts 19 Advice and information
CRWL Major Works Client Households	£48,895 contribution towards major works adaptations not covered by the Scheme of Assistance Time	126 Adaptations
West Lothian Council	CRWL contract value April - Dec 2011 £135,339 Scheme of Assistance Grants - £302,827 Make referrals to CRWL and assist with case management	Referrals 329 Home Safety Team 364 Social Work 112 Social Work OT Team 10 Other departments
NHS Lothian	Make referrals to CRWL and assist with case management	10 referrals (NHS Lothian 6 and GPs 4)
Approved Contractors	Major works completed Trade referrals undertaken	126 Adaptations

Table 1 overleaf shows the descriptions of the indicators and financial proxies that represent the value of the above outcomes for each stakeholder, the quantities achieved for each outcome based on the project evaluation, interviews, records etc and the value of each financial proxy used. A full description of all assumptions, quantities, sources and calculation methods is contained in Appendix C. In order to replicate the calculation, Table 1 overleaf has to be read in conjunction with the full Impact Map in Appendix B

SROI uses “financial proxies” to represent the value of outcomes for the stakeholders. Some proxies represent potential cash savings to stakeholders while others represent an approximation of the value placed on outcomes that

are more subjective or not easily given a financial value. These more subjective proxies, particularly those that create the biggest impact value, will be considered during the sensitivity analysis. As this is an evaluative study, some figures are accurate actual amounts rather than an approximation, for example actual value of works for local contractors.

The following types of financial proxy have been used:

- Cost savings
- Unit costs
- Actual figures
- Cost differentials

The Scottish Government has supported the development of a databank of indicators and financial proxies for use in SROI studies; this analysis has drawn on the database where appropriate while considering the perspectives and story of change for our stakeholders.

Table 1

Stakeholders	Outcomes	Indicators	Quantity	Financial Proxy	Source	Value £
Small Repairs Service Client Households	Reduced falls and accidents in the home	number of small repairs client households reporting that they have avoided falls or accidents in the home by not attempting to undertake DIY	105	20% increase in weekly spend if avoided injury. 2010 family Spending Survey - average weekly spend for age group (£177.50) x .2 x 6 weeks	(Social Value Monitoring Framework: Toolkit 2010, Oldham Council) older people consulted recorded 20% increase in spend if avoided injury. 2010 Family Spending Survey	£213
	Increased ability to remain living at home safely and securely	number of small repairs client households reporting that small repairs meant they were able to continue living at home safely and securely	0.78	cost of 1 year self funding care home resident with nursing care	http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Publications/2012-10-30/2012-10-30-CHCensus-Report.pdf and follow link to supporting excel spreadsheets. Table 7 Average Weekly Charge for Self Funders in Care Homes for Older People by Source of Funding and Whether Nursing Care Required by Local Authority Area, March 2012	£34,372
0.4			cost of 1 year self funding residential care home without nursing care	http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Publications/20	£33,488	

				12-10-30/2012-10-30-CHCensus-Report.pdf and follow link to supporting excel spreadsheets. Table 7 Average Weekly Charge for Self Funders in Care Homes for Older People by Source of Funding and Whether Nursing Care Required by Local Authority Area, March 2012	
		6	cost of 1 year self funding sheltered housing (1 bed flat) (Avg Council/Housing Association)	Scottish Government Social Research: Review of Sheltered Housing in Scotland Jan 2008 p41	£4,877.60

Increased confidence and control over daily life	Number of small repairs clients reporting their confidence increased	110	20% increased expenditure on communications compared to average expenditure by single person pensioner household	<p>Family Spending 2011 Edition "A Report on the Living Costs and Food Survey 2010", table 3.9E November 2012 Office for National Statistics raised communication spend chosen as proxy due to established link between older people, depression, falls, accidents, fear of falling and confidence levels. A depressed person lacking confidence communicates much less with family, friends and services. Causal link between falling/fear of falling and depression and isolation discussed in range of articles:</p> <p>http://www.ageuk.org.uk/hull/projects/ageing-well--falls/</p> <p>http://www.rcpe.ac.uk/journal/issue/journal_38_2/anderson.pdf</p> <p>http://www.bupa.co.uk/individuals/health-information/videos/depression-in-old-age-transcript</p>	£58.24
--	--	-----	--	--	--------

	Reduced social isolation	number of small repairs client households reporting they are able to get out and about more due to repairs or being able to leave spouse due to key safes	22	20% increased expenditure on recreation and culture per annum compared to average expenditure by single person retired household mainly dependent on state pension – avg. household average expenditure of £858 x 20% =£171.60	Family Spending 2011 Edition “A Report on the Living Costs and Food Survey 2010”, table 3.9E November 2012 Office for National Statistics	171.60
	Reduced expenditure on household maintenance	number of small repairs jobs that would have incurred call out and labour charges if they had not used CRWL	204	average cost of trade/handyman call out and 1 hour labour costs	http://www.whatprice.co.uk/prices/household/handyman-labour.html http://www.cphm.co.uk/prices.html - Market comparison from trades websites	60
Stakeholders	Outcomes	Indicators	Quantity	Financial Proxy	Source	Value £
Majors Works Service Client Households	Increased sense of security and safety	number of major works client households reporting that they now feel safer and more secure as a result of adaptations	93	PSRRU 2011 cost for aids and adaptations = individual alarm system £54, entry phone systems £59 and grab rail £6, (annual costs) = £119	Personal and social services research unit - Unit costs of health and social care 2011 http://www.pssru.ac.uk/pdf/uc/uc2011/uc2011.pdf	119
	Increased ability to remain living at home safely and securely	number of major works client households reporting that the adaptation enabled them to stay in their present home	1.2	cost of 1 year self funding care home resident with nursing care	http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Publications/2012-10-30/2012-10-30-CHCensus-Report.pdf and follow link to supporting excel spreadsheets. Table 7 Average Weekly Charge for Self Funders in Care Homes for Older	£34,372

		0.6	cost of 1 year self funding residential care home without nursing care	<p>People by Source of Funding and Whether Nursing Care Required by Local Authority Area, March 2012</p> <p>http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Publications/2012-10-30/2012-10-30-CHCensus-Report.pdf and follow link to supporting excel spreadsheets. Table 7 Average Weekly Charge for Self Funders in Care Homes for Older People by Source of Funding and Whether Nursing Care Required by Local Authority Area, March 2012</p>	£33,488
		8.2	cost of 1 year self funding sheltered housing (1 bed flat) (Avg Council/Housing Association)	<p>Scottish Government Social Research: Review of Sheltered Housing in Scotland Jan 2008 p41</p> <p>http://www.scotland.gov.uk/Resource/Doc/208953/0055383.pdf</p>	£4,877.60

Increased confidence and control over daily life	Number of small repairs clients reporting their confidence increased	111	20% increased expenditure on communications compared to average expenditure by single person pensioner household. Single pensioner household partially dependent on benefits. Weekly expenditure on communications £5.60 x 52 = £291.20 x20% = 58.24	Family Spending 2011 Edition "A Report on the Living Costs and Food Survey 2010", table 3.9E November 2012 Office for National Statistics raised communication spend chosen as proxy due to established link between older people, depression, falls, accidents, fear of falling and confidence levels. A depressed person lacking confidence communicates much less with family, friends and services. Causal link between falling/fear of falling and depression and isolation discussed in range of articles: http://www.ageuk.org.uk/hull/projects/ageing-well--falls/ http://www.rcpe.ac.uk/journal/issue/journal_38_2/anderson.pdf http://www.bupa.co.uk/individuals/health-information/videos/depression-in-old-age-transcript	£58.24
--	--	-----	--	---	--------

	Reduced falls and accidents in the home	number of major works client households reporting that they have suffered less falls and accidents in the home	79	20% increase in weekly spend if avoided injury. 2010 family Spending Survey - average weekly spend for age group (£177.50) x .2 x 6 weeks	(Social Value Monitoring Framework: Toolkit 2010, Oldham Council) older people consulted recorded 20% increase in spend if avoided injury. 2010 Family Spending Survey	213
Stakeholders	Outcomes	Indicators	Quantity	Financial Proxy	Source	Value £
West Lothian Council	Improved allocation of Occupational Therapy Team Resources	Number of hours avoided doing administration of Scheme of Assistance and managing client enquiries	378	mean gross salary of community OT is 30,912 = £16.98 per hour at 35 hour week Based on average earnings of as per Local Government Earnings Survey 2011	2010/11 local Government earnings survey. http://www.local.gov.uk/web/guest/local-government-intelligence/-/journal_content/56/10171/3012612/ARTICLE-TEMPLATE	16.98
	Reduced time spent by local authority care staff gaining access and delivering services in the homes of clients due to key safe installation	Number of hours saved from wasted visits where cannot gain entry to clients home	1550 (5 hours per key safe client over the course of 1 year)	unit cost per weekday hour of community based social care staff - Home Care Worker	Personal and Social Service Research Unit - Unit Costs of health and social care 2011 http://www.pssru.ac.uk/archive/pdf/uc/uc2011/uc2011.pdf Table 11.6 on p160	18.00

	Reduced cost of re-housing elderly and disabled people	number of major works clients who stated they would not have been able to remain in their present home if they hadn't had adaptations	4.5	Annual cost of publicly funded long stay residents with nursing care	http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Publications/2012-10-30/2012-10-30-CHCensus-Report.pdf	29,432
			2.5	Annual cost of publicly funded long stay residents without nursing care	Care Home Census 2012 Statistics on Adult Residents in Care Homes in Scotland 30th October 2012 http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Publications/2012-10-30/2012-10-30-CHCensus-Report.pdf	25,324
			4.75	Annual cost of publicly funded sheltered housing provision	Personal and Social Services Research Unit - Unit costs of health and social care 2010 table 8.1 http://www.pssru.ac.uk/archive/pdf/uc/uc2010/uc2010.pdf	16,224
Stakeholders	Outcomes	Indicators	Quantity	Financial Proxy	Source	Value £
NHS Lothian	Reduced NHS expenditure as a result of reduced falls and accidents in the home	number of small repairs and major works client households reporting that they have suffered less falls and accidents in the home	184 (10% hip fracture 18, 80% ambulance /a+e	potential cost saving or value of resources reallocated. Hip fracture figure from Parrot, STable 10: Cost of an individual hip fracture Category Cost Hospital care £4,760	Parrott, S. (2000) The Economic Cost of Hip Fracture in the UK. York, University of York Dolan and Torgerson, 2000, 'The economic	5414

			148)	Ambulance £171 Long stay residential care £20,010 GP use £164 Outpatient use £319 Total cost therefore £25,424 of which £5414 attributable to the NHS £166 for ambulance/a+e attendance from Dolan and Torgerson	cost of hip fracture in the UK', Uni of York	166
	Reduced time spent by community based NHS staff gaining access to deliver services in the homes of clients due to key safe installation	Number of hours saved from wasted visits where cannot gain entry to clients home	1550 (5 hours per key safe client over the course of 1 year)	Unit cost per hour of home visiting by Community Nurse or Health Visitor (NHS employed community based health care staff)	Personal and Social Service Research Unit - Unit Costs of health and social care 2011 http://www.pssru.ac.uk/archive/pdf/uc/uc2011/uc2011.pdf Tables, 10.1 and 10.3 on pages 141 and 143	64
	Reduced provision of care services in the home	Number of major works and small repairs client households reporting reduced need for care services in the home	63	Cost reduction differential from reducing local authority organised home care from 10 hours per week to 5 hours per week £107 reduction per week x52 for 1 year	http://www.pssru.ac.uk/archive/pdf/uc/uc2010/uc2010.pdf	5564
	Reduced delay to hospital discharge process	Number of major works referrals where adaptation required as part of hospital discharge process (25% of total)	32	6.2 days reduction in bed days as a result of adaptations reducing delayed discharge 6.2 x 225 bed day cost	Care and Repair Cymru (2006) Rapid response adaptations report 2006 (October 2002 – March 2005)	1395

6 Impact

The figures in Table 1 are used to calculate the value of outcomes achieved for each stakeholder (quantity x value= total impact). However, the total impact must then be reduced to take account of deadweight (what would have happened anyway), attribution (who else creates these outcomes) and displacement (where there are negative outcomes for stakeholders not included in the impact map).

6.1 Deadweight

The reduction for deadweight takes account of the fact that a proportion of outcomes would have happened anyway without the existence of CRWL. Ideally, deadweight would be calculated by comparison of your stakeholder with equivalent control groups in similar circumstances that did not receive the intervention.

Deadweight for major works clients 22 of 27 major works clients (81%) said they would not have carried out the works without Care and Repair therefore make assumption that 19% would have carried out works and apply this as deadweight throughout relevant outcomes for each stakeholder – see appendix C3.

Deadweight of 20% was chosen for Small Repairs outcomes as the majority of small repairs clients said they did not have family or the cash to get small repairs done themselves. Approx 20% said they would have attempted to carry out small repairs such as changing light bulbs at considerable risk to themselves.

6.2 Attribution

Attribution recognises that there are external factors which influence outcomes and contribute to their achievement. CRWL service users do not live in isolation and only use services provided by CRWL, many have a complex support network consisting of family, friends, other organisations, health services etc that influence what outcomes they experience and to what degree.

An attribution deduction of 20% has been applied to major works client/NH and Council outcomes where there is additional input from Council and NHS services in client case management. No deduction where clients 100% attribute being able to stay in their home being due to adaptations.

6.3 Displacement

Displacement applies where the achievement of one outcome has been at the expense of other outcomes and another stakeholder has been affected by this displacement.

Limited displacement of local businesses as a result of small repairs as client households have limited disposable income and would not automatically employ a tradesperson to do the work. Most client households reported that they would have attempted the repair themselves or just lived with it if they couldn't get family or neighbours to help.

Displacement was even less of an issue for major works services as 22 of 27 (81%) major client households interviewed said they would not have been able to undertake the adaption process without the assistance of CRWL. Also cannot assume 19% would have gone ahead with major works themselves.

6.4 Duration and Drop off

The effect, and value, of some outcomes last longer than others. Some outcomes depend on an activity or service continuing beyond the period of the evaluation while other outcomes are as a result of learning and behavioural change. This evaluation has considered outcomes that exist only during the period of study (Short term - 1 year) or continue into the medium (3 year) or long term (5 years).

The Impact Map details all durations while the table overleaf explains assumptions made in deciding duration of outcomes.

Medium and long term outcomes which continue to have a value in future do not always have a consistent value across 5 years and so a % drop off has been estimated for outcomes with a reducing impact. Drop off assumptions will be considered in the sensitivity analysis where figures have a significant impact on the overall social return ratio.

Duration Explanations

Short term – 1 year	Medium Term – 3 years	Long Term – 5 years
<p><i>Reduced falls and accidents in the home – small repairs</i></p> <p>Client age group and deteriorating health conditions and/or mobility and less impact for small repairs</p>	<p><i>Reduced cost of provision of care services in the home</i></p> <p>Adaptations can last medium to long term but deteriorating health conditions mean impact of adaptations is medium term</p>	<p><i>Reduced time spent by local authority care staff and community based NHS staff gaining access and delivering services in the homes of clients due to key safe installation</i></p>
<p><i>Reduced expenditure on household maintenance</i></p> <p>Reduced expenditure would only occur during use of service and life of service</p>	<p><i>Reduced social isolation</i></p> <p>Client age group and deteriorating health conditions and/or mobility mean increased ability to leave spouse at home due to key safes will have medium term impact</p>	
<p><i>Improved allocation of Occupational Therapy Team resources</i></p> <p>Outcome would only occur during care and repair contract</p>	<p><i>Increased sense of security and safety</i></p> <p>Adaptations can last medium to long term but deteriorating health conditions mean impact of</p>	

	adaptations is medium term	
<p><i>Reduced delay to hospital discharge process</i></p> <p>Outcome would only occur during care and repair contract</p>	<p><i>Reduced cost of rehousing elderly and disabled people</i></p> <p>Adaptations can last medium to long term but deteriorating health conditions mean impact of adaptations is medium term</p>	
<p><i>Increased ability to remain living at home safely and securely- small repairs</i></p> <p>Client age group and deteriorating health conditions and/or mobility mean this outcome is unlikely to continue beyond short term</p>	<p><i>Increased ability to remain living at home safely and securely- major works</i></p> <p>Client age group and deteriorating health conditions and/or mobility mean this outcome is unlikely to continue beyond medium term</p>	
<p><i>Reduced falls and accidents in the home – major works and NHS</i></p> <p><i>Cost savings a one off event for NHS</i></p>	<p><i>Reduced cost of care provision in the home</i></p> <p>Client age group and deteriorating health conditions and/or mobility mean this outcome is unlikely to continue beyond medium term</p>	

Calculating impact

In order to calculate the Net Present Value (NPV) the costs and benefits paid or received in different time periods need to be added up. In order that these costs and benefits are comparable a process called discounting is used. Discounting recognises that people generally prefer to receive money today rather than tomorrow because there is a risk (e.g. that money will not be paid) or because there is an opportunity cost (e.g. potential gains from investing the money elsewhere). This is known as the time value of money.¹ There is a range of different rates. For the public sector, the basic rate recommended in HM Treasury's Green Book is 3.5%. This is the discount rate that will be applied here. The value in future years is discounted to Net Present Values, using a discount rate of 3.5%.

¹ A Guide to Social Return on Investment, Cabinet Office of the Third Sector 2009

7 Social Return Calculation

7.1 Calculation of the SROI index

The total impact calculated from the impact map for CRWL for the period April to December 20011 under the assumptions made was £940,067. The value of this impact in future years is discounted to net present values, using a discount rate of 3.5%. The total present value of CRWL is calculated as £2,218,458. The total invested to generate the total present value was £489,463. The SROI index is a result of dividing the total present value by the investment. This gives a social return of £4.53 for every £1 invested in care and Repair West Lothian.

Total impact	940,067	£940,067	£597,769	£504,069	£127,100	£127,100
Present Value of each year		£908,277	£577,554	£487,023	£122,802	£122,802
Total Present Value						£2,218,458
Investment						£489,463
Social Return £ per £						£4.53

7.2 Sensitivity Analysis

One purpose of a sensitivity analysis is to vary the main assumptions in the above 'base case' that has been made, which could affect the social return. The assumptions that generate the most value on the impact map are associated with the number of clients who stated they would not be able to remain in their homes and the number who would have fallen or had an accident in the home and the apportioning of this figure to the full client population. The accuracy of the assumed quantities rely on the assumption that outcomes from stakeholders who were interviewed/completed the survey will scale up across the whole stakeholder group.

Assumptions made for deadweight, attribution and drop off deductions are also tested to take into account over and under estimation of percentages. A significant area of value generated is the avoidance of older people going into care homes and sheltered housing. The base case for the impact map is set at 5% of over 65+ people go into a residential care home (Elderly Accommodation Council), however this figure would be significantly different for an older age group. Laing and Busson, Extra Care Housing Market Reports indicate that for over 85's this figure would be in the region of 18% residing in residential care homes. While the Care and Repair Service does not monitor the age of their clients, if the client group were confirmed to be older then this would have a significant impact on the value generated by assisting this older age group to remain at home rather than being moved into a residential care home. The sensitivity analysis will test the impact of increasing the % of older people in a residential care home from 5% to 18%.

The following are the new assumptions which were therefore tested to explore the effect on the social return:

New assumption	New Social Return
Increase quantity of self funders by 25%	4.66
Increase quantity of publically funded by 25%	4.86
Increase number of individuals experiencing falls and accidents in the home by 25%	4.59
Reduce number of individuals experiencing falls and accidents in the home by 25%	4.47
Increase % of owner occupiers going into care home from 5% to 18% (this would reflect an older age group rather than 5% figure for all 65+)	5.72
Increase drop off figures by 20%	3.96

In comparison with the base social return of £4.53, the most significant variation in impact on value as a result of the sensitivity analysis is generated by increasing the % of people moving into a care home to reflect a higher age profile of clients. This creates significant additional impact on client households who would be self funders and additional strain on the public purse where individuals are eligible for state support, despite the actual numbers of people involved being relatively small. This highlights the considerable impact an ageing population will have on the public purse and on families who must pay “hotel costs”. However, the ratio range remains at approx £4 to £5 for every £1 invested. Combining more than one factor change in various permutations would give more significant variance from the base case social return.

8 CONCLUSION AND RECOMMENDATIONS

8.1 Complying with SROI Good Practice

It is recommended that future evaluation of social impact of CRWL should include engaging with family members/carers out with the client household to gain a better understanding of the impact of the service on them. It should also be noted that the social return ratio will have been affected by the exclusion of the impact on families and carers.

Horizon Housing Association are planning a range of events to provide stakeholders with the opportunity to review the report and consider the recommendations therein. This will include:

- Stakeholder Engagement event in Spring 2013 to invite review and comment on the report, identified outcomes and recommendations.
- Seminar with strategic representatives from stakeholders including West Lothian Council, NHS Lothian, local councillors and key local voluntary organisations working with Care and Repair West Lothian client groups.
- Produce and publish summary of the Report and circulate to all who participated in the evaluation and key interested parties such as Scottish Federation for Housing Associations and Care and Repair Scotland.

In terms of good practice for future SROI analysis and qualitative data gathering from stakeholders, it would be improved practice to measure the distance travelled by stakeholders for subjective outcomes such as increased confidence. The distance travelled approach would be more reliable and give a clearer and stronger analysis of attributable impact e.g. people on average move from 5 out of 10 to 6 out of 10. This would be more reliable than a straight yes/no answer or a graded response option such as a little to a lot.

8.2 Recommendations for Horizon Housing Association:

Horizon, in its Care and Repair service could:

- Consider the development of a Small Repairs Service beyond a contracted council service.
- Increase direct engagement and promotion of CRWL to NHS Services.
- Increase direct engagement and promotion of CRWL to voluntary organisations involved in the advice and support of older and disabled people: there were only 2 referrals from the local Advice Shop and voluntary organisations.
- Increase the number and range of approved contractors.
- Ensure clients are made aware of cost implications involved of private works before trade referrals are made. Contractors can experience issues dealing with irritated clients who have not understood trade referrals or the works that would be involved.
- Expand the service to more actively offer project management services for private works, subject to this being resourced. While trade referrals bring additional business, the value of the additional business may be impacted where the contractor has to dealing with a client who does not fully understand process and costs. Contractors would welcome CRWL being involved with managing trade referral clients.

8.3 Recommendations for West Lothian Council

The Council could:

- Review its Key Safe Service and requirements for follow up after key safe installation to ensure access code process is managed and is secure.
- Enhance the service to enable provision of more technical jobs requiring a qualified tradesperson and beyond a typical handyperson task.
- Consider the potential for volunteer support for the service while bearing in mind the demonstrable need for small repairs and handyperson services to be provided on a reliable, cost effective and short timescale basis to assist the NHS and Council in achieving their targets - which cannot be dependent on availability of volunteers as any delay can have significant knock on effects on other stakeholders.
- Review its processes for contractor payment and CRWL/Horizon could review its approved contractor appointment process in relation to potential bottlenecks experienced by both OT team and contractors.
- Consider including the grant management, claim and payment processes into the Care and Repair contract further to streamline service delivery

and provide a start to finish service. Examples of this approach can be found in Orkney and Dumfries and Galloway Council.

- Consider revising the Care and Repair Service Level Agreement to include:
 - installation of home safety equipment
 - larger or more technical repairs out with the scope of the current small repairs service
 - project management of more works that are currently simply signposted as trade referrals.
- Consider how to achieve the investment in CRWL that would allow this to be resourced, including seeking NHS investment in the service, given the benefits accruing to the NHS.
- Increase awareness within the Council of the Bulky Uplift preparation service.
- Improve co-ordination with the NHS particularly around Discharge Planning
- Review membership and purpose of the advisory group to ensure appropriate stakeholder representation particularly NHS Community, OT and Discharge teams.

8.4 Recommendations for NHS Lothian

Stakeholder engagement with Community Nursing and Discharge teams in NHS Lothian highlighted variations in understanding of the services Care and Repair offers and different referral processes. Referrals from Community Nursing for adaptations work and even small repairs appear to go via the Council's Social Work Services OT rather than direct to CRWL. Recorded referrals show only 6 referrals directly from NHS and 4 from GPs. NHS Lothian could:

- Increase the profile and awareness of the Care and Repair service within NHS service teams and personnel, and of its relevance to the NHS.
- Encourage direct referral where appropriate, particularly for small repairs and handyperson services, rather than referral via the Council's OT team.
- Appoint a representative to participate in Care and Repair Advisory Group.
- Establish clear liaison arrangements to maximise the contribution CRWL can make to reduce the impact of delayed discharge.
- NHS Lothian via the Community Health Care Partnership might appropriately consider financial support for core funding and/or further development of the service, for example via the Change Fund to support the sustainability of the service.

8.5 Recommendations for Scottish Government

- The Scottish Government could review the Scheme of Assistance process in terms of equality of experience/service. There are equality of service issue in terms of length of time to process applications for adaptations by owner-occupiers. It is perceived that it takes a significantly longer time for owners and private tenants compared to other tenures.

9 Audit Trail

The stakeholder groups identified but not included in the analysis, and the reasons for exclusion, are presented in the table below

Stakeholder	Reasoning
Approved Contractors	See discussion in 2.3.7. Significant additional impact is not generated as a result of the movement of stage 3 adaptations monies from Scottish Government to local authorities to approved contractors.
Families and carers of clients not sharing home of client	See discussion in 2.3.8 The level of information gathered is insufficient to include families/carers in the impact map with any level of confidence. It is recommended that future evaluation of social impact of CRWL should include engaging with family members/carers out with the client household to gain a better understanding of the impact of the service on them
Horizon Housing Association	Focus of SROI is on impact on external organisations and clients. The Board doesn't experience significant change. Board satisfied that service delivery is consistent with achieving organisational objectives.
Scottish Government	Scheme of Assistance Grants are allocated and managed by Local authorities who are accountable and responsible for those public monies. Scottish Government has therefore been excluded as a non material stakeholder.
West Lothian Police	CRWL assist West Lothian Police with the implementation of a Bogus Callers Initiative. While CRWL input is valued, the Police don't experience materially significant change as a result of CRWL. Police will occasionally refer to CRWL where there has been an issue with bogus callers.
Voluntary sector service providers	A range of voluntary sector service providers deliver a range of services to older and disabled people. Some act as referral agencies for CRWL, however the impact of the wide range of voluntary sector service providers is diffuse and not easily quantified within the scope and resources of this study.

10 Appendices

Appendix A: The Principles of SROI

Principle	Description
Involve stakeholders	Inform what gets measured and how this is measured and valued by involving stakeholders
Understand what changes	Articulate how change is created and evaluate this through evidence gathered, recognising positive and negative changes as well as those that are intended or unintended
Value the things that matter	Use financial proxies in order that the value of the outcomes can be recognised. Many outcomes are not traded in markets and as a result their value is not recognised
Only include what is material	Determine what information and evidence must be included in the accounts to give a true and fair picture, such that stakeholders can draw reasonable conclusions about impact
Do not over claim	Only claim the value that organisations are responsible for creating

Be transparent	Demonstrate the basis on which the analysis may be considered accurate and honest, and show that it will be reported to and discussed with stakeholders
Verify the result	Ensure independent appropriate assurance

The SROI Network has published a comprehensive Guide to SROI. This can be downloaded at www.sroinetwork.org.uk

Appendix C

Sources, references and assumptions in calculating the social return from Care and Repair West Lothian

C1 Quantities

Stakeholders	Outcomes	Indicators	Quantity	Assumptions
Small Repairs Service Client Households	Reduced falls and accidents in the home	number of small repairs client households reporting that they have avoided falls or accidents in the home by not attempting to undertake DIY	105	20 clients or 19% of sample reported outcome. 19% apportioned to all 552 clients = 105
	Increased ability to remain living at home safely and securely	number of small repairs client households reporting that small repairs meant they were able to continue living at home safely and securely	4 in care home (1.2 self funders (0.78 with nursing care, 0.4 without) 8 in sheltered housing (75% or 6 self funding) 4 deceased	<p>17 clients or 16% of sample explicitly reported outcome. 16% apportioned to all 552 clients= 88</p> <p>In valuing this outcome, we must refine the quantity further to reflect potential destinations of owner occupiers if they were unable to remain living at home. The author could not source statistical information on the destinations of owner occupiers as this does not appear to have been subject to research by government or key bodies. We must therefore look at destinations of the older population as a whole to understand where older owner occupiers would go if they were unable to continue living at home.</p> <ul style="list-style-type: none"> • 5% of over 65s live in residential nursing care Elderly Accommodation Council (2007) • 9.3% of over 65 in sheltered accommodation (Foundations Handypersons Toolkit 2012) • 46.1 per 1000 - Death rate for over 65s in West Lothian 2009-2011 (national Records of Scotland 2012) <p>These statistics applied to total quantity of 88 would indicate the following breakdown of owner occupier destinations</p> <ul style="list-style-type: none"> • 4 in care home • 8 in sheltered housing • 4 deceased <p>ISD Scotland's Care Home Census 2010 indicates that 31% of long stay care home residents are self funders so 1.5 (31% of 15) would incur costs as a result of moving into care. The same source indicates that 65% of self funders will receive nursing care.</p>

	Reduced social isolation	number of small repairs client households reporting they are able to get out and about more due to repairs or being able to leave spouse due to key safes	22	4 clients or 4% of sample reported outcome. 4% apportioned to all 552 clients=22
	Increased confidence as a result of increased control over daily life	Number of small repairs clients reporting their confidence had increased	110	21 clients or 20% of sample reported outcome. 20% apportioned to all 552 clients=110
	Reduced expenditure on household maintenance	number of small repairs jobs that would have incurred call out and labour charges if they had not used CRWL	204	Actual figure
Stakeholders	Outcomes	Indicators	Quantity	Assumptions
Majors Works Service Client Households	Increased sense of security and safety	number of major works client households reporting that they now feel safer and more secure as a result of adaptations	93	20 clients or 74%of sample reported outcome. 74% apportioned to all 126 clients = 93

Increased ability to remain living at home safely and securely	number of major works client households reporting that the adaptation enabled them to stay in their present home	6 in care home (1.8 self funders (1.2 with nursing care, 0.6 without) 11 in sheltered housing (8.25 or 75% self funding) 5 deceased	25 clients or 92% of sample reported outcome. 92% apportioned to all 126 clients= 116 In valuing this outcome, we must refine the quantity further to reflect potential destinations of owner occupiers if they were unable to remain living at home. The author could not source statistical information on the destinations of owner occupiers as this does not appear to have been subject to research by government or key bodies. We must therefore look at destinations of the older population as a whole to understand where older owner occupiers would go if they were unable to continue living at home. <ul style="list-style-type: none"> • 5% of over 65s live in residential nursing care Elderly Accommodation Council (2007) • 9.3% of over 65 in sheltered accommodation (Foundations Handypersons Toolkit 2012) • 46.1 per 1000 - Death rate for over 65s in West Lothian 2009-2011 (national Records of Scotland 2012) These statistics applied to total quantity of 116 would indicate the following breakdown of owner occupier destinations <ul style="list-style-type: none"> • 6 in care home • 11 in sheltered housing • 5 deceased ISD Scotland's Care Home Census 2010 indicates that 31% of long stay care home residents are self funders so 1.5 (31% of 15) would incur costs as a result of moving into care. The same source indicates that 65% of self funders will receive nursing care.
Increased confidence and control over daily life	number of major works clients reporting their confidence had increased	111	24 clients or 88% of sample reported outcome. 88% apportioned to all 126 clients= 111 clients
Reduced falls and accidents in the home	number of major works client households reporting that they have suffered less falls and accidents in the home	79	17 clients or 63%of sample reported outcome. 63% apportioned to all 126 clients = 79

Stakeholders	Outcomes	Indicators	Quantity	Assumptions
West Lothian Council	Improved allocation of Occupational Therapy team resources	Number of hours avoided doing administration of Scheme of Assistance and managing client enquiries	378	3 hours per week per major works client = 3x126=378
	Reduced time spent by local authority care staff gaining access and delivering services in the homes of clients due to key safe installation	Number of hours saved from wasted visits where cannot gain entry to clients home	1550	310 key safes installed. Estimate staff saved 5 hours per key safe client over the course of one year gaining access

	Reduced cost of re-housing elderly and disabled people	number of major works and small repairs clients who stated they would not have been able to remain in their present home if they hadn't had adaptations	<p>10.2 in care home (7 publically funded (4.5 with nursing care, 2.5 without)</p> <p>19 in sheltered housing (4.75 or 25% publically funded)</p> <p>9.4 deceased</p>	<p>25 major works clients or 92% of sample reported outcome. 92% apportioned to all 552 clients= 116</p> <p>17 small repairs clients or 16% of sample explicitly reported outcome. 16% apportioned to all 126 clients= 88</p> <p>Total 204</p> <p>In valuing this outcome, we must refine the quantity further to reflect potential destinations of owner occupiers if they were unable to remain living at home. The author could not source statistical information on the destinations of owner occupiers as this does not appear to have been subject to research by government or key bodies. We must therefore look at destinations of the older population as a whole to understand where older owner occupiers would go if they were unable to continue living at home.</p> <ul style="list-style-type: none"> • 5% of over 65s live in residential nursing care Elderly Accommodation Council (2007) • 9.3% of over 65 in sheltered accommodation (Foundations Handypersons Toolkit 2012) • 46.1 per 1000 - Death rate for over 65s in West Lothian 2009-2011 (national Records of Scotland 2012) <p>These statistics applied to total quantity of 204 would indicate the following breakdown of owner occupier destinations</p> <ul style="list-style-type: none"> • 10.2 in care home • 19 in sheltered housing • 9.4 deceased <p>ISD Scotland's Care Home Census 2010 indicates that 69% of long stay care home residents are publically funded so would incur costs as a result of moving into care. The same source indicates that 65% of will receive nursing care.</p> <p>Based on client group all being owner occupiers, it is estimated 75% will be self funders so 25% of sheltered housing will be publically funded</p>
Stakeholders	Outcomes	Indicators	Quantity	Assumptions
NHS Lothian	Reduced NHS expenditure as a result of reduced falls and accidents in the home	number of small repairs and major works client households reporting that they have suffered less falls and accidents in the home	<p>18 hip fracture</p> <p>(118= 10% hip fracture 18, 80%</p>	<p>Outcome reported by 79 major works clients and 105 small repairs clients=184</p> <p>Dolan and Torgerson, 2000, 'The economic cost of hip fracture in the UK', Uni of York</p> <p>The study suggested that between 5-10% of older people falling at home will have a</p>

			ambulance /a+e 148)	hip fracture and 80% will call out an ambulance to go to A&E
	Reduced time spent by community based NHS staff gaining access to deliver services in the homes of clients due to key safe installation	Number of hours saved from wasted visits where cannot gain entry to clients home	1550	310 key safes installed. Estimate staff saved 5 hours per key safe client gaining access
	Reduced provision of care services in the home	Number of major works and small repairs client households reporting reduced need for care services in the home	47	Outcome reported by 10 major works clients or 37% of sample. 37% apportioned to all 126 clients = 47
	Reduced delay to hospital discharge process	Number of major works referrals where adaptation required as part of hospital discharge process (25% of total)	32	Estimated figure of 25% of total majors works clients. Difficult to ascertain as double referring from NHS to Council to CRWL hides actual number of referrals from NHS

C2 Financial Proxies

Stakeholders	Outcomes	Financial Proxy	Value £	Assumptions
Small Repairs Service Client Households	Reduced falls and accidents in the home	20% increase in weekly spend if avoided injury. 2010 family Spending Survey - average weekly spend for age group (£177.50) x .2 x 6 weeks	213	(Social Value Monitoring Framework: Toolkit 2010, Oldham Council) older people consulted recorded 20% increase in spend if avoided injury. 2010 Family Spending Survey
	Increased ability to remain living at home safely and securely	cost of 1 year self funding care home resident with nursing care	£34,372	http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Publications/2012-10-30/2012-10-30-CHCensus-Report.pdf and follow link to supporting excel spreadsheets. Table 7 Average Weekly Charge for Self Funders in Care Homes for Older People by Source of Funding and Whether Nursing Care Required by Local Authority Area, March 2012 Scottish Government Social Research: Review of Sheltered Housing in Scotland Jan 2008 p41 http://www.scotland.gov.uk/Resource/Doc/208953/0055383.pdf
		cost of 1 year self funding residential care home without nursing care	£33,488	
		cost of 1 year self funding sheltered housing (1 bed flat) (Avg Council/Housing Association) Avg cost pw for 1 bed council flat £63.33 x 52= £3293.16 Avg cost pw for 1 bed housing assoc. Flat £124.27 x 52=£6462.04 AVG= £4877.60	£4,877.60	
Reduced social isolation	20% increased expenditure on recreation and culture per annum compared to average expenditure by single person retired household mainly dependent on state pension - avg household average expenditure of £858 x 20% =£171.60	171.60	avg household average expenditure of £858 x 20% =£171.60 Family Spending 2011 Edition "A Report on the Living Costs and Food Survey 2010", table 3.9E November 2012 Office for National Statistics	
Increased confidence and control over daily life	20% increased expenditure on communications compared to average expenditure by single person pensioner household	58.24	Family expenditure survey 2011 Single pensioner household partially dependent on benefits. Weekly expenditure on communications £5.60 x 52 = £291.20 x20% = 58.24 Family Spending 2011 Edition "A Report on the Living Costs and Food Survey 2010", table 3.9E November 2012 Office for National Statistics	
Reduced expenditure on household maintenance	average cost of trade/handyman call out and 1 hour labour costs	60	Market analysis and assumed small repairs taking 1 hour	
Stakeholders	Outcomes	Financial Proxy	Value £	Assumptions

Majors Works Service Client Households	Increased sense of security and safety	PSRRU 2011 cost for aids and adaptations = individual alarm system £54, entry phone systems £59 and grab rail £6, (annual costs) = £119	119	Personal and social services research unit - Unit costs of health and social care 2011 http://www.pssru.ac.uk/pdf/uc/uc2011/uc2011.pdf
	Increased ability to remain living at home safely and securely	cost of 1 year self funding care home resident with nursing care	£34,372	http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Publications/2012-10-30/2012-10-30-CHCensus-Report.pdf and follow link to supporting excel spreadsheets. Table 7 Average Weekly Charge for Self Funders in Care Homes for Older People by Source of Funding and Whether Nursing Care Required by Local Authority Area, March 2012 Scottish Government Social Research: Review of Sheltered Housing in Scotland Jan 2008 p41 http://www.scotland.gov.uk/Resource/Doc/208953/0055383.pdf
		cost of 1 year self funding residential care home without nursing care	£33,488	
		cost of 1 year self funding sheltered housing (1 bed flat) (Avg Council/Housing Association) (Avg Council/Housing Association) Avg cost pw for 1 bed council flat £63.33 x 52= £3293.16 Avg cost pw for 1 bed housing assoc. Flat £124.27 x 52=£6462.04 AVG= £4877.60	£4,877.60	
Increased confidence and control over daily life	20% increased expenditure on communications compared to average expenditure by single person pensioner household	58.24	Family expenditure survey 2011 Single pensioner household partially dependent on benefits. Weekly expenditure on communications £5.60 x 52 = £291.20 x20% = 58.24 Family Spending 2011 Edition "A Report on the Living Costs and Food Survey 2010", table 3.9E November 2012 Office for National Statistics	
Reduced falls and accidents in the home	20% increase in weekly spend if avoided injury. 2010 family Spending Survey - average weekly spend for age group (£177.50) x .2 x 6 weeks	213	(Social Value Monitoring Framework: Toolkit 2010, Oldham Council) older people consulted recorded 20% increase in spend if avoided injury. 2010 Family Spending Survey	
Stakeholders	Outcomes	Financial Proxy	Value £	Assumptions

West Lothian Council	Improved allocation of Occupational Therapy Team resources	mean gross salary of community OT is 30,912 = £16.98 per hour at 35 hour week Based on average earnings of as per Local Government Earnings Survey 2011	16.98	2010/11 local Government earnings survey. http://www.local.gov.uk/web/guest/local-government-intelligence-/journal_content/56/10171/3012612/ARTICLE-TEMPLATE
	Reduced time spent by local authority care staff gaining access and delivering services in the homes of clients due to key safe installation	unit cost per weekday hour of community based social care staff - Home Care Worker	18.00	Personal and Social Service Research Unit - Unit Costs of health and social care 2011 http://www.pssru.ac.uk/archive/pdf/uc/uc2011/uc2011.pdf Table 11.6 on p160
	Reduced cost of re-housing elderly and disabled people	annual cost of publically funded long stay residents with nursing care	29,432.00	http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Publications/2012-10-30/2012-10-30-CHCensus-Report.pdf Care Home Census 2012 Statistics on Adult Residents in Care Homes in Scotland 30th October 2012
		annual cost of publically funded long stay residents without nursing care	25,324.00	Care Home Census 2012 Statistics on Adult Residents in Care Homes in Scotland 30th October 2012 http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Publications/2012-10-30/2012-10-30-CHCensus-Report.pdf
		annual cost of publically funded sheltered housing provision	16,224	Personal and Social Services Research Unit - Unit costs of health and social care 2010 table 8.1 http://www.pssru.ac.uk/archive/pdf/uc/uc2010/uc2010.pdf
Stakeholders	Outcomes	Financial Proxy	Value £	Assumptions
NHS Lothian	Reduced NHS expenditure as a result of reduced falls and accidents in the home	potential cost saving or value of resources reallocated for hip fracture/neck of femur attributable solely to the NHS potential cost saving or value of resources reallocated for incident resulting in visit to A+E and 1 home visit	5,414 166	cost of incident resulting in ambulance and visit to a+e from Dolan and Torgerson, 2000, 'The economic cost of hip fracture in the UK', Uni of York And Parrott, S. (2000) The Economic Cost of Hip Fracture in the UK. York, University of York Table 10: Cost of an individual hip

				fracture Category Cost Hospital care £4,760 Ambulance £171 Long stay residential care £20,010 GP use £164 Outpatient use £319 Total cost therefore £25,424 of which £5414 attributable to the NHS
	Reduced time spent by community based NHS staff gaining access to deliver services in the homes of clients due to key safe installation	Unit cost per hour of home visiting by Community Nurse or Health Visitor (NHS employed community based health care staff)	64	Personal and Social Service Research Unit - Unit Costs of health and social care 2011 http://www.pssru.ac.uk/archive/pdf/uc/uc2011/uc2011.pdf Tables, 10.1 and 10.3 on pages 141 and 143
	Reduced provision of care services in the home	Cost reduction differential from reducing local authority organised home care from 10 hours per week to 5 hours per week £107 reduction per week x52 for 1 year	5,564	home care from 10 hours per week to 5 hours per week £107 reduction per week x52 for 1 year – http://www.pssru.ac.uk/archive/pdf/uc/uc2010/uc2010.pdf
	Reduced delay to hospital discharge process	6.2 days reduction in bed days as a result of adaptations reducing delayed discharge 6.2 x 225 bed day cost	1395	Care and Repair Cymru Care and Repair Cymru (2006) Rapid response adaptations report 2006 (October 2002 – March 2005)

Appendix D Small Repairs Client Survey

**Horizon Housing Association
West Lothian Care and Repair**

Social Return on Investment (S.R.O.I.) study: July 2012

Small Repairs Survey

We are conducting a short survey on behalf of West Lothian Care and Repair, which is managed by Horizon HA, to understand the impact of the small repairs service on people in West Lothian. This has been organised because Horizon HA would like service users to share their experiences over time, and help others to benefit from Care and Repair services in future.

We have carried out a postal survey and are now following this up with a few telephone surveys to get a greater understanding of the impact the Care and Repair Service and the small repairs have made to you, your household and family.

We appreciate you taking the time to complete the survey with us. We really want to hear your views. Your response will inform a wider study on the impact of the Care and Repair Service on people and agencies in with an interest in the health and wellbeing of older people in West Lothian.

Name of respondent
Address of respondent

ABOUT THE WORK YOU HAD DONE

How did you find out about the Horizon Care and Repair Service?
What small repair/handyperson work was carried out for you?
Were there any other small repairs that you would like to have had carried out?
Did you have a key safe installed?

ABOUT THE QUALITY OF THE SERVICE

Please rate the quality of the service you received from the Care and Repair team in terms of:

	Very good	Good	Fair	Poor	Very Poor
The courtesy and knowledge of our staff when you first made contact with the service.					
The speed from your request to the work being completed by the small repairs staff					
The politeness, respectfulness and friendliness of the small repairs officer/handyperson when he/she visited you in your home					
The reliability of staff in returning your calls or arriving at your home when they say they will.					
The quality of work carried out the small repairs officer/ handyperson in your home					
The quality of work carried out by contractors in your home					
The cost of any materials used to complete the small repair					

Care and Repair also provides a key safe fitting service, can advise on tradesmen or help manage other works, including adaptations, that might be needed in someone’s home; and can provide advice and information on other services to assist older people to remain at home.

Have you ever received any of these other services?

If yes, how would you rate your experience of the service:

Very good	Good	Fair	Poor	Very Poor
Were you aware of these other services?				
Comment?				

Have you ever made a complaint about the service?

Are you aware of the Care and Repair complaints procedure?

Would you have been comfortable about making a complaint?

Any comment?

ABOUT THE DIFFERENCE THE SERVICE MADE OR MAKES TO YOU

What difference did the small repair/handyperson service make to you or to your home? Social, practical or emotional

Has the small repair/handyperson service made any difference to . . .

	A lot better/ more	A little better/ more	No differ ence/ not appli cable	A little worse/ less	A lot worse / less
The condition of your home?					
Control over your daily life?					
How safe you feel?					
How independent you feel?					
How confident you feel?					
The amount of or type of contact you have with family or other people?					
Your health?					

By 'control over daily life' we mean having the choice to do things or have things done as you like and when you like

If the small repair service hadn't been available, how would you have managed to carry out the repair/task?

SUMMING UP

How would you rate how well the service you received matched your needs and expectations?

Very well

Quite well

Not very well

Not at all

Would you recommend the small repairs service to other people?

What would you say was the best thing about the service?

Do you have any other suggestions on other advice, information or works that would help you with staying in your own home?

ABOUT YOU (optional questions)

How long have you lived in your present accommodation?

- 1- 3 years
- 3 – 5 years
- 5 – 10 years
- 10 – 20 years
- 20 + years

Does any else share your home?

- A partner/husband/wife
- Family carer
- Other

What age band are you in?

- Under 65
- 65 – 75
- 75 – 85
- over 85

Thank you for your time.

Appendix E Major Works Client Survey

**Horizon Care and Repair
Social Return on Investment (S.R.O.I.) Adaptations Survey**

We are conducting a short survey on behalf of Horizon HA to understand the impact of the Care and Repair Service on people in West Lothian. This has been organised because Horizon HA would like service users to share their experiences over time, and help others to benefit from Care and Repair services in future.

We hope to gain a greater understanding of the impact the Care and Repair Service and the adaptation/small repairs have made to you, your household and family.

We appreciate you taking the time to complete the survey with us. We really want to hear your views. Your response will inform a wider study on the impact of the Care and Repair Service on people and agencies with an interest in the health and wellbeing of older people in West Lothian.

Name:

Address:

Adaptation:

Before your OT referred you to the Horizon Care and Repair Service, how much did you know about the services it offers?

--

Why did your home need to be adapted? Briefly describe the adaptation that has taken place.

--

How long have you lived in your present accommodation?

- 1- 3 years
- 3 – 5 years
- 5 – 10 years
- 10 – 20 years
- 20 + years

Do you think the Adaptation you have carried out will enable you to stay in your present home

Yes

No

If not, are you are aware of further adaptations which could be carried out in the future should your needs change?

--

Without the adaptation just fitted/ installed in your home, might you have had to consider moving home

Yes
No

Has the adaptation and Care and Repair made any difference to how Independent you feel . .

Yes. I have **more** Independence
 Yes. I feel a **little more** Independent
 No, it has made no difference
 I now feel a little **less** independent
 I now feel a **lot less** independent
 Don't Know

Comments –

Did the adaption and Care and Repair help with making any difference in how confident you feel . . .

It has made me feel **much more** confident
 It has made me feel a **little more** confident
 It has made **no difference** in how confident I feel
 It has made me feel a **little less** confident
 It has made me feel a **much less** confident
 Don't Know

Comments –

Has the adaptation and Care and Repair made any difference to the amount of support from family or other carers? . .

It has **substantially** reduced the amount of support I need
 Yes. It has reduced the amount of support I need a **little**
 No, it has made **no difference** to the amount of support I need
 It has **increased** the amount of support I need a little
 It has substantially increased the amount of support I need
 Don't Know

Comments –

Has the adaptations/ Care and Repair made any difference to . . .

Control Over your daily life

How Safe you feel . .

By feeling safe we mean how safe you feel both inside and outside your property. This includes fear of falling or other physical harm

Made a difference to the amount of or type of contact with family

What difference have the adaptations made to your ability to get out and about, or invite visitors to your home?

Did you receive advice and information from the Care and Repair Service on other issues? For example support with a grant application, benefits or other housing issues. If yes, please provide details here including what difference the advice and information made to you.

How would you rate how well the service you received matched your needs and expectations?

Very well

Quite well

Not very well

Not at all

Do you have any comment to make about this?

--

Do you think you would have been able to manage the adaptation process and grant application without the assistance of the Horizon Care and Repair Service? Did you consider any alternatives?

--

--

Please rate the quality of the service you received from our team in terms of:

	Very good	Good	Fair	Poor	Very Poor
The courtesy and knowledge of our staff when you first made contact with the service.					
The speed with which the service contacted you after you were referred to the service.					
The politeness, respectfulness and friendliness of the care and repair staff member when he/she visited you in your home					
The reliability of staff in returning your calls or arriving at your home when they say they will.					
The knowledge and quality of advice and support given by the Care and Repair team during the course of your adaptation					
The quality of work carried out by contractors in your home					

Care and Repair also provides a small repairs and key safe fitting service, can advise on tradesmen or help manage other works that might be needed in someone's home.

Were you aware of these other services?
 Have you ever used any of these other services?
 If yes, how would you rate your experience of the service:

Very good	Good	Fair	Poor	Very Poor
-----------	------	------	------	-----------

Are you aware of the Care and Repair complaints procedure?

Would you have been comfortable about making a complaint?

Have you ever made a complaint about the service?

Would you recommend the Horizon Care and Repair Service to other people? And if you would what would you say was the best thing about the Service?

Do you have any other comments you wish to make on our service, or do you have any other suggestions on other advice, information or works you require in order to assist you with living at home in your own community?

Thank you for your time.

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



© Link Group Ltd 2013

All rights reserved. No part of this publication may be stored in a retrieval system or reproduced in any form whatsoever without prior permission in writing from the publisher.

