

Community First (Moray)

Social Return on Investment (SROI) Analysis



An evaluation of The Handyperson Service (Moray) social value creation

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The report has been prepared in accordance with the SROI Guide, and the principles and practice of SROI in the UK, as set out in the Guide. The SROI Guide has been written by The SROI Network, in consultation with an advisory committee, and published by The Office of the Third Sector in the Cabinet Office under their 'Measuring Social Value' programme.

The Guide can be downloaded at www.sroinetwork.org.

The author has been awarded SROI Accredited Practitioner status by the SROI Network, and has verified the information presented in this report.

The Guide is the basis for a programme of work on SROI funded by the Scottish Government. Further information on the SROI Project in Scotland can be found at www.sroiproject.org.uk

Disclaimer

The information herein has been provided for general information only and measures have been taken to ensure that the information is accurate and up to date. However, none of the organisations or members of the organisations mentioned in this report are liable for any use that may be made of the information here or nor can they be held responsible for any errors resulting from the use of this information.

The analysis is essentially a modelling exercise and should not be used for formal accounting purposes.

Executive Summary

The focus of this Social Return on Investment (SROI) study is Community First (Moray)'s Handyperson Service (HPS). This service works through local volunteers to provide a service to older people, people with disabilities or other long-term illnesses and other vulnerable groups who need help with small repairs in their home. The study has asked what social value is created for stakeholders as a result of running the HPS, and using volunteer effort to do so.

Scope

This evaluation study focuses on the outcomes generated during the second year of Lottery funding, namely April 2007 to March 2008.

Community First (Moray) wished to demonstrate that, whilst it was offering this practical service of small repairs, it was also benefitting vulnerable people in other ways and improving their quality of life. Community First (Moray) also hoped that the study would help demonstrate the value of small scale community-based initiatives in health and social care. It is seeking involvement in other small scale initiatives with local agencies. It is hoped that this study would therefore demonstrate the value created by Community First (Moray) to other agencies who might be interested in working with them.

Stakeholders

The stakeholders who are included in the analysis, as being the main groups which experience significant change as a result of the Handyperson Service are:

- Clients
- Volunteers
- Board members of Community First (Moray)
- NHS
- Landlords
- Occupational Therapy Service

Outcomes and evidence

A range of evidence from the project records was used to develop an impact map for the project. The information gathered previously for a social audit was also used as the starting point for the stakeholder analysis, and determination of some outcomes.

The study included an engagement process with the two main stakeholder groups, clients and volunteers, as well as a survey of other stakeholders. A detailed sample survey of client outcomes however proved difficult, with older people finding trouble with remembering such information as how often they had had an accident at home. This survey was supplemented by analysis of the project's customer feedback forms and a previous survey of customer views.

The outcomes that could be evidenced were:

Stakeholder	Outcome
Clients over 60	Feeling happier about their home
	Feeling safer at home because the project is there
	Feeling treated with dignity and respect
	Making the home safer
Clients living with family	Better able to meet household obligations
Volunteers	Helping people in the community
	Sense of personal satisfaction
Board members	More confidence in support for older age
NHS	Preventing accidents and falls at home
Landlords	Reduced spending on small repairs
	Better maintained housing reduces likelihood of making major repairs
Occupational therapy service	Maximising the effectiveness of statutory adaptations

Outcomes were measured using indicators of change and given financial proxies to value the change. These values were then reduced, to take account of what would have happened anyway, the influence of other factors and where outcomes for one stakeholder might just displace outcomes for another stakeholder.

Results

The social value created in 2007/08 by the Handyperson Service was estimated at £289,515 for an investment of £44,133, giving a social return of £6.45 for every £1 invested.

The sensitivity analysis showed that the social return was sensitive to assumptions about the quantity of outcomes experienced by clients, the duration of some outcomes, the need to use unit costs for NHS outcomes rather than marginal costs which could not be found, and the attribution of impact to external factors.

Recommendations were made to Community First (Moray) and the NHS which would allow a more accurate evaluation of social return to be developed in future.

Conclusions

There appears to be a positive return on investment for all stakeholders, some of which may result in cost savings.

In such a small organisation, it is clear that the engagement of volunteers not only enables this work to be undertaken without additional revenue funding having to be found, but their input is beneficial to vulnerable people living in the communities they come from.

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Introduction

Community First (Moray) is a small voluntary organisation based in Moray in the north of Scotland.

Community First (Moray) has its origins in the early 1990's as a community care project supported by Moray Voluntary Service Organisation. It was set up to provide a catalyst for community engagement in social and community care issues by vulnerable people.

The focus of this Social Return on Investment (SROI) study is Community First (Moray)'s Handyperson Service (HPS). This service works through local volunteers to provide a service to older people, people with disabilities or other long-term illnesses and other vulnerable groups who need help with small repairs in their home.

The service is provided free of charge to eligible people in the client demographic, i.e. those who cannot get the repairs done by their landlord, or owner occupiers who do not have the financial resources to pay for this sort of work. In addition, clients must show that they have no family or friends nearby willing to do these repairs. Clients will generally pay for materials. The repairs done are small, and therefore would not displace business that could have been done by local tradespeople.

When someone is ineligible or the repair is too large, alternative solutions are sought, for example, passed onto Care and Repair or Criminal Justice Services, with whom the HPS has positive working relationships.

The organisation's Board includes members from the Royal Air Force staff from the nearby Lossiemouth and Kinloss air base, as well as local people who have been concerned at the lack of support for older people living in Moray. The RAF has a culture of engagement with the local community, and encourages its staff to volunteer and support activity in the local community.

Initially, the RAF were coordinating volunteers to undertake small home repairs, but demand quickly exceeded their ability to respond, and a Volunteer Coordinator was employed within Community First (Moray) to manage the HPS.

The study has evaluated the changes to people's lives resulting from the activity, by asking the different stakeholders to describe these changes - i.e. identify outcomes. Indicators have been used to quantify the amount of change taking place, and financial proxies used to place a monetary value on these changes, which are then compared to the investment necessary to generate these changes.

The study has asked what social value is created for stakeholders as a result of running the HPS, and using volunteer effort to do so.

2. Scope and stakeholders

2.1. Scope

The HPS service has been supported through the BIG Lottery in Scotland. This SROI study has been undertaken as a way of evaluating the project for the BIG Lottery, and demonstrating the value of BIG's investment in the HPS.

This evaluation study focuses on the outcomes generated during the second year of Lottery funding, namely April 2007 to March 2008.

Community First (Moray) wished to demonstrate that whilst it was offering this practical service of small repairs, it was also benefitting vulnerable people in other ways and improving their quality of life.

Community First (Moray) also hoped that the study would help demonstrate the value of small scale community-based initiatives in health and social care.

It is seeking involvement in other small scale initiatives with local agencies. It is hoped that this study would therefore demonstrate the value created by Community First (Moray) to other agencies who might be interested in working with them.

2.2. Stakeholders

The stakeholders in the Handyperson Project had been identified in previous work on a Social Audit begun during 2007 which had not been completed. The initial list of stakeholders came from this prior work and some of the work with stakeholders was used to inform the SROI study, and give an initial indication of the objectives and outcomes of different stakeholder groups.

The stakeholders identified in the Social Audit were:

- Clients
- Volunteers
- The Board of Community First (Moray)
- Organisations who have links with HPS

Through discussion with the staff of Community First (Moray), the stakeholder analysis was expanded, as other groups were identified as possibly experiencing specific changes as a result of the HPS's activities:

- Referring organisations
- Families
- Organisations to whom HPS referred clients
- Other agencies who represent the view of vulnerable people e.g. Area Forums
- Moray Council Housing Department
- Moray Care and Repair
- The Community Planning Partnership (including the Police and Fire Service)
- Registered Social landlords
- The Big Lottery
- Greenfingers
- Small local tradespeople

2.3. *Stakeholder engagement*

Data was collected through the following methods:

- Individual survey and focus groups with volunteers to identify outcomes
- Personal interviews with clients to identify outcomes, using a questionnaire developed by the researcher
- Collection of information from previous client surveys
- Interviews and discussion with staff to map outcomes
- Discussions with other stakeholders to identify objectives and outcomes.

The researcher drew up a questionnaire for interviewing clients. The guidance on how many of the stakeholder group to interview in order to get a representative sample suggests that one should continue until one begins to hear nothing new. The aim was to interview a sample of clients from the 186 households helped in the period, about their outcomes. It was suggested that 25 clients were chosen - 5 demonstrating different demographics and the rest randomly.

After 7 interviews were conducted it was concluded that the results were so similar that the full number of clients was not interviewed. There is also a difficulty of getting information from older or vulnerable people about the past that is accurate, e.g. how often they had had accidents or falls in the home, which is a problem experienced by other researchers.

It is recommended in future that the questions for the SROI survey of clients be included in the feedback forms, so that a larger sample of clients can confirm the findings.

In addition, the reports to the BIG Lottery, minutes of meetings, the project's records and statistics on clients and jobs, and the HPS Complaints and Compliments feedback forms which are filled in and returned by clients, were made available and analysed.

The organisation had also prepared a Stakeholder Report in 2008 based on a survey of stakeholders as part of the Social Audit, which was shared with the main stakeholders. The stakeholder engagement involved completing questionnaires with:

- 92 clients
- 12 volunteers
- 3 staff
- 4 Board members
- 15 organisations with links to the HPS.

The report included further information from clients which helped to determine outcomes, and also to assess the number of people who were likely to experience some outcomes. This therefore supplemented the small client survey, when it came to completing the impact map. The project helped 263 individuals in the period under study.

2.4. What does the analysis include and exclude?

Decisions were made to exclude some stakeholders when it emerged during consultation that the changes anticipated appeared not to be material, or no evidence could be found of outcomes being created. This was the case particularly for other local organisations.

The HPS records included who referred the client and why, and where clients had been signposted to others services, such as befriending services, Alzheimers Scotland, the Carers Project and the CAB. The Stakeholder's Report in 2008 also included other organisations, and their responses to questions about the HPS.

It was assumed in drawing up the initial stakeholder list with Community First (Moray) that these other organisations would be changed by the HPS, both by referring clients and receiving clients. There was no evidence however from other organisations of the impact of referrals, and thus 'Other organisations' as a stakeholder group were not included. This also meant that the outcome for clients identified of 'Getting help to get other services' were not included. It is still thought however that changes will occur as a result of signposting, and Community First (Moray) could explore this in future.

'Families' were also identified as a stakeholder group, but it was recognised that the change may be very limited, as the HPS service is aimed at households who do not have family support.

The client surveys confirmed this, but also highlighted that there was a sub-group of clients who lived in a family setting, and their outcomes were recognised in the impact map.

The Community Planning Partnership was identified initially as a stakeholder, but was not included, as the Single Outcome Agreement created by the CPP was not in place during the period of the evaluation. Individual partners in the CPP are also stakeholders in the HPS, such as the Police and the Fire Service, as their statutory responsibilities cover areas that could be positively affected by the HPS service (e.g. identifying problems with bogus callers, reducing fire risk). It was thought that change for these two stakeholders might not be significant, and since resources were restricted, apart from identifying their objectives, they were not included in the analysis. It is recommended that Community First (Moray) could engage with them further, by sharing the results of this report with them.

It was decided that all landlords should be considered together, as their outcomes appeared to be similar. For landlords, the reduced spend on repairs when a tenancy turned over has not been included. No information was found to support this outcome, and it is in any case likely that the value of this outcome would be very small.

The Lottery is a funder stakeholder, providing all the funding inputs to sustain the HPS, but they have not been included in the impact map, as they do not experience significant change as a result of funding the programme and the outcomes expected are experienced by other stakeholders, mainly clients and volunteers.

The potential impact on local businesses and tradespeople was excluded, as the eligibility criteria of the project excluded those people who could have employed tradespeople themselves. The same applied to Moray Care and Repair service.

Further description of what has been included or not included in the analysis, and the basis as to why these decisions were made, has been presented in Appendix 1 'Audit Trail'.

Thus the stakeholders included in the analysis are:

Table 1: Stakeholders included

Clients over 60
Clients living with family
Volunteers
Board members
NHS
Landlords
Occupational Therapy Service

In addition, some outcomes which were identified for stakeholders were not included in the impact map. The reasons for this are detailed in Appendix 1.

The main outcome not included for clients was 'more independence at home leading to staying at home longer', and correspondingly, for the NHS, an outcomes of 'less demand for residential nursing care'.

It was found beyond the resources of Community First (Moray) to measure this outcome. To do so would have involved too much staff time, and it was decided that it would be unreasonable to ask volunteers to question their clients about these issues. It is possible therefore that the impact of the Handyperson Service may be underestimated.

3. Outcomes and evidence

'Theory of change' is a key concept in SROI. The study is calculating the value of the change created by the HPS, and in order to achieve this, has to demonstrate why the activity would create the outcomes that are being measured and monetised. The causal, or assumed causal, relationship between inputs, outputs and outcomes, for each stakeholder included in the analysis, is assembled in the impact map in section 4 below. What follows here is a description of the relationship between the activity and the outcomes, from the perspective of those stakeholders included in the impact map.

Community First (Moray)'s Handyperson's Service aims to maintain a better quality of life in their own homes for older people and other vulnerable groups. The Handyperson's Service has been able to expand through a grant from the Big Lottery, and the outcomes expected from this investment were:

1. Elderly, disabled and disadvantaged people will have an improved quality of life
2. People living alone will be able to maintain their independence for longer
3. A wider catchment area will provide new opportunities for volunteering, thereby increasing community involvement and local skills
4. There will be identifications of key stakeholders and any gaps in service.

The service is aimed at people who do not have family and friends to help them, and who are therefore isolated at home.

Many of the repairs undertaken preserve the basic safety and security of the home: renewing the batteries in smoke alarms, securing stair carpets, replacing light bulbs and curtains (which could be dangerous for older people to do themselves and could result in falls), re-routing and securing cables and other items.

Some help people maintain the appearance of their home, e.g. a number of small garden jobs are done, such as repairing fences and garden sheds as well as tidying gardens. This can help people maintain their status in the community as someone who can look after their home.

Other work undertaken will involve setting up or configuration of electronic equipment e.g. digital TV's, computers and internet connections. Having access to these technologies allows people to 'keep in touch' in a variety of ways and reduces isolation.

Moray is also a rural area, with significant transport issues, and sometimes long distances to travel to access services. There have been many reports from clients that they cannot get tradespeople to come out to do work because of the long travel times for what will be a very small job.

3.1. Change from the perspective of the clients

The stakeholder survey from 2008 demonstrates a high level of satisfaction with the service provided, both in term of the actual jobs carried out and the way the service was delivered.

Clients report feeling happier that they have resolved these apparently small but to them essential problems around their home.

Some very subtle changes have been reported by clients, which go to the heart of maintaining independence in the home. Clients report that the fact that they now know the service is there can give them confidence and help them feel safer and less isolated. They know that they can call the office for help and speak to someone about what is troubling them, in the knowledge that the HPS can be relied upon to help.

Clients also report that how the service is delivered makes a difference to them:

‘When agencies come in, they make you feel less independent. When HPS comes in, it’s like your family’.

HPS is, for many clients, a substitute for the family that is no longer around. The service has the ‘right values’, in that the volunteers can spend the time to get to know them, can become friends and supporters and give them confidence in their ability to maintain their independence.

Some of their practical problems are small, but significant to them and a source of worry, and so they consider them ‘essential’. Without the help of HPS however they would just not be addressed. This applies particularly to clients who live in isolated rural communities.

Through discussion and feedback from clients, it emerged that ‘clients’ as a stakeholder group were in fact two groups, with slightly different outcomes. For clients who were living alone, mainly older people or individuals with disabilities or physical conditions, the replacement of family help with help from the HPS was highly valued as an outcome.

For clients who lived with their own family but who were disabled or had long-term health conditions, but where their partner was also unable to do repairs etc., an additional change was reported. Being able to arrange for repairs to be done by HPS meant they could carry out their obligations to the family, which helped them maintain their self-respect, and the respect of the rest of the family.

3.2. *Change from the perspective of the volunteers*

Community First (Moray) recruits and trains local volunteers, and tries to find volunteers across the area who can help others in their own particular community.

Some volunteers are people who themselves have vulnerabilities, such as people with mental health issues, who are using the volunteering as a way of 'getting back into society'.

The strengths of the project were identified by volunteers in the Stakeholder's Report, produced for the study in 2008, as being:

Table 2: Volunteer comments *Source: 2008 Stakeholders report*

- Seeing clients pleased with our work
- Friendly volunteers and workers.
- The people involved.
- Giving help to people who can't do some small things that we can do easily.
- Carrying out work that would otherwise not get done.
- The volunteers and their willingness to help others.
- It is Shire wide, also its volunteer base.
- The ability to improve the quality of life of those using the service.
- The willingness to help disadvantaged people no matter the clients need.
- The appreciation by elderly and disabled is affirming the need for the service.
- Shows a genuine caring approach completely independent from any other considerations or constraints.
- The volunteers.

The volunteers report that their rewards come from helping other people:

Table 3: Volunteer comments *Source: 2008 Stakeholders report*

- Have some skills which can be of use.
- To offer my skills to local vulnerable/elderly people.
- To put something back into the community and to help people.
- To put a little back into the community.
- I had moved my family up from Norfolk and finished getting our own home habitable and had time to offer to those more in need of my skills. Also not in a position to do the same for my family 700 miles away.
- To help others for free.
- To use some of my spare time and skills to improve quality of life for the elderly disabled in local area.
- To share my experience and skills with those who may benefit from them. I like giving something back to the community.
- To be useful and to become familiar with new situation, location.
- Have been a carer for a disabled family member for 30 years (living on his own for past 12 years).
- To help others.

Some volunteers are retired servicemen from RAF Lossiemouth and Kinloss, or active servicemen who are in the process of transition to 'civvy street'.

3.3. Change from the perspective of the Board members of Community First (Moray)

Often Board members do not experience significant change from being on the Board of an organisation, but in the case of Community First (Moray)'s Board, they are grappling with issues which are of major importance to them - how to secure services that they would expect when they themselves grow older.

The Board is involved in the organisation because it wants to see a better future for people their own age, and a more secure set of supports in retirement. They are therefore emotionally connected with the issues of the HPS.

3.4. Change from the perspective of the NHS

For the NHS, one overall health objective is to reduce falls experienced by older people in their homes, and help older people maintain a safe home environment. This will result in less treatment as a consequence of fewer falls at home. The project also aims to give advice and signpost clients to other services, which may also include signposting on health issues.

3.5. Change from the perspective of landlords

For those clients who rent their home, the landlord could spend less themselves on minor repairs, although landlords report that they will not repair the items tackled by the HPS.

There is evidence however that the nature of some of the repairs the HPS undertakes will reduce the likelihood of larger repairs in future, especially where these involve such things as leaking taps, fixing electrical items and maintaining smoke alarms.

Every time a tenancy changes, landlords are faced with costs for bring the home back up to standard, and if the home is well-maintained these costs are likely to be less.

3.6. Change from the perspective of occupational therapy services

Some clients are people with physical disabilities or health conditions who require aids and adaptations to live successfully at home. The HPS service makes referrals to occupational therapy for clients who needed some form of adaptation or aid. The volunteers report occasions where their help has maximised the use of these adaptations, through modifying other aspects of the set up in the home e.g. repairing steps after a handrail was fitted.

3.7. *Negative or unintended outcomes*

For the NHS, an identified outcome was the improved outcomes from treatment if health conditions were identified early. The result of this also creates an unintended negative consequence in terms of increased demand for treatment. Since it proved difficult to get this information from clients, in the absence of detailed information about each of these outcomes, it was assumed that these two effects may cancel each other out, and therefore this outcome has not been included. This is referred to in the recommendations below.

One potential negative outcome for clients could be creation of dependency on the service, however there was no evidence from volunteers or clients that this was taking place.

4. The Handyerson Service's impact map

The relationship for the included stakeholders between inputs, outputs and reported outcomes was:

Table 4: Stakeholder outcomes

Stakeholder	Input	Output	Outcome
Clients over 60	£903 in voluntary donations	168 people helped	Feeling happier about their home
			Feeling safer at home because the project is there
			Feeling treated with dignity and respect
			Making the home safer
Clients living with family	£4260 in materials	95 people helped	Feeling happier about their home
			Feeling safer at home because the project is there
			Better able to meet household obligations expected of them by family
			Making the home safer
Volunteers	£6,170	617 hours of volunteering on the job	Helping people in the community
		Another 400 hours provided	Sense of personal satisfaction
Board members	£2880	6 hours per month for 6 Board members	More confidence in support for older age
NHS		263 individuals helped	Preventing accidents and falls at home
Landlords		186 households helped	Reduced spending on small repairs
			Better maintained housing reduces likelihood of making major repairs
Occupational therapy service		12 jobs involving adaptations	Maximising the effectiveness of statutory adaptations

Outcomes were derived from the interviews and consultations. A figure of £10 per hour has been used for the value of volunteering inputs as they are offering a semi-skilled service and this would be a reasonable charge made by a small tradesperson. The BIG Lottery investment in the service, for the period of study, was £29,920. One outcome identified by clients was not included - please see Appendix 1 for details.

The rest of the impact map shows which indicators were used to measure the outcome, and how outcomes have been valued:

Table 5: Indicators and financial proxies

Stakeholder	Outcome	Indicator description	Financial proxy description
Clients over 60	Feeling happier about their home	Getting small repairs carried out	Value of commercial labour applied to volunteer hours spent doing jobs
	Feeling safer at home because the project is there	Initiating further visits at home	Value of repeat visits representing the support given (36% of visits are to the same client)
	Feeling treated with dignity and respect	Valuing the service by making a donation	Value of unsolicited donations to handyperson service
	Making the home safer	Fewer accidents at home resulting in avoided inactivity	Value of time not lost because of accidents in the home
Clients living with family	Feeling happier about their home	Getting small repairs carried out	Value of commercial labour applied to volunteer hours spent doing jobs
	Feeling safer at home because the project is there	Initiating further visits at home	Value of repeat visits representing the support given
	Better able to meet household obligations expected of them by family	Sustaining emotional well-being within the family	Cost of one counselling session to achieve the same effect
	Making the home safer	Fewer accidents at home resulting in avoided inactivity	Value of time not lost by client and dependents because of accidents in the home
Volunteers	Helping people in the community	Returns reported from volunteering	Multiplier of value of time inputted
	Sense of personal satisfaction	Offering more hours to the client than asked for	Value of unsolicited hours of service offered
Board members	More confidence in support for older age	Willing to offer time to improve the HPS	Value of professional skills applied to governance
NHS	Preventing accidents and falls at home	People have fewer accidents and falls at home	Avoided treatment costs of falls
Landlords	Reduced spending on	Avoided garden clearances needed	Cost of garden clearances at commercial rates

	small repairs		
	Better maintained housing reduces likelihood of making major repairs	Avoided major repairs needed	Cost of planned and cyclical maintenance costs including major repairs
Occupational therapy service	Maximising the effectiveness of statutory adaptations	The value of adaptations associated with HPS repair work	Average value of grants made for adaptations to disabled people

Indicators for volunteers and clients were derived from the project survey, the 2008 stakeholder survey and interview results. The volunteers were asked to give a global view of their own ‘returns’ from being involved in the HPS. This is a stakeholder valuation, but the project records also showed that additional hours were offered to clients over and above completion of the job, and this more objective indicator was also used to represent the additional satisfaction to volunteers of engaging with clients. It is possible that valuing these two indicators leads to double counting, and this has been examined further in the sensitivity analysis in section 5. The indicators used for client outcomes arose from the survey information, as best reflecting what clients said about the benefits of HSP to them. The difficulty of engaging older people with this type of discussion however has meant that some assumptions have been made in choosing indicators. The detailed sources, references and calculation assumptions are contained in Appendix 2, including how the percentages for deadweight, attribution and displacement were arrived at in order to calculate impact:

Table 6: Deadweight, attribution and displacement

Stakeholders	Outcome	Deadweight	Attribution	Displacement
Clients over 60	Feeling happier about their home	1%	5%	1%
	Feeling safer at home because the project is there	0	5%	1%
	Feeling treated with dignity and respect	0	0	0
Clients living with family	Making the home safer	30%	10%	0
	Feeling happier about their home	1%	5%	1%
	Feeling safer at home because the project is there	0	5%	1%
	Better able to meet household obligations expected of them by family	0	50%	0
Volunteers	Making the home safer	30%	10%	0
	Helping people in the community	32%	0%	5%
Board members	Sense of personal satisfaction	32%	0%	5%
	More confidence in support for older age	0	5%	0
NHS	Preventing accidents and falls at home	30%	10%	0
Landlords	Reduced spending on small repairs	0	10%	0
	Better maintained housing reduces likelihood of making major repairs	0	10%	0
Occupational therapy service	Maximising the effectiveness of statutory adaptations	0	0	0

The next stage in calculating impact is in determining the numbers of the stakeholder group who experience the outcome, applying the financial proxy to these quantities, then applying deadweight etc. This gives the total impact. The value of outcomes which then endure beyond the timescale of the study period are extrapolated for the chosen duration, taking into account how much that change might reduce over time (drop off). For the HPS, this analysis showed:

Table 7: Impact

Stakeholders	Outcomes	Quantity	Impact	Duration	Drop off
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			£	Years	
Clients over 60	Feeling happier about their home	168	6,406	1	2%
	Feeling safer at home because the project is there	60	1,331	1	2%
	Feeling treated with dignity and respect		903	1	5%
	Making the home safer	59	1,698	0	0
Clients living with family	Feeling happier about their home	95	3,622	1	2%
	Feeling safer at home because the project is there	34	753	1	2%
	Better able to meet household obligations expected of them by family	95	1,425	0	0
	Making the home safer	33	1,920	0	0
Volunteers	Helping people in the community	1.5	5,979	1	15%
	Sense of personal satisfaction	400	2,584	1	15%
Board members	More confidence in support for older age	6	5,472	2	0
NHS	Preventing accidents and falls at home	5	73,719	1	5%
		18	32,591	0	0
		69	7,220	0	0
Landlords	Reduced spending on small repairs	19	1,508	0.5	50%
	Better maintained housing reduces likelihood of making major repairs	13	8,151	5	10%
Occupational therapy service	Maximising the effectiveness of statutory adaptations	12	420	5	10%
Total impact in year under study			£155,701		

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Three types of financial proxies were used:

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- Cost savings e.g. savings to landlord from avoided major repairs
- Potential savings in costs, such as avoided treatment for falls to the NHS, where savings would only occur if there is no demand for the services from other patients
- Proxies that are values placed on the outcomes by stakeholders, such as the multiplier used by volunteers to represent the benefits to them of HPS, which do not result in a monetary transaction. In this case, the subjective indicator has been set along side an objective indicator from the project records, of additional hours volunteered.

‘Marginal costs’ for NHS treatment for falls could not be found, and unit costs have been used. This has been explored in the sensitivity analysis.

The value of some outcomes lasts for longer than the period in which the value is generated. In the above table, these have mainly been estimated.

Where the outcomes endure beyond the study period, the total values for each future year, less the drop off in value assumed from one year to the next, are discounted back to Net Present Values. The discount rate used here has been 3.5%.

This gives a total impact of:

Table 8: Net Present Values

	Current Year	Year 1	Year 2	Year 3	Year 4	Year 5	Total
	155,701	103,977	12,414	6,248	5,623	5,061	£289,024
NPV's	155,701	£100,461	£11,994	£6,037	£5,433	£4,890	£284,515

5. Social Return results

5.1. Calculation of the SROI index

The total impact calculated from the impact map for HPS for 2007/08 under the assumptions made was £284,515.

The total investment figure in the same period, to generate this value, was £44,133:

Table 9: Investment

Investment by	Amount
BIG Lottery	£29,920
Unsolicited donations from clients	£903
Materials paid for by clients	£4,260
Volunteer hours (jobs)	£6,170
Volunteer hours (governance)	£2,880
Total	£44,133

The SROI index is a result of dividing the impact by the investment.

This gives a return of £6.45 for every £1 invested in the Handyperson Service.

5.2. Sensitivity analysis

The purpose of a sensitivity analysis is to vary the main assumptions in the above 'base case' that have been made, which could affect the social return.

The main assumptions are some of the quantities of outcomes experienced by clients. The interviews, survey and project records gave ways of determining these quantities, but the figures rely on some assumptions, which have been detailed in Appendix 2.

In the HPS analysis, the other main assumptions have been:

- That the value for some outcomes lasts beyond the year
- That volunteer time is valued at £10 per hour
- That the additional 400 hours offered informally by volunteers represents an additional outcome and is not double counting of the value to volunteers
- That the NHS value is high due to the use of unit costs rather than marginal costs
- That there is little attribution of client outcomes to external factors.

Table 10 below shows the results of varying these assumptions.

Table 10: Sensitivity Analysis

Base case assumption	New assumption	New Social Return result
Outcome numbers are as specified in Table 7 above	Only 25% of clients experience the outcomes	5.93
Volunteer time valued at £10 per hr	Volunteer time valued at National Minimum Wage of £5.73 per hr	6.70 (NB also affects investment figure)
Volunteer hours are 617 plus 400	400 hours volunteer input removed	6.34
Some outcomes last for more than 1 year	No outcomes last for more than one year	3.53
NHS unit costs are used	Assume marginal costs are 1% of unit costs	2.38
Attribution of client outcomes to external factors is 9% on average	Attribution is 50%	3.84
	Attribution is 50% and no outcomes last beyond the activity	1.95
	Attribution is 50%, no outcomes last beyond the activity and quantities are reduced by 75%	1.78

Thus the individual assumptions about some of the quantities of clients who experience the outcomes do not make a significant difference to the social return calculation, nor does the value used as a proxy for volunteer time, and taking out the additional 400 hours does not make a significant difference either.

If no duration is assumed then this does significantly affect the result, but the social return is still over three times the investment.

If attribution is assumed to be 50% to external factors, it brings the return down significantly, however it is still almost four times the investment. The eligibility rules for the HPS however are that householders have to be unable to access the help elsewhere, therefore it does not seem reasonable to assume a figure of 50% across the board.

Reducing the combined assumptions about attribution, duration and quantities leads to an SROI of 1: 1.78, which is still positive.

The impact of reducing NHS avoided costs are also significant. Further work needs to be done in this area, but until there is more access to marginal costings, the use of unit costs as a proxy for outcomes to the NHS is reasonable.

6. Recommendations and conclusions

6.1. Recommendations

The recommendations are for Community First (Moray) to implement amendments to its information collection system on outcomes, to allow the organisation's social return to be monitored in future.

The practical suggestions are:

- Incorporate outcomes questions based on the client survey questionnaire into the HPS Complaints and Compliments feedback forms, and continue to chart the outcomes for clients in more detail
- Gather more information to give evidence of the impact of referrals and signposting to other agencies and organisations.

It is also recommended that Community First (Moray) use this report to explore the potential impact on Community Planning Partners, specifically health, housing and social care partners, through further discussion with these stakeholders.

For the NHS specifically, there is the evidence that accidents in the home are being prevented by the Handyperson service, which may lead to potential costs savings, but the analysis here relies on imperfect evidence. It is apparent however that these outcomes could be the most significant source of value creation.

Community First (Moray) does not have sufficient resources themselves to investigate this further, which would require a baseline survey of new HPS clients and a follow up survey, to establish exactly how many accidents and falls were being avoided. Since these outcomes could be significant, it could be worthwhile using some NHS resources, possibly involving analysis of patient records, to explore this in more detail.

6.2. Conclusions

This report examines the value of outcomes experienced by clients and volunteers, and shows how the Handyperson Service creates value for stakeholders that might not be fully recognised at present.

There appears to be a positive return on investment for all stakeholders, some of which may result in cost savings.

In such a small organisation, it is clear that the engagement of volunteers not only enables this work to be undertaken without additional revenue funding having to be found, but their input is beneficial to vulnerable people living in the communities they come from.

Appendix 1 Audit Trail

1. What has been included or excluded

1.1. Stakeholders included

Key Stakeholders	Reason for inclusion
Clients	Primary beneficiaries, who are likely to experience change if HPS is successful
Volunteers	Primary beneficiaries, who are likely to experience change if HPS is successful
NHS	Potential savings in health spending if accidents and falls are prevented
Board members	The reasons for people joining the Board relate to their own likely needs in future years, therefore their involvement in the HPS could be significant for them in future
Landlords	The small repairs could lead to potential future cost savings and prevent future problems
Occupational therapy service	HPS reported that clients asked for further help in maximising adaptations

1.2. Stakeholders not included after initial analysis

Stakeholders	Predicted Outcomes	Reason for exclusion
Referring organisations in the statutory sector and voluntary sector care agencies	Bringing additionality to their service	No evidence of impact from information collected
Families	Peace of mind	No clients have family nearby since it is a criteria of accessing the service
Organisations to whom HPS refers clients or signposts to	Expanded networks Sustainability of services	No evidence of significant change from the surveys for the Social Audit
Community Planning Partnership Safe and Stronger Group Wealthier and Fairer Group Healthier Group	Improved safety at home Promoting equality and diversity People living longer in their own homes Activating others to volunteer	SOA not available at time Changes may not be material and some changes are captured by other stakeholders
Other voluntary agencies who represent views of vulnerable people e.g. Area Forums	Expanded care network Wider representation and better decision-making	No evidence of significant change from the surveys for the Social Audit
Moray Care and Repair	Increased referrals Access to other networks Bigger voice in strategic decision-making/raising profile of the issues	Eligibility criteria for HPS does not overlap with MC&R Positive impact of referrals not reported to be significant
Big Lottery	Building the capacity of communities Independence in the home Improved safety at home Improved quality of life Partnership working Improved service delivery	Not significant change

Green Fingers	More skilled Green Fingers clients Meeting and socialising with new people (clients) Improved quality and range of work experience provided for clients Promoting equality and diversity	Involvement in the HPS project covered only part of the year, so not considered significant
Small local tradespeople	More business Local profile	Evidence from client survey suggests local tradespeople would not be used if HPS did not provide the service and recommendations from HPS were small numbers, so change not significant

1.3. Outcomes not included after initial analysis

Stakeholders	Objectives	Reason for exclusion
Clients	Self esteem - perception of clean and tidy house/garden More social contact Independence leading to staying longer at home Getting help to get other services	Possible double counting Possible double counting No capacity to collect this information No evidence from survey of other organisations that people were benefitting from signposting
Volunteers	Improved employability Improved mental well-being Keeping active in retirement Maintain physical well-being New social networks Support transition out of RAF	Included in 'sense of personal satisfaction', and if measured separately, could be double counting Not material - small numbers
NHS	Independence at home Expanded care network Improved access to services	No capacity to collect this information No evidence from Social Audit survey No evidence from Social Audit survey
Landlords	Sustained tenancies Better maintained housing stock	No capacity to collect this information

Appendix 2

Sources, references and assumptions in calculating the social return from the Handyperson Service

2.1. Indicator and data source used for each outcome

Stakeholders	Outcomes	Indicators	Source
Clients over 60	Feeling happier about their home	Getting small repairs carried out	Social Audit Survey and client interviews
	Feeling safer at home because the project is there	Initiating further visits at home	Social Audit Survey and client interviews
	Feeling treated with dignity and respect	Valuing the service by making a donation	Social Audit Survey and client interviews
	Making the home safer	Fewer accidents at home resulting in avoided inactivity	Social Audit Survey and client interviews
Clients living with family	Feeling happier about their home	Getting small repairs carried out	Social Audit Survey and client interviews
	Feeling safer at home because the project is there	Initiating further visits at home	Social Audit Survey and client interviews
	Better able to meet household obligations expected of them by family	Sustaining emotional well-being within the family	Social Audit Survey and client interviews
	Making the home safer	Fewer accidents at home resulting in avoided inactivity	Social Audit Survey and client interviews
Volunteers	Helping people in the community	Returns reported from volunteering	Volunteer survey and focus group
	Sense of personal satisfaction	Offering more hours to the client than asked for	Volunteer survey and focus group
Board members	More confidence in support for older age	Willing to offer time to improve the HPS	Social Audit Survey
NHS	Preventing accidents and falls at home	People have fewer accidents and falls at home	Social Audit Survey
Landlords	Reduced spending on small repairs	Avoided garden clearances needed	Social Audit Survey
	Better maintained housing reduces likelihood of making major repairs	Avoided major repairs needed	Social Audit Survey
Occupational therapy service	Maximising the effectiveness of statutory adaptations	The value of adaptations associated with HPS repair work	Project records

2.2. Quantity of inputs, outputs and outcomes achieved for each stakeholder group

Stakeholders	Inputs	Outputs	Outcomes	Quantity	Source
Clients over 60	No detailed records as clients buy materials. Assumed £20 per job on average for 168 clients	168 older clients	Feeling happier about their home	168 jobs completed for clients over 60	Project records and statistical analyses
		168 older clients	Feeling safer at home because the project is there	60 asked for repeat visits (36%)	Project records and statistical analyses
	£902.50 recorded in donations by HPS	263 total clients	Feeling treated with dignity and respect	263	Total number of clients. Social Audit Survey reported 100% of clients said they were treated with dignity and respect
		168 older clients	Making the home safer	59 jobs involve repairs relating to hazards (35%)	Analysis of project job records
Clients living with family (people with disabilities or long-term illnesses)	No detailed records as clients buy materials. Assumed £20 per job on average for 95 clients	95 clients	Feeling happier about their home	95 jobs completed for clients with disabilities	Project records
		95 clients	Feeling safer at home because the project is there	34 asked for repeat visits	Project records
			Better able to meet household obligations expected of them by family	95	Reported in sample survey. Assumed to apply to all. The person contacting the HPS is bringing something into the household despite their disability/illness
			Making the home safer	33 jobs involve repairs relating to hazards (35%)	Analysis of project job records
Volunteers	21 volunteers providing 617 hours of volunteering at £10 per hour	617 hours	Helping people in the community	1.5 multiplier. Volunteers were asked to say what they got back from their time input, if their time input was 1	Volunteer survey and focus group
Volunteers	400 additional hours	400 hours	Sense of personal satisfaction	400 hours volunteered	Project records and development coordinator's estimate

					Volunteer focus group
Board members	6 Board members for 4 hours per month, £10 per hour	12 Board meetings pa	More confidence in support for older age	6 Board members	Social Audit survey and Board meeting minutes
NHS	N/A	92 clients jobs involve repairs relating to hazards that could result in falls	Preventing accidents and falls at home	5 prevented fractures (5% -10%) 18 not requiring medical attention (20%) 69 not calling out ambulance with 1 home visit	Dolan and Torgersen 2000, The Economic Cost of Hip Fracture in the UK at http://www.berr.gov.uk/files/file21463.pdf Gillespie LD, Gillespie WJ, Robertson MC, et al: Interventions for preventing falls in elderly people.;Cochrane Database Syst Rev. 2003;(4):CD000340. [abstract]
Landlords	N/A	219 rented properties in which HPS jobs carried out	Reduced spending on small repairs	19 is number of rented properties with gardens done by HPS	Project records
			Better maintained housing reduces likelihood of making major repairs	13 is number of rented properties with repairs that had building fabric implications if not addressed	Project records
Occupational therapy service	N/A	Unknown number of referrals to OT service, but reported to be 12 by Manager	Maximising the effectiveness of statutory adaptations	12 jobs found which referred to works associated with adaptations	Project records

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2.3. Source of financial proxies

Stakeholder	Outcome	Financial proxy description	Value	Source/assumption
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Clients over 60	Getting essential jobs done for free	Value of commercial labour applied to volunteer hours spent doing jobs	£17.50 per hour 2.34 hours per visit £40.95 per visit	Estimated secured by Development Coordinator from local businesses Calculated from project job records
	Feeling safer at home because the project is there	Value of repeat visits representing the support given	2.34 hours £10 per volunteer hour	Calculated from project job records Semi-skilled commercial labour costs from job vacancies advertised by Job Centre
	A service with the right values (family values)	Value of unsolicited donations to handyman service	£902.50	Recorded on the Complaints and Compliments feedback forms for each job
	Making the home safer	Value of time not lost because of accidents in the home	8 hours at NMW of £5.73 per hr £45.84 per accident avoided	Assumed one day inactivity avoided, and 1 day is 8 hours
Clients living with family	Getting essential jobs done for free	Value of commercial labour applied to volunteer hours spent doing jobs	£17.50 phr 2.34 hours per visit	
	Feeling safer at home because the project is there	Value of repeat visits representing the support given	2.34 hours £10 per volunteer hour	
	Better able to meet household obligations expected of them by family	Cost of one counselling session to achieve the same effect	Average cost of counselling session £30	Internet search for private counsellors, hourly charges range from £30 - £40 per hour
	Making the home safer	Value of time not lost by client and dependents because of accidents in the home	16 hours at NMW of £5.73 per hr £91.68	Includes two people: the client and one dependent/family member
Volunteers	Helping people in the community	Multiplier of value of time inputted as per inputs	Multiplier of 1.5 reported by volunteers	
	Sense of personal satisfaction	Value of unsolicited hours of service offered	£10 phr	
Board members	Personal support for older age	Value of professional skills applied to governance	£20 per hour	Pro rata to salary of £25,500 pa
NHS	People have fewer accidents	Avoided treatment costs of falls	£25,424 (fracture)	Figures calculated in Dolan and

	at home		£2,810 (medical attention £166 (ambulance and visit)	Torgersen 2000 and Gillespie et al 2003 as above
Landlords	Reduced spending on small repairs	Cost of garden clearances at commercial rates	£15 per hr 6 hours £90 per clearance	Estimated secured by Development Coordinator from local businesses Assume one garden clearance takes 6 hours
	Better maintained housing reduces likelihood of making major repairs	Cost of planned and cyclical maintenance costs including major repairs	£695 per repair	Upper quartile figure for 2006/07 for planned and cyclical maintenance including major repairs from http://www.scottishhousingregulator.gov.uk/stellent/groups/public/documents/webpages/shr_financialdigest06-07.pdf
Occupational therapy service	Maximising the effectiveness of statutory adaptations	Average value of grants made for adaptations to disabled people	£35 1% of average grant for disabled adaptations	Average grant for disabled adaptations per person in Scotland 2005/06 from http://www.ownershipoptions.org.uk/html/section5/05News0807.php

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2.4. *Deadweight, attribution and displacement*

Stakeholders	Outcome	Deadweight	Attribution estimate	Displacement
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		benchmark/assumptions		estimate
Clients over 60	Feeling happier about their home	1% From Social Audit survey, only 1 client reported they might do the repair themselves, none reported they would pay for it to be done	5% Eligibility means that no one else will help them at home, but they might feel happier anyway	1% Assume that some might have eventually paid a tradesman
	Feeling safer at home because the project is there	0 Outcome would not occur without the project	5% Eligibility means that no one else will help them at home, but another influence may make them feel safer	1% They may eventually have accessed another service to help them feel safer
	Feeling treated with dignity and respect	0 Outcome would not occur without the project	0 Outcome specific to project	0 Not relevant
	Making the home safer	30% Percentage of older people who fall at home every year as quoted in Gillespie et al	10% Eligibility means that no one else will help them at home, but they might get visits from other professionals	0 Not relevant
Clients living with family	Feeling happier about their home	1% As above	5% As above	1% As above
	Feeling safer at home because the project is there	0 As above	5% As above	1% As above
	Better able to meet household obligations expected of them by family	0 As above	50% Influence of family living in house	0 As above
	Making the home safer	30% As above	10% As above	0 As above
Volunteers	Helping people in the community	32% Level of volunteering in Scotland in 2006 from http://www.vds.org.uk/Resource	0% Volunteers recruited directly by Community First (Moray)	5% May be small impact on other agencies that need volunteers

		s/Annual%20Statistics%202007.pdf		
	Sense of personal satisfaction	32% As above	0% As above	5% As above
Board members	More confidence in support for older age	0 No other volunteer activity at present, they have made the volunteering opportunity to fit with what they want, so no likelihood that they would volunteer in another type of activity unless it was in this area	5% Estimate of the influence of the RAF in setting up and supporting HPS, and a culture in the RAF that impacts on Board members and encourages employees to contribute in the community	0 Not relevant
NHS	Preventing accidents and falls at home	30% As for clients	10% As for clients	0 As for clients
Landlords	Reduced spending on small repairs	0 Only occurs because of the HPS	10% Workmen may do small repairs as part of other work	0 Not relevant
	Better maintained housing reduces likelihood of making major repairs	0 Only occurs because of the HPS	10% Workmen may do small repairs as part of other work	0 Not relevant
Occupational therapy service	Maximising the effectiveness of statutory adaptations	0 Only occurs because of the HPS	0 No one else would do the repairs	0 Not relevant

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2.5. Duration and drop off

Stakeholders	Outcomes	Duration Years	Source or assumption	Drop off	Source or assumption

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Clients over 60	Feeling happier about their home	1	Length that repairs might be expected to last	2%	2 out of 92 clients said they wouldn't use the service again, from 2008 stakeholder report
	Feeling safer at home because the project is there	1	Reports from staff suggest clients continue to call the office after the job for advice	2%	As above
	Feeling treated with dignity and respect	1	Survey shows repeat clients	5%	Rate of death amongst client group
Clients living with family	Feeling happier about their home	1	As above	2%	As above
	Feeling safer at home because the project is there	1	As above	2%	As above
Volunteers	Helping people in the community	1	From volunteer focus group	15%	Volunteer turnover rate from project records
	Sense of personal satisfaction	1	From volunteer focus group	15%	As above
Board members	More confidence in support for older age	2	From Board members	0%	Outcomes relate to their age, and so impact could in fact increase
NHS	Preventing accidents and falls at home	1	For hip fracture only	5%	Rate of death amongst client group
Landlords	Reduced spending on small repairs	0.5	Impact of gardening will last a season	50%	Impact of gardening will last a season
	Better maintained housing reduces likelihood of making major repairs	5	5 years is maximum, and assumed that larger repairs will last for at least this period	10%	Estimate of repairs failure
Occupational therapy service	Maximising the effectiveness of statutory adaptations	5	5 years is maximum, and assumed that any adaptation will last for at least this period	10%	Estimate of adaptation failure



Further copies of this report are available to download from
www.communityfirstmoray.org.uk



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The SROI Network

Accounting For Value

The report has been prepared in accordance with the SROI Guide, and the principles and practice of SROI in the UK, as set out in the Guide. The SROI Guide has been written by The SROI Network, in consultation with an advisory committee, and published by The Office of the Third Sector in the Cabinet Office under their 'Measuring Social Value' programme.

The Guide can be downloaded at www.sroinetwork.org.

The author has been awarded SROI Accredited Practitioner status by the SROI Network, and has verified the information presented in this report.

The Guide is the basis for a programme of work on SROI funded by the Scottish Government. Further information on the SROI Project in Scotland can be found at www.sroiproject.org.uk