



Social Value of Local Area Coordination in Thurrock

**A forecast Social Return on
Investment Analysis for Adult
Social Care, Thurrock Council**

October 2015

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“This report has been assured by Social Value UK. The report shows a good understanding of, and is consistent with, the Social Value process and principles. Assurance here does not include verification of stakeholder engagement, data and calculations.”

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Executive Summary

Local Area Coordination is a new approach for Thurrock with the use of coordinators based in the community. It aims to ensure vulnerable people are better supported to find local solutions that enable them to build a 'good life' and are less dependent on other services as a result.

This first forecast analysis for Local Area Coordination is seen as the beginning of a journey to understand and quantify the social value achieved through the service and support further evaluative work on the impact of Local Area Coordination for both the individual and other stakeholders building on the work to date. By increasing the understanding of what changes, Local Area Coordination can continue to deliver positive social outcomes, optimising this further by identifying where the greatest impact is. The development of a monitoring framework would also enable the outcomes identified in this analysis to be captured to support the ongoing evaluation and realisation of the social value forecast.

This analysis identifies that Local Area Coordination is delivering real benefits to both the key beneficiaries and other stakeholders and supporting the aims of the Care Act 2014. If further funding was to be secured post March 2016, the reach and impact of Local Area Coordination over three years would be considerable with over £4.8m of social value created.

It is forecast that for every £1 invested, between £3.50 and up to £4 of social value is generated. The social value ratio from the value map is £3.65.

The Social Value Distribution demonstrates that the greatest impact

is to the key beneficiaries to the service with Level 1s at 21.63% and Level 2 at 59.46%. Collectively, Health organisations account for 5.13% of the total value and public services as a whole 13.48%. The impact to Thurrock Council accounts for 7.83% of the value.

One of the greatest challenges in evaluating the success of the Local Area Coordination is the lack of ability to establish a base line of where individuals are on entering the service. This provides difficulties when understanding the extent of change. The approach taken by Local Area Coordinators is not to focus on where the individual is now or what they have done in the past but rather what a good life in the future looks like for them. In terms of analysis this prevents the ability to have individuals completing any 'pre survey' as it would impact on the trust with the Local Area Coordinator before the relationship was established, presenting themselves like a more formal service. Furthermore, the role of Local Area Coordination is such that the majority of time should be spent in the community supporting people and therefore the level of monitoring needs to be manageable and practical.

There are limitations to this analysis, in respect of it being a forecast analysis, together with the first assessment of social value including:

- The outcomes monitoring spreadsheet does not record extent of change and all outcomes forecast under this analysis for individuals. Assumptions on the extent of change as a result of the service have been taken from Level 2 interviews where possible

to better quantify this and discussions with stakeholders on the financial proxies used to ensure they are more representative.

- Certain stakeholders were unable to be engaged due to time constraints and availability;
- In addition, it was not possible to engage with family members and therefore the outcomes are from the individuals and Local Area Coordinators and their experiences to date. As a result, they were removed from the final calculation to avoid overclaiming;
- Certain stakeholders had not experienced outcomes yet but expected these to be achieved in the future. This is the nature of a forecast analysis but it should be recognised that this was expected to occur and there is some evidence it has begun but not achieved fully to date;
- Level 1 outcomes are primarily based on the outcome monitoring spreadsheet as completed by Local Area Coordinators. Further evaluative work would need to ensure more ways to engage with this group to establish outcomes;
- Quantities for certain outcomes are based on smaller sample of stories as they are not currently captured under the outcome monitoring spreadsheet;
- This first forecast only considers Level 1 and Level 2 individuals. There is potential to further divide this group into different ages and

categories which may result in different quantities of people experiencing change and to different levels.

The report includes recommendations to further optimise the social value created through these services which are summarised below:

- Develop a monitoring framework to better capture the outcomes for individuals to inform service delivery by understanding where the greatest impact is achieved and review at Steering Group meetings;
- From further analysis of different ages and categories, identify where specific targeting may result in an increase in impact.
- Reducing dependency is a key unintended negative. Consideration for Local Area Coordinators sharing areas to reduce dependency on one person;
- Consideration for developing relationships with private sector businesses (together with DWP and JobCentre) to increase opportunities for employment and reduce the outcome of 'sense of rejection';
- In areas with less community engagement, the Local Area Coordinator works closely with Community Builders and other Asset Based Community Development programmes to identify opportunities to engage with the community as a whole. From this, the individual support then provided would be greater and result in more people connecting in the local community;

- Understanding where the frustration is occurring with council services by individuals to improve the overall approach by the council to individuals in need of support.

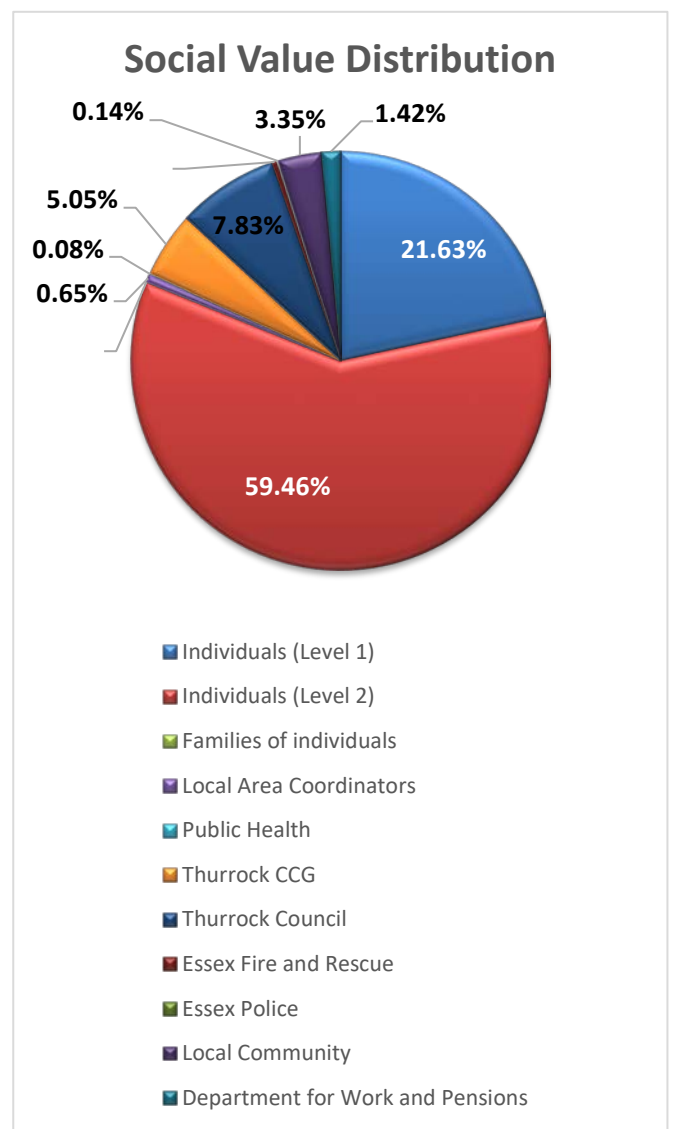
The report also includes recommendations to better capture the social impact being achieved and support the service in driving continuous improvement. The purpose of these recommendations are designed to inform any further evaluative work to enhance the understanding of the impact of outcomes forecast further. It is recognised that some outcomes have been excluded from the final calculation that would also enhance the social value created:

- Focus groups with Level 1 and 2 Individuals to discuss the impact of Local Area Coordination – this could be through a quarterly 'share your story' forum;
- Developing a scenario based survey for individuals at Level 2 post support from Local Area Coordination to better understand what changes;
- Further evaluating the impact of reduction in smoking and drinking on individuals. It is recommended that these two outcomes are recorded and defined separately for future analysis to better understand any change;
- Defining if outcomes are different for those with different needs and ages;
- Develop outcome monitoring spreadsheet to capture all of the outcomes with a set of defined responses for Local Area Coordinators to input to improve ease, consistency of monitoring and better capture

of all of the services avoided and outcomes;

- Further engagement with Health, Police and Fire and Rescue to understand the impact on these services;
- Consideration of wider community services to map change over time as to whether Local Area Coordination has impact. This could be in the form of a resident satisfaction survey.

Social Value Distribution



1. Stage 1: Purpose and Scope

1.1 Introduction and Background

In July 2015, Local Area Coordination will have been operational for two years in Thurrock.

The aim of Local Area Coordination and the use of coordinators based in the community, is to ensure vulnerable people are better supported to find local solutions that enable them to build a 'good life' and are less dependent on other services as a result.

Local Area Coordination as a concept originated in Western Australia in the late 1980s and in recent years has been launched in a number of boroughs in England. Local Area Coordination approach is to 'focus on people and places, and so generates new possibilities for positive change...It looks for solutions that help people sustain themselves in full community life from the very beginning – even before people come into contact with services'.¹ On a wider level, it seeks to promote a different way of delivering services out in the community with a personalised approach shifting the culture of current council services.

A Review in Western Australia of the progress of Local Area Coordination cited evaluation reports stating '17 previous studies of LAC concluded that LAC was "a success story" with positives far outweighing negatives, and that previous positive evaluations can be regarded as "continuous, enduring, long term and consistent over time."' ²

Research on Local Area Coordination demonstrates that it:

- Builds individual, family and community resilience;
- Reduces demand for services;
- Reduces isolation and loneliness;
- Increases choice, control and contribution;
- Builds inclusion and citizenship;
- Is a catalyst for reform;
- Simplifies the system for local people.¹

In addition, Local Area Coordination seeks to encourage cultural change within council services – moving to a

¹ People, Places, Possibilities, Progress on Local Area Coordination in England and Wales, Ralph Broad, Published by The Centre for Welfare Reform, August 2015

² Review of the Local Area Coordination Program, Western Australia, Dr Philip Deschamp et al., March 2003

community based approach which is more person centred and effective.

1.2 Purpose and Scope

The purpose of this forecast analysis is to have an independent review of the impact of Local Area Coordination in Thurrock, building on and using the evaluative work to date, with the following aims:

- To demonstrate the value and cost benefit of Local Area Coordination to secure additional funding to support the scheme post March 2016;
- To evidence how Local Area Coordination has an impact on, and supports, the Care Act 2014. In particular, evidencing how Local Area Coordination can delay and prevent the need for more intensive care and support services as a result of early intervention and approach to engaging individuals;
- To identify the added value Local Area Coordination can deliver, making a positive contribution to the local community including individuals that have benefited from the scheme going onto support other people in the community;
- To highlight the shift in cultural change that Local Area Coordination has instigated both internally within departments across the council and externally with partners.

1.3 Methodology

Social Return on Investment (SROI) is a framework for measuring and accounting for all value encompassing social, environmental and economic costs and benefits. The analysis attributes a monetary value to represent social value.

There are seven principles to SROI:

- [Involve stakeholders](#)
- [Understand what changes](#)
- [Value the things that matter](#)
- [Only include what is material](#)
- [Do not over claim](#)
- [Be transparent](#)
- [Verify the result](#)

The SROI analysis conducted uses the guidance report published by the SROI network³.

³ A Guide to Social Return on Investment, SROI Network, January 2012

1.4 Audience

This report will be presented to a number of audiences:

- CCGs, funders and national policy makers – to demonstrate the value of Local Area Coordination to support applications for further funding post March 2016, influence national policy and commission LAC as a permanent service;
- Voluntary Sector and Partners – to continue to gain the support of partners in the delivery of Local Area Coordination and demonstrate the value of working together to achieve positive outcomes for individuals;
- Thurrock Council – to understand internally the value of the service and where the greatest impact is to then shape the service to optimise the social value achieved.

1.5 Resources

The SROI Analysis is being led externally by Hannah Marsh, SROI Accredited Practitioner at Kingfishers (Project Management) Ltd, and internally by Les Billingham and Tania Sitch. Thanks goes to all of those that have supported this analysis and all stakeholders engaged in the process.

1.6 Range of Activities

The analysis will cover all activities delivered under Local Area Coordination as detailed below:

- Level 1 support – provision of information and/or limited support;
- Level 2 support – a longer term relationship supporting people (children and adults); who are vulnerable due to physical, intellectual, cognitive and/or sensory disability, mental health needs, age or frailty, and require sustained assistance to build relationships, nurture control, choice and self-sufficiency, plan for the future and find practical solutions to problems.

The analysis is concerned with Local Area Coordination across the borough of Thurrock and any individual accessing the services. Level 2 individuals in Thurrock often have intense needs, with multiple issues that require support. The large majority have mental health issues of varying degrees and many of the individuals suffer from isolation.

The period of activities to be assessed is from April 2016 to March 2019. The analysis will be a forecast to demonstrate the social value that could be achieved if funding was secured post March 2016 for three more years. The analysis will predict the outcomes expected over the next three years by engaging with a range of stakeholders together with reviewing past evaluative data from the council to support the judgements made. This will provide an indication of the expected outcomes that will be experienced over the next three years by understanding and building on the extent of change that has taken place to date together with perceived outcomes moving forward.

2. Materiality

The principle of materiality is central to the analysis and requires *'an assessment of whether a person would make a different decision about the activity if a particular piece of information were excluded. This covers decisions about which stakeholders experience significant change, as well as the information about the outcome.'*⁴

The purpose of materiality is to review and ensure that all outcomes in the analysis are both relevant and significant to the organisation and its stakeholders. Those outcomes that are deemed material is one which will have *'passed the threshold that means it influences decisions and actions'*. This starts by first assessing the relevance and once an outcome has been concluded as relevant, the significance can be considered as to whether it has passed this threshold.

Firstly relevance involves identifying stakeholders and understanding the change they have experienced through stakeholder engagement. Section 3 details the stakeholders included within the analysis and Appendix 1 provides the rationale behind those that were included and excluded as part of the audit trail.

Stakeholders were originally identified through consultation with Adult Social Care. This was then reviewed throughout the stakeholder engagement with all asked to consider other stakeholders that they believed had experienced a change as a result.

Adult Social Care identified from the onset that there were two distinct set of individuals receiving the service. Those that were receiving Level 1 support and those that needed more intensive Level 2 support. As such, the individuals were split into two sub categories: Individuals receiving Level 1 support and Individuals receiving Level 2 support.

It was perceived that volunteers would experience a change as they work alongside Local Area Coordinators. On engaging with a focus group, whilst it was identified that they have a sense of achievement from volunteering and helping others, which Local Area Coordination supports, they would have experienced this without the service being there. As such it was viewed there were no material changes for this stakeholder. Also it was perceived there would be a positive impact on Councillor time as they were able to refer people to Local Area

⁴ Supplementary Guidance on Materiality, The SROI Network, November 2011

Coordination that needed more intensive support. However, on engaging with one Councillor actively involved and supporting Local Area Coordination, it was viewed that the outcomes were more for the individual and there was no material impact on their time supporting local residents. There was a perception that other councillors may have a view that it did reduce time for them but it was not possible to engage with them due to availability and there was insufficient evidence to suggest this was a material change for Councillors.

Following the review of the stakeholders and their outcomes, the relevance of each outcome can be considered. The test for relevance covers the following with the decision on materiality not just based on the stakeholders own assessment of the impact:

- *Policies that require it or perversely block it, and the intervention can deliver it;*
- *Stakeholders who express need for it and the intervention can deliver it;*
- *Peers who do it already and have demonstrated the value of it and the intervention can deliver it;*
- *Social norms that demand it and the intervention can deliver it; and*
- *Financial impacts that make it desirable and the intervention can deliver it⁴.*

As indicated, engagement with a range of stakeholders was undertaken to understand what changed for them. Initially, expected outcomes were drafted with Adult Social Care and then reviewed through interviews with 17 individuals that had received Level 2 support and a focus group with individuals that had received Level 1 support. The theory of change was then developed and tested further through engagement with Local Area Coordinators, CCGs, Community Members, Community Hub Volunteers, Public Health, Essex Fire and Rescue, Healthwatch, Inclusive Neighbourhoods and Housing to establish whether these outcomes were relevant and significant.

For example, the sense of someone to rely on resulting in increased confidence and positive outlook on life were originally viewed as separate outcomes but on further review and engagement with stakeholders, it was assessed that these should be considered as part of the same theory of change as they are interdependent to avoid over claiming. The outcomes not included in the analysis form part of the audit trail in Appendix 1.

Following a review of the relevance of each outcome, the significance must then be assessed 'by reference to the

*magnitude of the impact and probability*⁴. This occurs at stage 3, 4 and 5 of the analysis – valuing the outcomes, establishing the impact (deadweight, attribution, displacement and drop off) and calculating the SROI. This is detailed in this report in the sections 3, 4 and 5 and was reviewed through stakeholder engagement where possible. Section 5 also discusses those outcomes that through quantity, financial proxy or impact are less significant, and the judgement made between the significance in the overall context and that for the stakeholder.

An outcome for family members that was identified through individuals and Local Area Coordinators was the ability for then the family member to receive information, advice and support themselves. It was not possible to engage with this stakeholder to confirm this but it was viewed that those that received a significant level of information and, or, support would have ended up being recorded as an ‘introduction’ in their own right and therefore this would already be captured under individuals. The ad hoc knowledge and advice family members receive is harder to quantify and understand the impact of, particularly as it was not mentioned by individuals (who instead spoke of more significant support for a family member). As such, it was viewed as not material and removed from the forecast analysis. The remaining outcomes for family members were viewed as relevant however, as it was not possible to directly engage with this group, the outcomes were removed from the final calculation to avoid overclaiming.

There was a perception that through increased engagement with health services, people were more likely to have routine screenings which would establish other health concerns early on and help towards earlier treatment. However, it was deemed there to be insufficient evidence that this was a material change attributed to Local Area Coordination at this stage.

Throughout this report, materiality is considered and evidenced to ensure that it focuses only on those outcomes that are relevant and significant with judgements made clearly detailed for ‘*others to assess the decisions made on materiality*’⁴. The table below summarises materiality assumptions made.

Materiality Summary

N.B. Boxes shaded grey demonstrate outcomes and/or stakeholders that were not included in the final analysis.

Stakeholders	The Outcomes	Materiality		Conclusion
	Description	Relevance	Significance	
Individuals accessing Level 1 support	Improved physical health	One of the aims of the service and importance at local and national level. Societal norm with peers delivering interventions to achieve this.	Is of a magnitude that is significant to the overall context.	Relevant and Significant
	Individual is drinking or smoking less leading to improved physical health	One of the aims of the service and importance at local and national level. Societal norm with peers delivering interventions to achieve this.	Is not of a magnitude that is significant to the overall context. It is also viewed that as the individual experiences other benefits, this may have an impact on their smoking and drinking levels therefore this is own right is not a significant change to the stakeholder. High levels of relapse.	Excluded from analysis at Stage 4: Establishing Impact.
	Reduced risk of threat to life from fire	One of the aims of the service and importance at local and national level. Societal norm with peers delivering interventions to achieve this.	Is not of a magnitude that is significant to the overall context. The reduced risk of threat to fire was important to stakeholders as ultimately could be lifesaving.	Relevant and Significant
	Individual secures additional income, with increase sense of financial comfort and control and relief from debt	One of the aims of the service and importance at local and national level. Societal norm with peers delivering interventions to achieve this.	Is of a magnitude that is significant to the overall context.	Relevant and Significant
	Individual connects with local people, reducing their social isolation	One of the aims of the service and importance at local and national level. Societal norm with peers delivering interventions to achieve this.	Is of a magnitude that is significant to the overall context.	Relevant and Significant
	Individuals attend local neighbourhood groups with increased sense of feeling part of the community	One of the aims of the service and importance at local and national level. Societal norm with peers delivering interventions to achieve this.	Is of a magnitude that is significant to the overall context.	Relevant and Significant
	Increased sense of feeling part of the community, giving something back to the community, through volunteering	One of the aims of the service and importance at local and national level. Societal norm with peers delivering interventions to achieve this.	Is of a magnitude that is significant to the overall context.	Relevant and Significant
	Gain work related skills	One of the aims of the service and importance at local and national level. Societal norm with peers delivering interventions to achieve this.	Is of a magnitude that is significant to the overall context.	Relevant and Significant
	Avoidance of stress and anxiety	Societal norm with peers delivering interventions to achieve this. Identified by stakeholders.	Is of a magnitude that is significant to the overall context.	Relevant and Significant
	Sustainment of tenancy with increased sense of stability and security	One of the aims of the service and importance at local and national level. Societal norm with peers delivering interventions to achieve this.	Is not of a magnitude that is significant to the overall context but deemed important to stakeholders.	Relevant and Significant

Stakeholders	The Outcomes	Materiality		Conclusion
	Description	Relevance	Significance	
Individuals accessing Level 2 support	Individuals are eating more healthily and exercising more leading to improved physical health	One of the aims of the service and importance at local and national level. Societal norm with peers delivering interventions to achieve this.	Is of a magnitude that is significant to the overall context.	Relevant and Significant
	Individual is drinking or smoking less leading to improved physical health	One of the aims of the service and importance at local and national level. Societal norm with peers delivering interventions to achieve this.	Is not of a magnitude that is significant to the overall context. It is also viewed that as the individual experiences other benefits, this may have an impact on their smoking and drinking levels therefore this is own right is not a significant change to the stakeholder. High levels of relapse.	Excluded from analysis at Stage 4: Establishing Impact.
	Reduced risk of threat to life from fire (advice and information)	One of the aims of the service and importance at local and national level. Societal norm with peers delivering interventions to achieve this.	Is not of a magnitude that is significant to the overall context. The reduced risk of threat to fire was important to stakeholders as ultimately could be lifesaving.	Relevant and Significant
	Reduced risk of threat to life from fire (practical support)	One of the aims of the service and importance at local and national level. Societal norm with peers delivering interventions to achieve this.	Is of a magnitude that is significant to the overall context.	Relevant and Significant
	Individual secures additional income, with increase sense of financial comfort and control and relief from debt	One of the aims of the service and importance at local and national level. Societal norm with peers delivering interventions to achieve this.	Is of a magnitude that is significant to the overall context.	Relevant and Significant
	Individual connects with local people, reducing their social isolation	One of the aims of the service and importance at local and national level. Societal norm with peers delivering interventions to achieve this.	Is of a magnitude that is significant to the overall context.	Relevant and Significant
	Individuals are more confident leaving the house with a reduced fear of crime	One of the aims of the service and importance at local and national level. Societal norm with peers delivering interventions to achieve this.	Is of a magnitude that is significant to the overall context.	Relevant and Significant
	Individuals attend local neighbourhood groups with increased sense of feeling part of the community	One of the aims of the service and importance at local and national level. Societal norm with peers delivering interventions to achieve this.	Is of a magnitude that is significant to the overall context.	Relevant and Significant
	Individuals are able to undertake tasks themselves (shopping and paying bills) increasing their sense of independence	One of the aims of the service and importance at local and national level. Societal norm with peers delivering interventions to achieve this.	Is of a magnitude that is significant to the overall context.	Relevant and Significant
	Secure paid employment	One of the aims of the service and importance at local and national level. Societal norm with peers delivering interventions to achieve this.	Is of a magnitude that is significant to the overall context.	Relevant and Significant
	Individual applies for work but is not successful resulting in a feeling of rejection	Societal norm to want to gain employment and secure job (avoiding rejection) with peers delivering interventions to achieve this.	Is of a magnitude that is significant to the overall context.	Relevant and Significant

Stakeholders	The Outcomes	Materiality		Conclusion
	Description	Relevance	Significance	
Individuals accessing Level 2 support	Increased sense of feeling part of the community, giving something back to the community, through volunteering	One of the aims of the service and importance at local and national level. Societal norm with peers delivering interventions to achieve this.	Is of a magnitude that is significant to the overall context.	Relevant and Significant
	Gain work related skills	One of the aims of the service and importance at local and national level. Societal norm with peers delivering interventions to achieve this.	Is of a magnitude that is significant to the overall context.	Relevant and Significant
	Increase in digital skills leading to increased ability to socialise online	One of the aims of the service and importance at local and national level. Societal norm with peers delivering interventions to achieve this.	Is not of a magnitude that is significant to the overall context.	Excluded from analysis at Stage 4: Establishing Impact.
	Build trust with LAC with a sense of someone to rely on leading to increased self-confidence and improved outlook on life	One of the aims of the service and importance at local and national level. Societal norm with peers delivering interventions to achieve this.	Is of a magnitude that is significant to the overall context.	Relevant and Significant
	Build trust with LAC with a sense of someone to rely on leading to increased dependency	Identified through engagement with stakeholders. Societal norm to increase independence with peers delivering interventions to achieve this.	Is of a magnitude that is significant to the overall context.	Relevant and Significant
	Individuals are better able to manage a crisis and feel more in control of life	One of the aims of the service and importance at local and national level. Societal norm with peers delivering interventions to achieve this.	Is of a magnitude that is significant to the overall context.	Relevant and Significant
	Individuals avoid stress and anxiety	Societal norm with peers delivering interventions to achieve this. Identified by stakeholders.	Is of a magnitude that is significant to the overall context.	Relevant and Significant
	Individuals use health services appropriately leading to improved physical and mental wellbeing	One of the aims of the service and importance at local and national level. Societal norm with peers delivering interventions to achieve this.	Is of a magnitude that is significant to the overall context.	Relevant and Significant
	Improved family relationships	One of the aims of the service and importance at local and national level. Societal norm with peers delivering interventions to achieve this.	Is of a magnitude that is significant to the overall context.	Relevant and Significant
	Relief from significant depression	One of the aims of the service and importance at local and national level. Societal norm with peers delivering interventions to achieve this.	Is of a magnitude that is significant to the overall context.	Relevant and Significant
	Sustainment of tenancy with increased sense of stability and security	One of the aims of the service and importance at local and national level. Societal norm with peers delivering interventions to achieve this.	Is of a magnitude that is significant to the overall context.	Relevant and Significant
	Individual is able to access property more easily with increased sense of independence	One of the aims of the service and importance at local and national level. Societal norm with peers delivering interventions to achieve this.	Is of a magnitude that is significant to the overall context.	Relevant and Significant

Stakeholders	The Outcomes	Materiality		Conclusion
	Description	Relevance	Significance	
Families of individuals	Improved relationship with individual	One of the aims of the service and importance at local and national level. Societal norm with peers delivering interventions to achieve these. Whilst it is of a magnitude that is significant to the overall context, family members were unable to be directly consulted to verify this. As a result, it has been concluded that they should be removed from the forecast analysis to avoid over claiming and to ensure transparency.		Excluded from analysis at Stage 5: Social Return Calculation.
	Family members worry less about individual			
	Increase in personal time as receive respite			
	Feeling in control as also receive advice and information	Family members would also become individuals recorded separately where the support is significant therefore not enough evidence to suggest a material change for those that had a small amount of ad hoc information and advice from service.		Excluded from analysis at Stage 2: Mapping Outcomes.
	Increased sense of financial comfort for household members	Importance at local and national level. Societal norm with peers delivering interventions to achieve these. Whilst it is of a magnitude that is significant to the overall context, family members were unable to be directly consulted to verify this. As a result, it has been concluded that they should be removed from the forecast analysis to avoid over claiming and to ensure transparency.		Excluded from analysis at Stage 5: Social Return Calculation.
	Reduced risk of threat to life from fire			
	Increased sense of stability and security			
Local Area Coordinators	Increased job satisfaction	Identified by all stakeholders and societal norm to want to increase job satisfaction.	Is of a magnitude that is significant to the overall context.	Relevant and Significant
	LAC more engaged with their own local community	Importance at local and national level. Societal norm with peers delivering interventions to achieve this.	Is not of a magnitude that is significant to the overall context however Local Area Coordinators clearly identified this as a material change impacting on their own lives so significant to stakeholder.	Relevant and Significant
	LAC has increased workload to support individual	Identified by stakeholders and societal norm together with policy to reduce workload and dependency.	Is of a magnitude that is significant to the overall context.	Relevant and Significant
Public Health	Efficiencies created making services better value for money and reducing unit cost	One of the aims of the service and importance at local and national level with financial impact. Societal norm with peers delivering interventions to achieve this. Whilst it is of a magnitude that is significant to the overall context and important for Public Health, this has been removed from the calculation to avoid over claiming due to insufficient evidence of the impact of this outcome over the three years.		Excluded from analysis at Stage 5: Social Return Calculation.
	Local Area Coordinators engage those hardest to reach reducing marketing costs	National policy to engage with those hardest to reach and one of the aims of the service.	Is not of a magnitude that is significant to the overall context but deemed important to stakeholder on coordinator reaching those that would not otherwise.	Relevant and Significant.

Stakeholders	The Outcomes	Materiality		Conclusion
	Description	Relevance	Significance	
Health Watch	Reduction in number of repeat callers to Healthwatch	A large majority of the outcomes for Healthwatch was in relation to the improved health and wellbeing of the individuals. However, Healthwatch identified that they did refer people to Local Area Coordination and as such it was expected this reduced call demand on their telephone advice service. However on engagement with Healthwatch although Local Area Coordinators are a 'good resource', it would be on very rare occasions that they would refer and also have a very low number of repeat callers.		Excluded from analysis at Stage 2: Mapping Outcomes
Thurrock CCG	Reduced demand on mental health community teams	One of the aims of the service and importance at local and national level with financial impact. Societal norm with peers delivering interventions to achieve this.	Is of a magnitude that is significant to the overall context.	Relevant and Significant
	Early intervention preventing need for crisis intervention (resource reallocation)	One of the aims of the service and importance at local and national level with financial impact. Societal norm with peers delivering interventions to achieve this.	Is of a magnitude that is significant to the overall context.	Relevant and Significant
	Increased sense of relief from worry for an individual by Community and Mental Health Team staff	Aim of council to work with and service to support other agencies working with individuals and societal norm to relieve stress for work. Different teams identified this as an outcome they experienced.	Is not of a magnitude that is significant to the overall context of the analysis and therefore is deemed not material.	Excluded from analysis at Stage 5: Social Return Calculation.
	Reduction in missed appointments	Importance at local and national level. Societal norm with peers delivering interventions to achieve this.	Is not of a magnitude that is significant to the overall context.	Excluded from analysis at Stage 4: Establishing Impact
	Early screening checks and identification of other health issues	Not enough evidence to suggest currently that this is a material change attributable to Local Area Coordination. This was identified as a potential outcome by Public Health but no individuals identified and it was not evident to date. This would be a much longer term outcome for which requires monitoring as to whether it is material.		Excluded from analysis at Stage 2: Mapping outcomes
	Reduction in number of visits to the GP as a result of social isolation (resource reallocation) – Level 1 individuals	One of the aims of the service and importance at local and national level with financial impact. Societal norm with peers delivering interventions to achieve this.	Is not of a magnitude that is significant to the overall context but key aim for service at Level 1 and 2.	Relevant and Significant
	Reduction in number of visits to the GP and A&E call outs as a result of social isolation (resource reallocation)	One of the aims of the service and importance at local and national level with financial impact. Societal norm with peers delivering interventions to achieve this.	Is of a magnitude that is significant to the overall context.	Relevant and Significant

Stakeholders	The Outcomes	Materiality		Conclusion
	Description	Relevance	Significance	
Volunteers	Work in partnership with Local Area Coordinators to better support individuals increasing volunteers sense of satisfaction	It was perceived that Volunteers working in community hubs alongside Local Area Coordinators would feel more supported and able to assist individuals increasing their sense of satisfaction. On discussion with a focus group of volunteers, whilst they all spoke highly of the Local Area Coordinators, they did not identify any material changes for them as volunteers stating that they would use other support networks if Local Area Coordinator was not there and their sense of satisfaction with helping people is borne from volunteering and would have been experienced anyway.		Excluded from analysis at Stage 2: Mapping Outcomes
Thurrock Council	Reduction in demand on care and support services with fewer assessments (resource reallocation)	One of the aims of the service and importance at local and national level with financial impact. Societal norm with peers delivering interventions to achieve this.	Is of a magnitude that is significant to the overall context.	Relevant and Significant
	Reduced demand on care and support services for those suffering from depression and/or anxiety	One of the aims of the service and importance at local and national level with financial impact. Societal norm with peers delivering interventions to achieve this.	Is of a magnitude that is significant to the overall context.	Relevant and Significant
	Reduction in demand on care and support services with fewer using day care services (resource allocation)	One of the aims of the service and importance at local and national level with financial impact. Societal norm with peers delivering interventions to achieve this.	Is of a magnitude that is significant to the overall context.	Relevant and Significant
	Reduction in time from housing services to support individual (resource reallocation)	One of the aims of the service and importance at local and national level with financial impact. Societal norm with peers delivering interventions to achieve this.	Is not of a magnitude that is significant to the overall context but identified as important to officers by manager.	Relevant and Significant
	Increased use of community based solutions	One of the aims of the service and importance at local and national level with financial impact. Societal norm with peers delivering interventions to achieve this. Whilst it is of a magnitude that is significant to the overall context and important for the council, this has been removed from the calculation to avoid over claiming due to insufficient evidence of the impact of this outcome over the three years.		Excluded from analysis at Stage 5: Social Return Calculation.
	Increased number of successful housing resolutions	One of the aims of the service and importance at local and national level with financial impact. Societal norm with peers delivering interventions to achieve this.	Is of a magnitude that is significant to the overall context.	Relevant and Significant
Essex Fire and Rescue	Reduced number of fires started in the home (resource reallocation)	One of the aims of the service and importance at local and national level with financial impact. Societal norm with peers delivering interventions to achieve this.	Is of a magnitude that is significant to the overall context.	Relevant and Significant
	Reduction in time spent promoting fire safety (resource reallocation)	One of the aims of the service and importance at local and national level with financial impact. Societal norm with peers delivering interventions to achieve this.	Is not of a magnitude that is significant to the overall context but as with fire safety advice considered key for stakeholder as prevents fire.	Relevant and Significant
Essex Police	Reduction in call outs for ASB, Domestic Violence and Hate Crime (resource reallocation)	One of the aims of the service and importance at local and national level with financial impact. Societal norm with peers delivering interventions to achieve this.	Is of a magnitude that is significant to the overall context.	Relevant and Significant

Stakeholders	The Outcomes	Materiality		Conclusion
	Description	Relevance	Significance	
Thurrock CVS	Increase referrals to Thurrock CVS from Local Area Coordinators	Thurrock CVS also provide support to the community and it was noted by the council that they had experienced a reduction in funding. Although it was not possible to engage with this stakeholder, it was considered that the reduction in funding was as a result of wider cuts in the sector and not attributable to Local Area Coordination. Furthermore there was not enough evidence to suggest that the service increase referrals to Thurrock CVS and the benefit to this stakeholder is a material change.		Excluded from analysis from Stage 1: Identifying Stakeholders
	Reduction in funding			
Thurrock Councillors	Better able to support communities, providing a local point of contact, and reducing administration time for Councillors	Local Councillors have been supportive of the development of Local Area Coordination and referred residents onto the service. However on engaging with once councillor, it was perceived that the change was in the material changes for the individual only and did not experience any changes themselves so were excluded from the analysis subsequent to this. There was a perception that other councillors may have a view that it did reduce time for them but it was not possible to engage with them due to availability and there was insufficient evidence to suggest this was a material change for Councillors.		Excluded from analysis at Stage 2: Mapping Outcomes
Local Community	Reduction in administration time	Identified by stakeholders. National policy and local approaches aim to support neighbourhood groups.	Is not of a magnitude that is significant to the overall context. The focus group identified that 25% reported this outcome and therefore it is assumed to be significant and material to the stakeholder.	Relevant and Significant
	Increase in local offer for the community resulting in increased engagement in community by individuals	National and local policy to increase community engagement and offers for local people. Whilst it is of a magnitude that is significant to the overall context, the assumptions have been made without direct stakeholder engagement and to be transparent and avoid over claiming, this outcome has been removed from the calculation.		Excluded from analysis at Stage 5: Social Return Calculation.
	Reduction in time spent promoting services (door knocking)	Identified by stakeholders. National policy and local approaches aim to support neighbourhood groups.	Is of a magnitude that is significant to the overall context.	Relevant and Significant
	Avoidance of worry for community member	Identified by stakeholders. National policy and local approaches aim to support neighbourhood groups.	Is of a magnitude that is significant to the overall context.	Relevant and Significant
	Increased number of volunteers to support local neighbourhood groups	Identified by stakeholders. National policy and local approaches aim to support neighbourhood groups.	Is of a magnitude that is significant to the overall context.	Relevant and Significant
Department For Work and Pensions	Decrease in number of people claiming job seekers allowance and other unemployment benefits	Importance at local and national level with financial impact. Societal norm to support people back into employment and reduce dependency on benefits with peers delivering interventions to achieve this.	Is of a magnitude that is significant to the overall context.	Relevant and Significant
	Increase in tax and national insurance paid	Importance at local and national level with financial impact. Societal norm to support people back into employment with peers delivering interventions to achieve this.	Is of a magnitude that is significant to the overall context.	Relevant and Significant

3. Identifying and Involving Stakeholders

A list of key stakeholders was identified with Adult Social Care. The individuals are the key beneficiary of the service but through the forecast analysis, it was identified that other stakeholders are expected to experience material changes. A full list of stakeholders is included in Appendix 1 Audit Trail together with the reason for inclusion or exclusion.

3.1 Individuals

The individuals receiving support from Local Area Coordination are the main beneficiary. Between May and June 2015, 17 one to one interviews were held with individuals that had benefited from the service and one session with 2 individuals receiving Level 1 support.

A proforma is included as Appendix 3 with the full list of questions that each individual was asked.

The interviews sought to build on the evaluative work completed to date to understand what changes for the individuals. 41 'stories' from Level 2 individuals were also captured from Local Area Coordinators summarizing their impact and reviewing this with the individual. The interviews provided a way to reinforce the outcomes that were perceived in the stories and identify any further unintended and intended positive and negative changes. Furthermore, Local Area Coordinators had recorded data on 423 Level 1 and 157 Level 2 Individuals previously supported detailing outcomes which also informed the analysis.

There were challenges with the stakeholder engagement, particularly given the sensitive nature of the service and the experiences of individuals. However, there were some Level 2 individuals identified that were willing to engage as they saw the service as 'invaluable' and wanted to support the analysis. Those receiving Level 1 support had little incentive to engage as their support was less continuous (with outcomes achieved in one visit or conversation). A focus group was 18 organized with a number of Level 1 individuals, however, only 2 attended. The assumptions for Level 1 have had a greater reliance on other stakeholders and drawing on some of the outcomes described by Level 2 individuals as a result. This has increased the risk of not accurately reflecting the outcomes experienced for Level 1 individuals which is explored in the sensitivity analysis and forms part of the recommendations for an evaluative analysis.

When developing the theory of change and as anticipated, it was clear that Level 1 and 2 individuals experience different outcomes and to different degrees. As such this group was split into Individuals receiving Level 1 support and Individuals receiving Level 2 support (which was also identified by Adult Social Care from the onset).

Throughout the service, Local Area Coordinators have captured the list of individuals supported detailing their age, gender and main category (i.e. mental health, older person, physical disability). The average age was 61 for all individuals, decreasing to 53 when only reviewing those with mental health needs. The percentage of individuals experiencing outcomes that were classed as older people represented 27.9% and those with mental health needs 29.7%. It was considered as to whether the individuals should be split down further in light of the different ages and categories, however, many of the individuals with mental health could be classed as older people, which was also true of those with physical and learning disabilities. Due to the small numbers of younger people engaged (8% of those with an age recorded under 30) it was decided to keep only as those receiving Level 1 and Level 2 as there was insufficient data for this initial forecast analysis to understand any specific and different outcomes for different ages. Equally in the interviews, the different age groups did not appear to have materially different outcomes.

A focus group was also planned to review the analysis with individuals but the majority were resistant to meet as a group, as they felt uncomfortable sharing their experiences with others. Deadweight and attribution was discussed with individuals at interviews and further review of assumptions took place with other stakeholders.

3.2 Family Members

On interviewing the individuals, 10 out of 17 identified family members also experienced changes as a result of Local Area Coordination. All individuals were less willing for family members to be contacted given that there were either too busy, did not want to cause them any further stress or still in early stages of re-building relationships. For the purposes of the forecast analysis, the outcomes for family members have been developed as perceived by individuals and other stakeholders through interviews and stories.

3.3 Local Area Coordinators

The Local Area Coordinators delivering the service are a key stakeholder and it was also expected that the Local Area Coordinators themselves may experience a change

too. Nine one to one interviews took place with every Local Area Coordinator currently operating across Thurrock. There was also the perception that the outcomes may be different for different coordinators as they come from a range of professional backgrounds, some had been in post longer and two were working in the community in which they live.

3.4 Public Health

Public Health are contributing funding to the service as they perceive a benefit to both local residents through improved health outcomes and potentially to themselves as an organisation. Public Health were engaged through the Local Area Coordination Steering Group Meeting and followed up with further review on any changes for the organisation by the Strategic Lead Commissioner for Public Health.

3.5 Thurrock Clinical Commissioning Group (CCG)

Thurrock CCG were identified as a key stakeholder including South Essex Partnership University NHS Foundation Trust (SEPT) and North East London NHS Foundation Trust (NELFT) as it was expected that they would experience outcomes as a result of improved health and wellbeing of residents (and are commissioned by the CCG). A meeting was held with the CCG followed by telephone meeting with SEPT and NELFT (including Multi-Disciplinary Team). Follow up with SEPT and NELFT to review the analysis also took place.

3.6 Thurrock Council

Thurrock Council including Adult Social Care are delivering the service. In addition, there were perceived outcomes for other departments as a result of Local Area Coordination. Adult Social Care were engaged throughout the development of the analysis. Housing were identified as another department that were actively involved in Local Area Coordination and were engaged through the Steering Group meeting, followed up by further review.

3.7 Essex Fire and Rescue

Essex Fire and Rescue are part funding a role with the secondment of one of their fireman to become a Local Area Coordinator. Essex Fire and Rescue were engaged through the Steering Group to establish the impact on them.

3.8 Essex Police

Essex Police are also perceived to be impacted by Local Area Coordination and are a member of the Steering Group. It was not possible to engage with this stakeholder due to their availability. However, the Community Safety Partnership Manager in Thurrock which works closely with the Police was engaged to discuss the potential changes for this stakeholder and review assumptions made in the analysis.

3.9 Local Community

Local neighbourhood groups and the wider local community are perceived to experience changes as Local Area Coordinators are embedded in the community working with a range of local organisations. A focus group was held with neighbourhood group members with eight attending to discuss any material changes.

3.10 Department for Work and Pensions

Though not initially identified as a stakeholder, on engaging with individuals and recognising that those that secured employment were typically unemployed and claiming benefits previously, it was clear there would be a benefit to this stakeholder. This stakeholder was not engaged directly but instead used government websites and research to assess the impact.

3.11 Inclusive Neighbourhoods

Inclusive Neighbourhoods is the national body that delivers and promotes the approach of Local Area Coordination supporting Local Authorities to embed the philosophy. The Director was engaged throughout the process as although no material changes for the national body, his expertise and knowledge of implementing Local Area Coordination was used to test the theory of change and assumptions made around impact.

3.12 External Research Reports

Throughout the report, external research has been utilised to support the analysis. These are cited in the report and include other SROI assured reports, government statistics and published research. They are summarised in Appendix 2.

4. Stage 2: Mapping Outcomes

4.1 Identifying Inputs

The key financial and non-financial inputs from April 2016 – March 2019 are as follows.

Stakeholder	Input	Value
Individuals accessing Level 1 support	Time	£-
Individuals accessing Level 2 support	Time	£-
Families of individuals	Time	£-
Local Area Coordinators	-	£-
Public Health	Funding provided by Public Health plus 1% inflation	£363,600
	Attendance at Steering Group	£1,476.92
Thurrock CCG	Attendance at Steering Group (SEPT and NELFT)	£2,953.85
Better Care Fund	National Fund jointly held by Thurrock CCG and Thurrock Council plus 1% inflation.	£818,100
Thurrock Council	Senior Management Team overseeing Local Area Coordinators (£30,000 pa) plus 1% inflation.	£90,900
Essex Fire and Rescue	Secondment – funding half a post. Assumed continue to fund for three years at £20,000 pa plus 1% inflation.	£60,600
	Attendance at Steering Group	£1,476.92
Essex Police	Attendance at Steering Group	£1,476.92
Local Community	-	£-
Department for Work and Pensions	-	£-
	Total	£1,340,584.62

The majority of the funding is delivered through the national Better Care Fund which is held jointly by Thurrock CCG and Thurrock Council. This analysis has followed the convention not to give a financial value to the time spent by the beneficiaries receiving the services.

4.2 Outputs

The outputs for Local Area Coordination are forecast based on the numbers supported to date by each Local Area Coordinator as summarised in the table below. This recognises that in the first month for every Local Area Coordinator, they are not active in the community so calculates an average number of people supported based on their time in post to June 2015 with one month deducted. However, it should also be noted that as a Local Area Coordinator becomes more established in the area, the number of referrals per month would increase. It is recognised that the assumptions with regards to the number supported each month is based on current data up to June 2015 which has been used to inform the analysis. Any increase in the numbers supported would increase the social value being delivered with a greater number of individuals experiencing outcomes without an increase in inputs.

Local Area Coordinator	Number Supported	Time in Post (active)	Average no supported per month	Assumptions for analysis
1	127	19	7	7
2	113	17	7	7
3	52	4	13	11
4	33	4	8	7
5	77	11	7	7
6	45	13	3	4
7	18	4	6	7
8	25	11	7	7
9	81	10	9	9

The assumptions on numbers supported per month use 7 for the majority of Local Area Coordinators. However, one area in particular has significant challenges due to less neighbourhood groups and participation currently so this uses an assumption that it would be 3 in the first year, 4 in the second and 5 supported per month in the third year. Also one area had a much higher level of people being supported – largely due to a ‘waiting list’ of people before the Local Area Coordinator started. It is expected that this would reduce slightly over time so 11 per month has been used.

Over the 3 year period (36 months) this equates to 2,376 individuals being supported. To establish those at Level 1 and Level 2, current data was used for each area to identify if there were variances in the need by geographical location. The average for Level 1 was 70% but varied from 50% up to 88% so each location was

calculated individually to be more reflective of total numbers supported in each location.

The table below summarises the percentages in each area together with the figures used for the analysis. In total, it is perceived that 1657 Level 1 Individuals would be provided with support and 719 Level 2 Individuals.

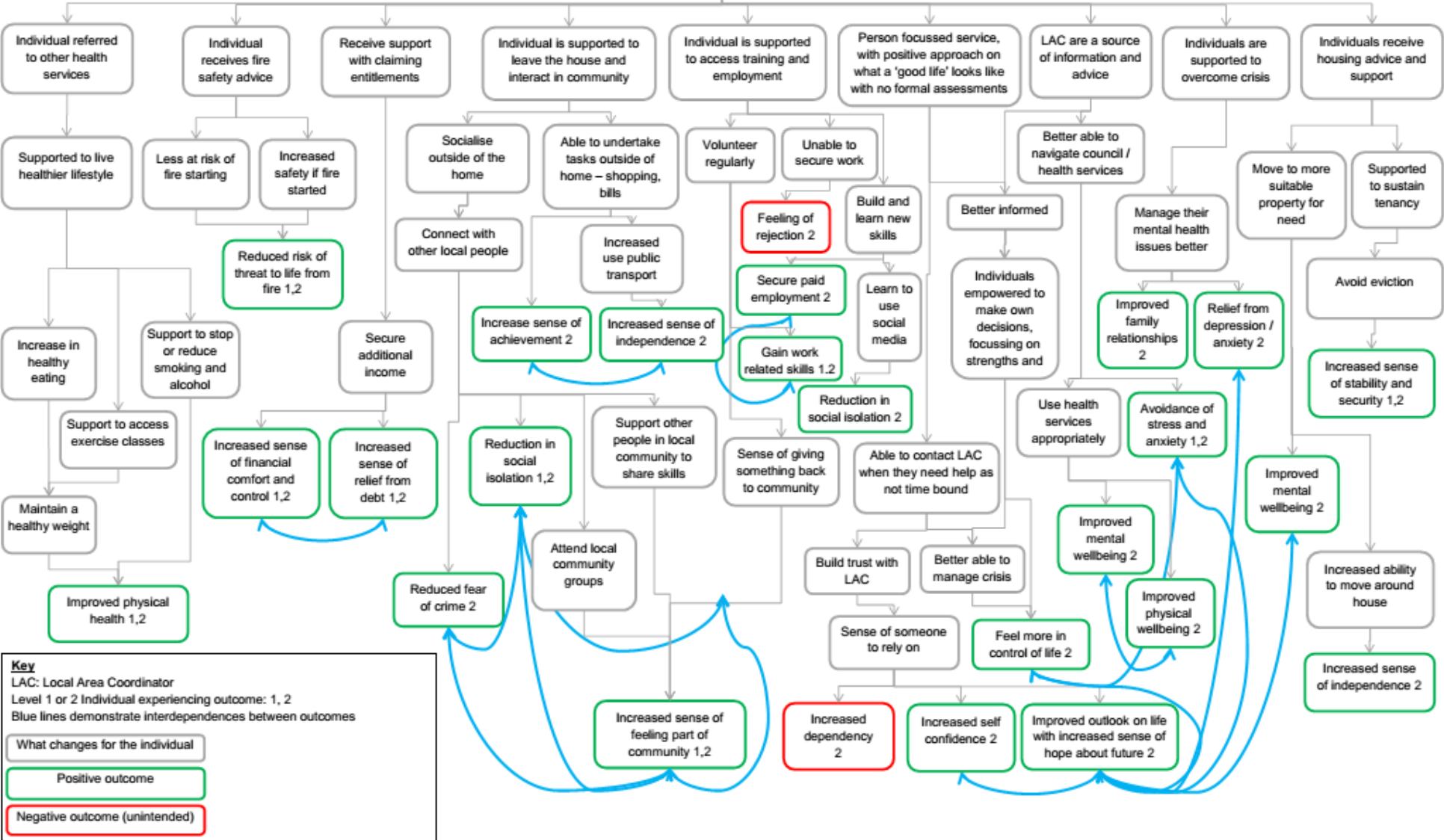
Local Area Coordinator	Level 1	Level 2	Total Forecast	Level 1	Level 2
1	63%	37%	252	160	92
2	75%	25%	252	189	63
3	88%	12%	396	348	48
4	69%	31%	252	174	78
5	50%	50%	252	126	126
6	84%	16%	144	121	23
7	71%	29%	252	179	73
8	59%	41%	252	149	103
9	66%	34%	324	212	112
Totals:			2376	1657	719

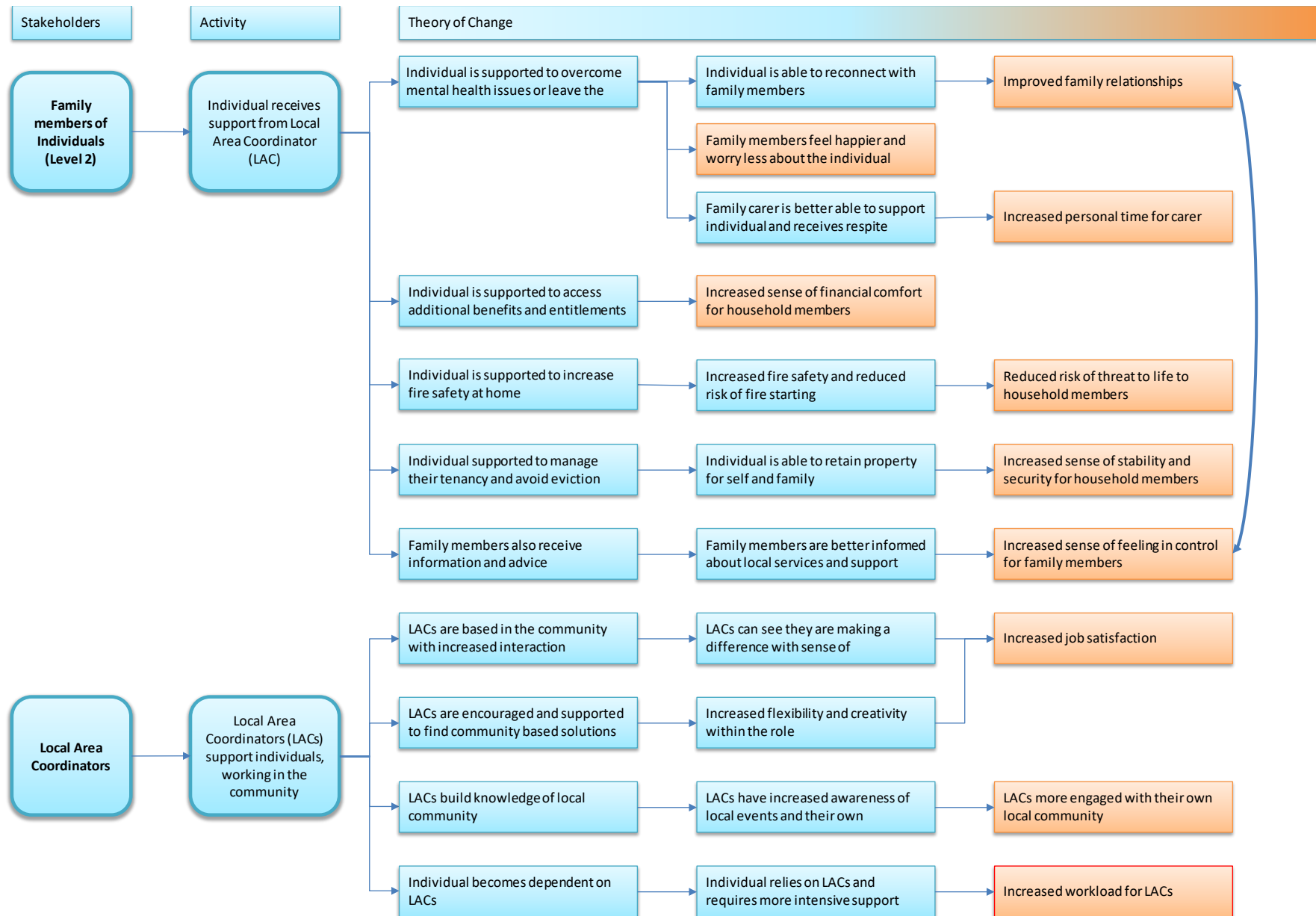
4.3 Outcomes

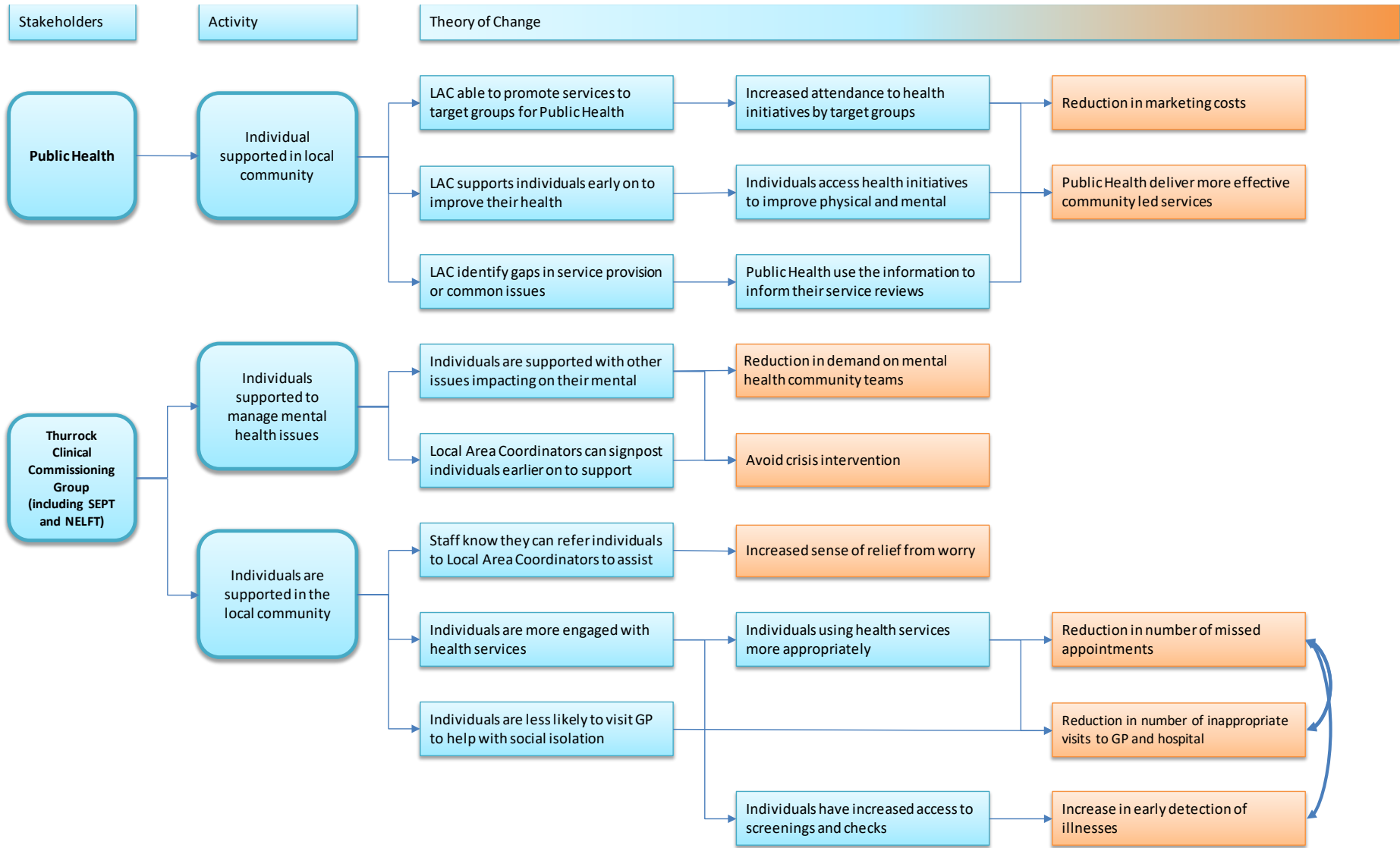
A theory of change for individuals together with the theory of change for all stakeholders is demonstrated below.

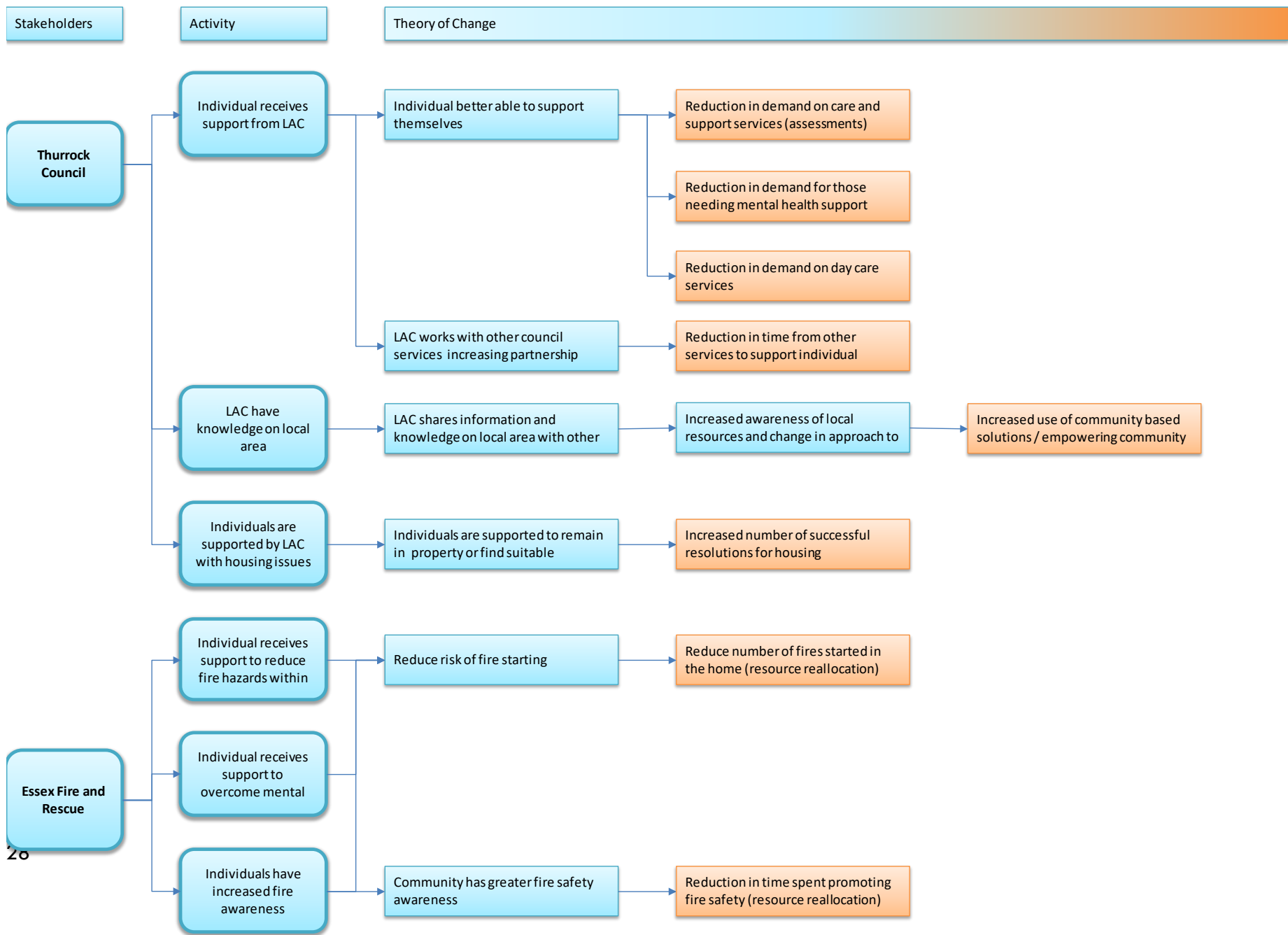
The outcomes that have been excluded are also enclosed in Appendix 1 Audit Trial.

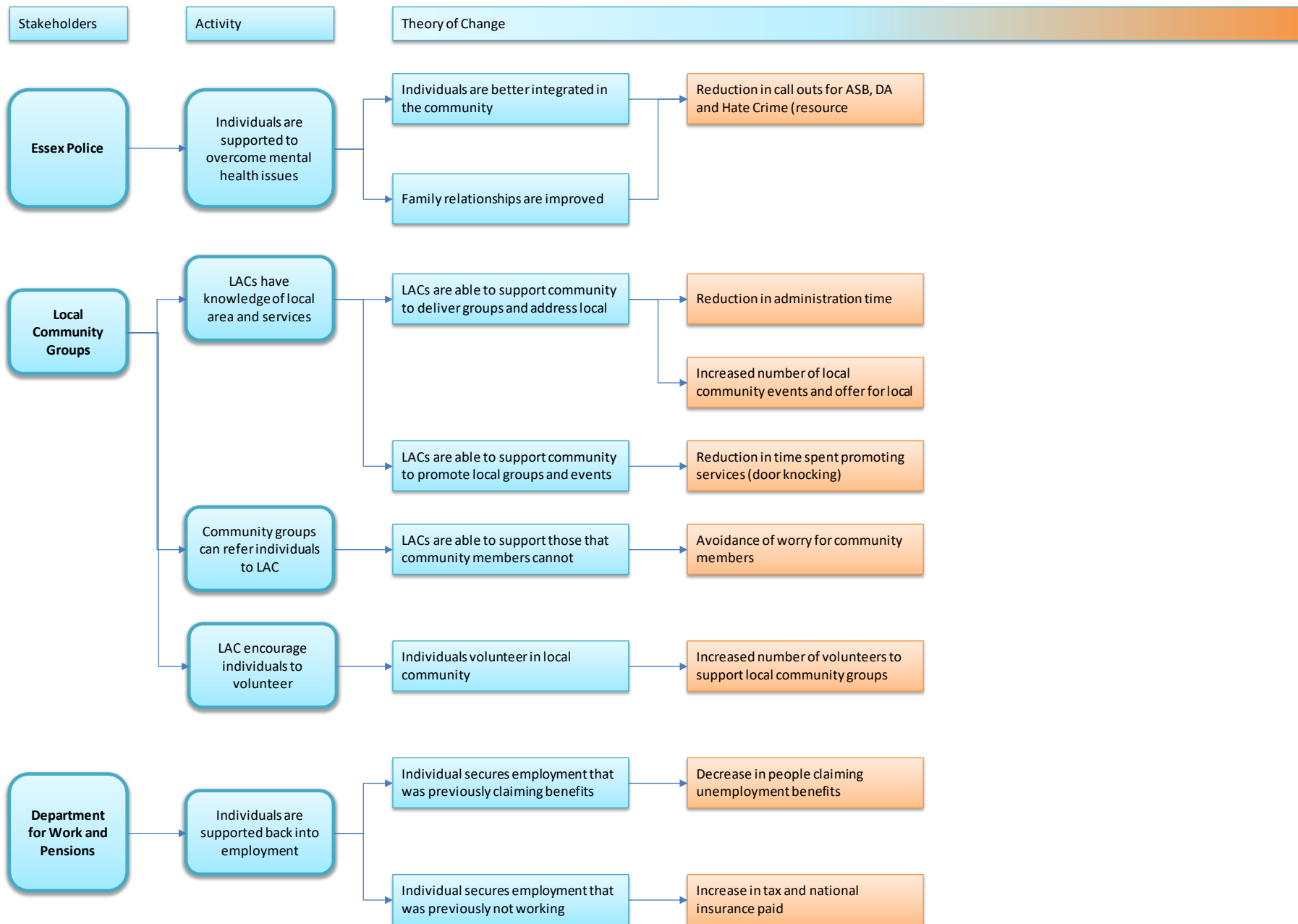
Individuals access a Local Area Coordinator to support and enable them to find local solutions to build a 'good life'











Individuals receiving Level 1 Support

The key outcomes for Individuals receiving Level 1 support are summarised in the table below.

Outcome
Improved physical health as a result of exercising more or eating healthy
Individual is drinking or smoking less leading to improved physical health
Reduced risk of threat to life from fire
Individual secures additional income, with increase sense of financial comfort and control and relief from debt
Individual connects with local people, reducing their social isolation
Individuals attend local neighbourhood groups with increased sense of feeling part of the community
Increased sense of feeling part of the community, giving something back to the community, through volunteering
Gain work related skills
Avoidance of stress and anxiety
Sustainment of tenancy with increased sense of stability and security

On engaging with the two Level 1 Individuals in the focus group, reducing social isolation was deemed to be one of the greatest outcomes together with becoming active in the local community.

It was considered as to whether the overcoming of social isolation and actively participating in the community were part of the same theory of change but the focus group identified them as two different outcomes. Whilst the participation in neighbourhood groups supported the overcoming of social isolation, the ability to actually go out in the community (and not necessarily engage in a neighbourhood group) was viewed as separate to being an active member of a community or social group.

Both also spoke of their 'frustration' accessing council services and how Local Area Coordination had helped them to avoid this. This was originally perceived as both avoidance of stress and a sense of feeling in control as individuals were better informed. The sense of feeling in control was derived from interviews with Level 2 individuals and Local Area Coordinators. After considering the outcome further and the fact that Level 1s have less intensive support, it was viewed that the avoidance of stress was the material outcome. This was reiterated at the focus group where the emphasis was on

avoiding the stress and not feeling as though they were 'hitting a brick wall'.

The other outcomes were perceived to be experienced by Local Area Coordinators working alongside Level 1s over the course of the service to date with referrals made to other services, securing additional income and increasing fire safety. It is recognised that there is a greater risk with this stakeholder of not accurately reflecting the outcomes due to the very small number engaged. To help to partially mitigate this risk, Level 2 individuals were used as a proxy with the understanding that their needs are more intensive than Level 1 together with engagement of other stakeholders to check as to which outcomes they perceived were experienced by both Level 1 and Level 2 individuals. This is tested further in the sensitivity analysis and forms part of the recommendation with regards to improving the account value through increased engagement of this stakeholder.

Individuals receiving Level 2 support

The outcomes for individuals receiving Level 2 support are summarised below from interviews and stories:

Outcome
Individuals are eating more healthily and exercising more leading to improved physical health
Individual is drinking or smoking less leading to improved physical health
Reduced risk of threat to life from fire
Individual secures additional income, with increased sense of financial comfort and control
Individual secures additional income, with increased sense of relief from debt
Individual connects with local people, reducing their social isolation
Individuals are more confident leaving the house with a reduced fear of crime
Individuals attend local neighbourhood groups with increased sense of feeling part of the community
Individuals are able to undertake tasks themselves (shopping and paying bills) increasing their sense of independence
Individuals are able to undertake tasks themselves (shopping and paying bills) increasing their sense of achievement
Secure paid employment
Individual applies for work but is not successful resulting in a feeling of rejection
Increased sense of feeling part of the community, giving something back to the community, through volunteering
Gain work related skills
Increase in digital skills leading to increased ability to socialise online
Build trust with LAC with a sense of someone to rely on leading to increased self-confidence
Build trust with LAC with a sense of someone to rely on leading to increased improved outlook on life
Build trust with LAC with a sense of someone to rely on leading to increased dependency
Individuals are better able to manage a crisis and feel more in control of life
Individuals avoid stress and anxiety

Individuals use health services appropriately leading to improved physical and mental wellbeing
Improved family relationships
Relief from depression and anxiety
Sustainment of tenancy with increased sense of stability and security
Individual is able to access property more easily with increased sense of independence

From an individual supported to plan for the future

“Francis grabbed my ears and dragged me up from the grave.”

“Francis has been the right man, in the right place at the right time”.

“It is not possible to believe how much help I received and how much this man means in my life,”

From a local community trust

“Martin is located in Purfleet, working to reach some of the most isolated and most vulnerable in our area. He has been a massive support, making a real difference to the community and the work we do. He helps network local people and uses his referral skills to get people better connected to local services.”

“Thank you for supporting the Purfleet community - we have really noticed the change. Working with Martin has been an extremely positive outcome and we look forward to continuing work in the future.”

The interviews with individuals identified a wide range of outcomes due to the scope of Local Area Coordination support. The ability to engage with the individual and ask them ‘what a good life looks like’ results in the support ranging from health, community integration, fire safety and housing.

The majority of individuals interviewed identified the concept of having someone to rely on and building a trust – knowing that the Local Area Coordinator was there if they needed them. This was seen as one of the most important outcomes by individuals. This made them feel more confident but also many spoke of how they felt as though they were now ‘going in the right direction’ whilst others described it as a ‘sense of hope for the future.’ Initially these outcomes were defined separately as per the Theory of Change but further review identified that the self-confidence would likely be part of the theory of change to increasing hope for the future. In addition, the sense of ‘feeling in control’ was described by some and also identified by the Local Area Coordinators. This was assessed further as to whether this was also part of the same theory of change but was deemed to be separate as this was about empowerment through knowledge whereas the improvement on outlook on life was the support element.

All of the individuals spoke of their relationship with the Local Area Coordinator describing them as ‘invaluable’, ‘kind’ and ‘friendly’ with a ‘wealth of knowledge’. Due to the delivery of the service and personal nature of the approach, it was clear there was the potential for people to build a more personal relationship and become dependent on the Local Area Coordinator. In one interview, the individual described the coordinator as a ‘friend’ whilst the other referred to them as an ‘older sister’. Both mentioned that they recognised that it was still a professional relationship but Local Area Coordinators too recognised the potential for dependency as an unintended negative.

Individuals through both the interviews and ‘stories’ completed identified that those with mental health needs in particular experience additional outcomes. For two of

CASE STUDY

SITUATION

Mr. C lives in an upstairs flat. Due to an accident a number of years ago, he now has reduced mobility and is now unable to use the stairs or access the community.

LAC visited Mr. C for the first time and took time to get to know him, what life was like now and how he would like it to be in the future. He had just been discharged from Hospital, after having a fall whilst attempting to descend the communal stairs in his flats. He had an allocated support planner from the Hospital Social Work Team to arrange care and place him onto the housing waiting list for ground floor accommodation

Mr. C talked about some issues including

- Had been trying, unsuccessfully, to sell his property for some time.
- He had little to no personal support networks around him.
- Felt let down in the past by various professionals
- He was not in receipt of any benefits and was finding it a struggle to cope financially. He found the DLA forms difficult and confusing and said that DLA had no record of the completed forms he had previously sent.

WHAT HAPPENED

The Family Mosaic worker arranged for an ex-DWP worker to visit Mr. C to help him fill in the DLA forms page by page and gave him the DLA contact number so that he would be able to track his application via telephone.

LAC contacted Mr. C's support planner at the hospital and found his application had been transferred to the housing department and that he automatically qualifies for assisted bidding.

LAC gave Mr. C the direct number of both his support planner and the assisted bidding department in the housing team so he could check on his progress for a move date at his leisure.

those interviewed, they made specific reference to potentially 'not being here' if it had not been for Local Area Coordination implying they may have taken their own life. For many of the individuals interviewed with mental health issues, they were long term and impacting on all areas of their life. They spoke of their sense of 'relief from depression' and although some recognised that they had a way to go, were not as depressed and able to manage in a crisis better. Individuals also highlighted that they had better family relationships as a result of better managing their mental health needs.

As with Level 1 Individuals, Level 2 individuals experience that sense of overcoming social isolation. On engagement with individuals and through the stories, it was clear this was achieved in different ways for individuals but started from their ability to leave the house. For some this meant being able to go out in the community to do shopping and pay bills leading to independence whilst for others it was about being active in the community. Those that were more independent also spoke of their sense of achievement being able to do things outside of the home but this was considered as part of the theory of change leading to an increased sense of independence.

For those that overcame social isolation, some spoke about being more active in the community whilst others spoke more of feeling connected with other people. As such they were viewed as different outcomes as not everyone that overcame social isolation was now involved in a local neighbourhood group. For those participating in a neighbourhood group, they spoke of feeling part of the community as a result.

In addition to overcoming social isolation, two individuals spoke about a reduced fear of crime now that they were going out in the community again.

A number of individuals had received support to access training and employment together with volunteering. For two individuals, they mentioned their frustration and 'feeling rejected' as they had been turned down for jobs they were supported to apply for. This was recognised as an unintended negative of supporting people with complex needs back to the labour market. Whilst it was viewed that there are positives to this in terms of resilience building it was captured as an unintended negative in the theory of change. For those that were volunteering, they spoke of wanting to share their skills and give something back to the community. For many it was about wanting to help others after receiving support from Local Area Coordination themselves.

CASE STUDY

SITUATION:

Mrs. SS was 62 years old, lives alone on a traveller site and stated she has no friends or family living with her. She suffers from agoraphobia as well as some other medical conditions which can make everyday living a little more challenging. She presently receives high disability payment and uses a walking stick to assist with mobility and was looking for support to be able to make friends and feel more connected and to get out more. The LAC also was able to identify some strengths and passions that Mrs. SS has including a talent and enjoyment of cooking and her past employment giving her skills with formal writing and correspondence.

WHAT HAPPENED?

The LAC took time to get to know Mrs. SS. Mrs. SS mentioned her key priorities were, to make friends, build confidence with going out, get support to improve her mental health and find practical ways to solve her problems. The LAC worked alongside Mrs. SS to start addressing these priorities including introducing her to Therapy for you as a means of providing more support with improving her mental health.

LAC connected Mrs. SS with another individual within the same area to help with building relationship and support network. Mr. C was able to provide practical support to help Mrs. SS address some of the challenges she was facing with accessing shops / supermarkets to do her own shopping; walking to the GP to attend appointments. This connection and the mutual support Mrs. SS and Mr. C provided each other helped her gain confidence to do the things she had previously not been able to do. Also the LAC provided an introduction to an over 60's club that further helped Mrs. SS to build new relationships and get out into the community more.

Individuals had also been supported with housing from support to sustain their tenancy to helping people secure a more suitable property for their health needs.

Each individual mentioned other services they had been referred to and this was reiterated by Local Area Coordinators and the outcome monitoring spreadsheet.

For Level 2 individuals, the fire prevention measures were categorized under two outcomes as some received more practical support, particularly those that were 'hoarding'.

During the interviews, individuals were asked to identify on a scale of 1-5 where they were before and after the service on the key outcomes they identified. The table below shows the average change for these outcomes as described in the interviews:

Outcome	Percentage Change (average)
Feeling in control	60%
Someone to rely on	59%
Relief from depression	30%
Independence	42%
Isolation	53%
Hope for Future	62%
Confidence	61%
Risk of Crime	55%

Families of Individuals

On interviewing the individuals, it was clear that there was also a positive impact on family members with 10 out of the 17 interviewed perceiving a change for a family member. The outcomes for family members included directly benefiting as another member of the household, for example, fire prevention, increase in income, and sustainment of tenancy. Family members also experienced changes by the individuals being supported including more respite for those that were carers leading to more personal time and improvement in relationships.

In addition, individuals and Local Area Coordinators identified that by supporting one member of the family, resulted in also supporting other members of the family with issues or information as well. This is an unintended positive of the service where the support filters out to other people close to the individual. This was captured in the original theory of change for family, however, it was recognised that a large number of those that received support would subsequently be recorded as a separate individual. Only those receiving ad hoc information would not be captured and it was deemed that this could not be

CASE STUDY FROM MULTI DISCIPLINARY TEAM (MDT) WORKING WITH LOCAL AREA COORDINATOR

PATIENT HISTORY:

Mr. N is a 63 year old gentleman who has mild learning difficulties, has recently suffered a bereavement and lost his eyesight

MDT:

Discussed for the past year, frequent calls to ambulance service especially at weekends, presenting with the same symptoms in A&E, sometimes is admitted for overnight stay. Already known to the learning disability team, sensory team and is supported by church members. It was discussed that Mr. N should not remain at home and be in sheltered housing.

ACTION FROM DISCUSSION AT MDT:

Referral made to Local Area Co-ordinator (LAC).

OUTCOME:

Supported by the LAC who has introduced him to new clubs, has been given access to charities which can help him with equipment i.e. watch, alarm clock, audio books, has been given the number of care line to which he can call instead of ambulances especially at weekends when he feels most vulnerable, this has considerably reduced the number of call outs to other services (only 2 call outs in August, nothing since). He is now happy to remain in his own home with the extra support and access to clubs, activities.

quantified in this first forecast analysis as a material change.

Local Area Coordinators

Local Area Coordinators identified they experienced change as a result of working and supporting people in the local community. All of the coordinators spoke about the ability to see the difference that it is making to individuals leading to a sense of achievement. Many also spoke about the benefits of working in the community rather than an office. It was viewed by all that this ultimately led to increased job satisfaction. More than one Local Area Coordinator identified that they had left more senior positions to have a more active role supporting people in the community.

A potential unintended negative that was explored was for those working in the community in which they live as it may result in people approaching them outside of work. Whilst there had been instances of this, both that worked in the community in which they lived recognised this before they started and did not feel this impacted them negatively.

Local Area Coordinators also spoke about reflecting on their own lives and 'living the principles of Local Area Coordination.' Some spoke of their increased engagement in their own community supporting others and playing a more active role. This was an unintended positive outcome that had not been perceived in the original theory of change.

The dependency issue was raised on several occasions and the balance between the relationships. For the Coordinator, the increase in dependency would result in an increase in workload to manage that individual more intensively short-term. It was clear from early in the development of the service, dependency could have been more prevalent as boundaries in the role where being established but as the coordinators share their experiences and support one another, together with supervision from managers, this was being managed.

Public Health

Public Health highlighted that a significant part of the impact for them was the increase in health and wellbeing for the individual with Local Area Coordinators supporting and referring people to lifestyle and other preventable programmes. This contributes to achieving the Public Health outcomes within the national framework which across four strands: Improving the wider determinants of health, health improvement, health protection and healthcare public health and preventing

CASE STUDY

SITUATION:

Mr. R is a 69 year old man, with a history of depression. He has made suicide attempts which required admission to hospital. There is limited family support and although physically healthy, Mr. R was quite isolated and wanted to look at local facilities where he could make friends.

WHAT HAPPENED?

The LAC took time to get to know Mr. R, to find out what was important to him and explore what a good life looked like to him. Mr. R's key priority was to get out of the flat where he spent most of his time, as this contributed to his depression. He expressed a desire to help other people and to make more friends as well as wanting to feel safe, secure and confident. The LAC supported Mr. R to explore family support from Ngage (a voluntary organisation supporting communities in Thurrock) and this resulted in Mr. R becoming a volunteer driver three days a week with the Royal Volunteering Service. The LAC also supported Mr. R into a course, which he has now completed, in Computers for Absolute beginners at the Thurrock Adult College to improve his computer skills and enable access to social networks. With his new skills, he now uses Facebook and is registered with the local library

FOLLOW UP & NEXT STEPS:

Mr. R is now settled in his volunteering role and continues to drive in the local community. Mr. R has been connected to two individuals known to the LACs, and provides them with practical support.

'If it hadn't been for Francis I wouldn't be here now.'

premature mortality. In particular for Thurrock, reducing smoking prevalence and obesity in childhood together with adults were key targets that Local Area Coordinators can contribute too.

Through the approach of 'Making every contact count' (MECC), Local Area Coordinator working with Public Health can provide additional support to improve individuals' health and wellbeing – this is both physical and mental. This was most evident where Local Area Coordinators are supporting individuals to reduce their social isolation. 'Local Area Coordinators have an important role in helping the more vulnerable members, such as the frail elderly to engage more with other members of the community' (Annual Public Health Report 2014, Ageing Well). For older people especially, isolation has a greater impact on their quality of life and can contribute to premature death.

Public Health also identified other areas where Local Area Coordination could also improve the health and wellbeing of individuals further as they are engaging with them and building a relationship of trust. This included promoting the outcome of health protection by encouraging individuals to proactively engage with health services from screening checks to flu vaccinations. For older people, increasing the number that have a flu vaccination, can reduce avoidable illness, hospitalization and excess seasonal deaths. In addition, Public Health have noted a prevalence of drinking among older people. Older people are less likely to come forward for support and therefore Coordinators have a unique opportunity to identify those they are working with where alcoholism is having a detrimental impact on the individual's health and wellbeing. It is recommended that this is reviewed further for future evaluation as the impact for older people is more significant with increased falls and clinical conditions as a result of drinking. Furthermore, further analysis should explore as to whether Local Area Coordinators reduce the relapse rate for smoking and drinking by supporting the individual in a more holistic way.

It was identified that the above outcomes would be experienced by the individuals themselves rather than be a material change for Public Health.

However, in addition it was recognised that Local Area Coordinators had helped to identify gaps in service provision and target vulnerable people that Public Health could not engage with as easily. Public Health highlighted that it had led to also informing their service reviews with

more consideration for community solutions. It was perceived that this led to an overall outcome of more effective community based services which were value for money for Public Health.

Thurrock Clinical Commissioning Group (CCG) including South Essex Partnership University NHS Foundation Trust (SEPT) and North East London NHS Foundation Trust (NELFT)

As with Public Health, it was recognised that many of the outcomes were ultimately to improve the health and wellbeing of individuals.

On first engaging with the CCG, the outcomes were less evident in terms of their statistics due to the number of different services in the community. However, on engaging with SEPT and NELFT who are working directly with Local Area Coordinators, it was clear that it was having a positive impact on services.

For those experiencing social isolation, this was through reduced GP visits and A&E visits as recognised by Multi-Disciplinary Team (MDT) where Local Area Coordinators were being included as part of the care plan to reduce their isolation and subsequent reliance on health services. This was of particular relevance where Local Area Coordinators were supporting individuals who had previously been hard to engage and helping them to connect with other support networks. It was estimated by MDT that on average 1 out of every 8-10 cases discussed at MDT meeting would involve a Local Area Coordinator in supporting that individual.

This represents a saving to the CCG with a reduction in visits although due to the scale of intervention is expressed in terms of resource reallocation. There was not perceived to be a reduction in the time of the Community Teams including Community nurses as individuals with long term conditions would still need this support but Local Area Coordinators were working with these teams.

For Mental Health Services, it was recognised that the Mental Health Team have specialist training to deal with more intensive needs of those suffering from long term mental illness. Local Area Coordinators were being trained by SEPT to raise their awareness of mental health and supporting the Community Mental Health Team. Local Area Coordinators greatest impact was in supporting people with lower levels of anxiety and depression that would not meet the threshold for support from the Mental Health Team and through prevention work can help to prevent this from escalating into a more

From an Individual supported by LAC:

The LAC is genuinely interested in me and does not have an agenda. I feel completely in control and that the LAC is on my side. There are things that I have done that I wouldn't have been able to do without the support of the LAC.

intensive need. In addition, Local Area Coordinators can support the Mental Health Team in identifying individuals that may need more support that are not currently engaged in services, liaising and supporting the clinicians, enabling individuals to receive support earlier on and thereby preventing crisis.

Furthermore, both SEPT and NELFT spoke about Local Area Coordinators 'filling a gap' in service provision and providing their staff with a relief from worry knowing that they 'are there' and continue to support people longer term by 'keeping an eye on them'. It was also added that Local Area Coordinators were demonstrating a new way of working and relating to people to help improve their health and wellbeing.

As this is a forecast analysis, it was noted that further detail on health outcomes would support an evaluative analysis further from understanding the level of referrals into Mental Health Service to assessing if and how they are supported in formal services to mapping the frequency of visits to the GP. Across all health services, capturing those individuals who are being supported by Local Area Coordinators that are not known to services would also support health services to understand where people are being missed out so further strategies can be developed to ensure services are accessible.

Thurrock Council

Thurrock Council identified a number of changes both to Adult Social Care and Housing. For Adult Social Care, it was the expected reduction in demand on care and support services as individuals were supported in the community. For Housing, it was a decrease in their time and increase in the number of successful resolution resulting in the avoidance of eviction. In addition, both departments identified and it had been discussed at an executive level, that Local Area Coordination was demonstrating the success of a community based approach. This was leading to a shift in the culture of departments across the council, with the increasing knowledge and awareness of local community solutions and success of Local Area Coordination. This was still developing but forecast to become more evident in future years.

Essex Fire and Rescue

Essex Fire and Rescue cited the expectation of fewer call outs to fires as a result of people being supported together with a reduction in time promoting fire awareness. In particular it was recognised that the

From an Individual supported by LAC:

"Ben has been great, he has coordinated everything and got things moving where they weren't before. The LAC came in during a very difficult situation where I had hit rock bottom and was on anti-depressants. He linked me in with people who could support me with shopping and cleaning as well as supporting me with my PIP application and potentially moving. I no longer feel as depressed. Ben was my lifeline"

individuals being supported were a higher risk group and more likely to start an accidental fire in their home but were difficult to engage normally.

Essex Police

It was perceived that Essex Police would see a reduction in call outs for Anti-Social Behaviour as Local Area Coordinators were supporting people to manage crisis and improve family relationships. This was evident from engaging with Community Safety Partnership who identified that certain repeat offenders are often isolated and Local Area Coordinators can support the individual to overcome this. Coordinators are also being trained as Hate Crime Ambassadors to increase awareness in the community and enable victims to get support.

From a local community trust

“Martin is located in Purfleet, working to reach some of the most isolated and most vulnerable in our area. He has been a massive support, making a real difference to the community and the work we do. He helps network local people and uses his referral skills to get people better connected to local services.”

“Thank you for supporting the Purfleet community - we have really noticed the change. Working with Martin has been an extremely positive outcome and we look forward to continuing work in the future.”

Local Community

Local neighbourhood groups and residents identified they experienced a change as a result of working alongside the Local Area Coordinators. Local Neighbourhood groups felt supported with increased promotion of their activities to local people and connecting and developing new services – an outcome for wider residents in the local neighbourhood group. Through encouraging volunteering, members identified that this has increased the number supporting their organisation. In addition, some community members spoke about their relief from worry as they now had somewhere to refer people when they could not support them with their need and knew that the ‘Local Area Coordinator would get things done’.

Department for Work and Pensions

It was perceived that for those individuals that secured employment they would no longer be claiming benefits and also contributing tax and national insurance back into the system.

Resource Reallocation

Due to the scale of the intervention, it is recognised that the outcomes for health, Fire and Rescue and Police together with those for the council are experienced in the way of resource reallocation i.e. would not be at a scale that would result in a reduction in officers or overall demand and need of services but rather that the resource would be used for another individual or purpose.

5. Stage 3: Evidencing Outcomes and Giving them a Value

5.1 Indicators and Data Collection

The table below demonstrates the indicators and data collection for each outcome.

Stakeholder	Description	Indicator	Source
	How would you describe the change?	How would you measure it?	Where did you get the information from?
Individuals accessing Level 1 support Level 1 continued	Improved physical health	Number referred to other health services that are now eating more healthily or exercising more and reporting improvement in physical health	Focus Group with individuals and outcome monitoring spreadsheet
	Individual is drinking or smoking less leading to improved physical health	Number that report drinking or smoking less following referral	
	Reduced risk of threat to life from fire	Number of individuals provided with fire safety advice or support to make their home safer	
	Individual secures additional income, with increase sense of financial comfort and control and relief from debt	Change in number supported to access additional benefits and reporting an increase in sense of relief from debt	
	Individual connects with local people, reducing their social isolation	Number of individuals reporting a change in their social isolation with an increase on a scale of 1 to 5 where 1 is completely isolated and 5 is not at all isolated	
	Individuals attend local neighbourhood groups with increased sense of feeling part of the community	Number of individuals that are actively engaged with a local neighbourhood group	
	Increased sense of feeling part of the community, giving something back to the community, through volunteering	Number of individuals supported into volunteering on a regular basis	
	Gain work related skills	Number supported into training or volunteering for work skills	
	Avoidance of stress and anxiety	Number reporting avoidance of stress and anxiety as a result of navigating council and health services	

Stakeholder	Description	Indicator	Source
	How would you describe the change?	How would you measure it?	Where did you get the information from?
	Sustainment of tenancy with increased sense of stability and security	Number supported to sustain their tenancy that faced eviction	
Individual accessing Level 2 support	Individuals are eating more healthily and exercising more leading to improved physical health	Number referred to other health services that are now eating more healthily or exercising more and reporting improvement in physical health	Interviews/Stories with individuals and outcome monitoring spreadsheet
	Individual is drinking or smoking less leading to improved physical health	Number referred to smoking cessation classes that are now smoking less	
	Reduced risk of threat to life from fire (advice)	Number of individuals provided with fire safety advice or support to make their home safer	
	Reduced risk of threat to life from fire (practical support)	Change in number of individuals provided with fire safety practical support to make their home safer where the risk of a fire starting is reduced as a result	
	Individual secures additional income, with increase sense of financial comfort and control and relief from debt	Number supported to access additional benefits and reporting increase in sense of relief from debt	
	Individual connects with local people, reducing their social isolation	Number of individuals reporting a change in their social isolation with an increase on a scale of 1 to 5 where 1 is completely isolated and 5 is not at all isolated	
	Individuals are more confident leaving the house with a reduced fear of crime	Number of individuals reporting reduction in fear of crime with an increase on a scale of 1 to 5 where 1 is complete fear and 5 is no fear of crime	
	Individuals attend local neighbourhood groups with increased sense of feeling part of the community	Number of individuals that are actively engaged with a local neighbourhood group	
	Individuals are able to undertake tasks themselves (shopping and paying bills) increasing their sense of independence	Number of individuals reporting a change in their independence with an increase on a scale of 1 to 5 where 1 is not at all and 5 is completely independent	
	Secure paid employment	Number of individuals securing paid employment	
	Individual applies for work but is not successful resulting in a feeling of rejection	Number of individuals unsuccessful in securing employment and reporting feeling of rejection	

Stakeholder	Description	Indicator	Source
	How would you describe the change?	How would you measure it?	Where did you get the information from?
Individuals accessing Level 2 support	Increased sense of feeling part of the community, giving something back to the community, through volunteering	Number of individuals supported into volunteering on a regular basis	Interviews/Stories with individuals and outcome monitoring spreadsheet
	Gain work related skills	Number volunteer to learn new skills and those that undertook training courses. N.B. Does not include those that	
	Increase in digital skills leading to increased ability to socialise online	Number reporting increase in social interaction as a result of increased digital skills	
	Build trust with LAC with a sense of someone to rely on leading to increased self-confidence and improved outlook on life	Change in number reporting increase in someone to rely on with improved outlook on life with an increase on a scale of 1 to 5 where 1 is no one to rely on with no hope for future	
	Build trust with LAC with a sense of someone to rely on leading to increased dependency	Number of individuals that LACs define as dependent (contacting LAC on a very regular basis for same reasons)	
	Individuals are better able to manage a crisis and feel more in control of life	Change in number reporting feeling more in control of life with an increase on a scale of 1 to 5 where 1 is not control and 5 is complete control.	
	Individuals avoid stress and anxiety	Number reporting avoidance of stress and anxiety as a result of navigating council and health services	
	Individuals use health services appropriately leading to improved physical and mental wellbeing	Number reporting attending GP appropriately to actively engage with regards to their health and taking medication as required	
	Improved family relationships	Number reporting increase in engagement with family and improved family relationships	
	Relief from significant depression	Number reporting change in relief from depression with an increase on a scale of 1 to 5 where 1 is completely depressed and 5 is complete relief N.B. not counted in	
	Sustainment of tenancy with increased sense of stability and security	Number supported to sustain their tenancy that faced eviction	
Individual is able to access property more easily with increased sense of independence	Number supported to move into a more suitable property due to health concerns and mobility		

Stakeholder	Description	Indicator	Source
	How would you describe the change?	How would you measure it?	Where did you get the information from?
Families of Individuals	Improved relationship with individual	Number reporting increase in relationship with individual	Survey with family members
	Family members worry less about individual	Number of family members reporting improved mental wellbeing	Survey with family members
	Increase in personal time as receive respite	Number of family carers supported	Outcome monitoring spreadsheet
	Increased sense of financial comfort for household members	Number of individuals supported with securing additional income that have a family	Outcome monitoring spreadsheet
	Reduced risk of threat to life	Number of individuals supported with fire safety that live with family	Outcome monitoring spreadsheet
	Increased sense of stability and security	Number of individuals supported to sustain their tenancy that had a family	Outcome monitoring spreadsheet
Local Area Coordinator	Increased job satisfaction	Number of LACs reporting increased job satisfaction	Interviews with Local Area Coordinators
	LAC more engaged with their own local community	Number of LACs reporting increased attendance and engagement with own community events	Interviews with Local Area Coordinators
	LAC has increased workload to support individual	Number of individuals that are deemed by LACs to be dependent on service	Outcome monitoring spreadsheet

Stakeholder	Description	Indicator	Source
	How would you describe the change?	How would you measure it?	Where did you get the information from?
Public Health	Efficiencies created making services better value for money and reducing unit cost	Number of service reviews that lead to community based solutions	Public Health data
	Local Area Coordinators engage those hardest to reach reducing marketing costs	Numbers attending other health initiatives as referred by LACs.	Outcome monitoring spreadsheet
Thurrock CCG	Reduced demand on mental health community teams	Number of individuals reporting relief from depression and anxiety that avoid services	Outcome monitoring spreadsheet
	Early intervention preventing need for crisis intervention (resource reallocation)	Number of individuals that avoided crisis	Outcome monitoring spreadsheet
	Increased sense of relief from worry for an individual by Community and Mental Health Team staff	Number of referrals made by MDT and Mental Health Team and number of staff reporting increase in relief from worry in those cases	Outcome monitoring spreadsheet
	Reduction in missed appointments	Number of individuals reporting increase in attendance to appointments and involvement in their healthcare	Outcome monitoring spreadsheet
	Reduction in number of visits to the GP as a result of social isolation (resource reallocation)	Number of Level 1 individuals reporting reduction in GP visits	Outcome monitoring spreadsheet
	Reduction in number of visits to the GP and A&E call outs as a result of social isolation (resource reallocation)	Number of Level 2 individuals reporting reduction in GP visits and identified as frequent flyers	Outcome monitoring spreadsheet

Stakeholder	Description	Indicator	Source
	How would you describe the change?	How would you measure it?	Where did you get the information from?
Thurrock Council	Reduction in demand on care and support services with fewer assessments (resource reallocation)	Number of referrals made from Community Solutions Team (CST)	Outcome monitoring spreadsheet
	Reduced demand on care and support services for those suffering from depression and/or anxiety	Number of individuals reporting relief from depression and anxiety that avoid services	Outcome monitoring spreadsheet
	Reduction in demand on care and support services with fewer using day care services (resource allocation)	Number of individuals supported to find alternatives to day care	Outcome monitoring spreadsheet
	Reduction in time from housing services to support individual (resource reallocation)	Number of housing officers reporting reduction in time as a result of LAC involvement on a case	Survey with Thurrock Council Housing Department
	Increased use of community based solutions	Local authority reporting increased use of community based solutions	Survey with Thurrock Council Departments delivering services to identify use of community based
	Increased number of successful housing resolutions	Number of successful housing resolutions involving Local Area Coordinator	Survey with Thurrock Council Housing Department
Essex Fire and Rescue	Reduced number of fires started in the home (resource reallocation)	Number of individuals at Level 2 where it was deemed they were at significant risk of fire starting and the preventative measures have significantly reduced the risk (70% of hoarders at significant risk)	Outcome monitoring spreadsheet
	Reduction in time spent promoting fire safety (resource reallocation)	Number received fire safety advice	Outcome monitoring spreadsheet
Essex Police	Reduction in call outs for ASB, Domestic Violence and Hate Crime (resource reallocation)	Number of individuals supported with history of violence or reported ASB issues	Outcome monitoring spreadsheet

Stakeholder	Description	Indicator	Source
	How would you describe the change?	How would you measure it?	Where did you get the information from?
Local Community	Reduction in administration time	Number of neighbourhood groups supported by LACs who report reduction in administration time	Survey of local neighbourhood groups engaged by LAC
	Increase in local offer for the community resulting in increased engagement in community by individuals	Number of new people attending new local neighbourhood group, events and groups set up on a regular basis	
	Reduction in time spent promoting services (door knocking)	Number of neighbourhood groups supported by LACs who report reduction in time promoting services	
	Avoidance of worry for community member	Number of referrals made by neighbourhood groups to LAC	Outcome monitoring spreadsheet
	Increased number of volunteers to support local neighbourhood groups	(Increase in) number of volunteers supporting neighbourhood groups following support from LAC	Outcome monitoring spreadsheet
Department for Work and Pensions	Decrease in number of people claiming job seekers allowance and other unemployment benefits	Number of individuals that secure employment who were previously claiming out of work benefits	Outcome monitoring spreadsheet
	Increase in tax and national insurance paid	Number of individuals that secure employment longer term that were previously not employed	Outcome monitoring spreadsheet

5.2 Financial Proxies, Quantities and Duration

Each stakeholder is discussed in turn with regards to consideration for financial proxies and summarised in the following tables. The data collection to support each outcome uses data from stakeholder engagement, evaluative work by the council to date together with external reports and government statistics.

For individuals, the quantities are shown as percentages were relevant which are taken from the monitoring sheet completed by Local Area Coordinators and weighted accordingly to forecast numbers experiencing the outcome. Where data is not collected currently, estimates have been forecast from the interviews and stories calculating how many experienced the outcome.

The duration of outcomes was explored with all stakeholders. This uses the convention in SROI to account for outcomes from the time period after the activity, even if they occur during the activity. Many of the individuals expressed that they thought it would, and hoped it would, be felt longer term. To quantify this in years, other external research and SROI reports were reviewed which identified that health interventions last for between three to four years. Recognising the level of support individuals need, the duration was deemed to be 3 years to avoid over claiming⁵. For those outcomes that were directly related to the Local Area Coordination whilst they were delivering the service, the duration was for one year only. This approach was taken across all outcomes and tested through sensitivity analysis and further review with a range of stakeholders.

⁵ Mojo: A Twelve Week Programme for Unemployed Men Experiencing Mental Health, A SROI Analysis, 2014

Individuals accessing Level 1 Support

The table below summarises the quantities, financial proxies and duration for all outcomes, some of which are discussed in more detail below.

Due to the lack of engagement with Level 1 Individuals, the financial proxies were tested with other stakeholders and compared against Level 2 where relevant to give a comparison as the impact on Level 1 individuals recognising for most outcomes the value would be lower. The reduced risk of threat to life from fire was originally valued at the cost of installing two smoke alarms at £90 (Landlord Certificates – Main Smoke Alarm Costs⁶) with the quantity as all those that received fire safety information (219). However, on review, it was considered that this value may not accurately represent the cost of a fire should it start. As a result, the unit cost for the average consequence of a fire was considered which includes costs for fatalities and injuries. The total average consequence cost of fire is £3,536 but as this included costs to criminal justice system, police, prison and non-detected arson (New Economy Manchester Unit Cost Database V1.4⁷) only costs for fire deaths and injuries were used. This was more in line with the outcomes but created challenges in forecasting the quantities as not all of the 219 receiving the measures would be involved in a fire. DCLG Fire Statistics 2014-15 and external research demonstrated a number of statistics that not having a smoke alarm increased risks of death by up to 38% but there was limited data as to the chance of a vulnerable person being involved in a fire which could lead to death or injury. As a result, the former financial proxy was used to demonstrate the preventative measures taken for the known number that can be estimated who would receive fire safety advice to avoid overclaiming and inaccuracies in quantities.

The reduction in social isolation was valued at average household expenditure as the two Level 1 individuals at the focus group identified that this enabled them to interact more in the local community and take part in activities. The cost uses 53% of the value based on the change experienced by Level 2 individuals due to the lack of engagement with Level 1 individuals. The value is lower than the value for Level 2 individuals however to reflect the difference in the impact of the social isolation on the individuals.

A number of financial proxies were reviewed for benefit and debt advice leading to increased financial security. Originally the HACT wellbeing value for financial security was considered but this was viewed to not be reflective as this was not a significant outcome for Level 1 and therefore the cost of a debt advice session was used instead. Whilst there is a risk that this under claims the financial security that is achieved as a result, it was viewed that this was more appropriate, using the quantity as all those receiving debt advice at any scale.

Outcome	%	Quantity for Analysis	Financial Proxy	Value	Source	Duration	Comment
Improved physical health as a result of exercising more or eating healthy	7.1%	118	Gym membership in Thurrock for one year	£344.00	Palmers Sports and Fitness Centre, Thurrock ⁸	3	Also considered costs of takeaway for health eating but considered more reflective of both outcomes as going to the gym to lose weight and be fitter.

⁶ <https://www.landlord-certificates.co.uk/property-services/electrical-services-and-repairs/mains-smoke-alarms/>

⁷ <http://neweconomymanchester.com/stories/832-unit-cost-database>

⁸ <http://www.palmers.ac.uk/sport/177/>

Outcome	%	Quantity for Analysis	Financial Proxy	Value	Source	Duration	Comment
							Only includes those receiving both services once to avoid double counting.
Individual is drinking or smoking less leading to improved physical health	2.6%	43	10 minute brief advice session from a GP on smoking or drinking	£36.00	Health and Social Care Costs (page 117) ⁹	3	As a referral to health initiatives, viewed to be valued at cost of advice on smoking or drinking given by GP.
Reduced risk of threat to life from fire	13.2%	219	Cost of two smoke alarms in a property fitted to mains	£90.00	Landlord Certificates – Main Smoke Alarm Costs ¹⁰	3	The level of practical support at Level 1 was fitting smoke alarms. Assumed average two per household.
Individual secures additional income, with increase sense of financial comfort and control and relief from debt	2.1%	35	Cost per client for face to face debt advice	£259.00	Health and Social Care Costs (page 58) ⁹	3	No data available on average amount of additional income secured so valued at face to face debt advice to give same sense of relief. Also considered wellbeing value from HACT of financial comfort or increased financial wellbeing but the change experienced was not a complete relief from debt or complete sense of financial comfort so viewed as less reflective.
Individual connects with local people, reducing their social isolation	29.3%	486	Average household expenditure 2013 for all age households on recreation and culture	£1,761.08	ONS Household Expenditure 2013 ¹¹	3	Valued at the increased expenditure on social activities as a result of being more engaged in community. Average household expenditure 2013 for all age households on recreation and culture valued at £63.90 x 52 weeks in the year totaling £3,322.80. Tested with other stakeholders and uses 53% of the value based on the interviews with level 2 individuals that have been used as a proxy.

⁹ <http://www.pssru.ac.uk/project-pages/unit-costs/2014/index.php>

¹⁰ <https://www.landlord-certificates.co.uk/property-services/electrical-services-and-repairs/mains-smoke-alarms/>

¹¹ http://www.ons.gov.uk/ons/publications/re-reference-tables.html?newquery=*%&newoffset=25&pageSize=25&edition=tcm%3A77-370146

Outcome	%	Quantity for Analysis	Financial Proxy	Value	Source	Duration	Comment
Individuals attend local neighbourhood groups with increased sense of feeling part of the community	23.4%	388	Active citizenship (Quality of Life Index for Community Life Value)	£1,037.34	Quality of Life Index Indicator for Community Life Value (Active Citizenship) ¹²	3	Considered wellbeing value of sense of belonging or member of social group but individuals spoke about connecting in the community and therefore active citizenship was felt to be more reflective.
Increased sense of feeling part of the community, giving something back to the community, through volunteering	4.7%	78	Average wellbeing value for individual living outside of London 'regular volunteering'	£2,307.00	Community investment values from the Social Value Bank, HACT and Daniel Fujiwara ¹³	3	Volunteers spoke about their ability to give back to the community and the wellbeing value of volunteering was used.
Gain work related skills	6.9%	114	Average wellbeing value for individual living outside of London 'general training for job'	£1,515.00	Community investment values from the Social Value Bank, HACT and Daniel Fujiwara	3	Wellbeing value for general training on job used. The quantity counts those that were both volunteers and training once to avoid double counting as work related skills gained doing both.
Avoidance of stress and anxiety	56.2%	1034	Average cost of counselling sessions (£70) with six sessions to relieve stress	£420.00	NHS Stress Anxiety and Depression ¹⁴	3	As individuals spoke about their avoidance of stress as a result of being provided with information and advice, the value for stress therapy was used to achieve the same outcome. The quantity is for all those receiving advice, information or advocacy support.
Sustainment of tenancy with increased sense of stability and security	0.2%	3	Differential between private and social rented property from interviews	£3,840.00	Stakeholder engagement	1	Sustainment of tenancy was experienced by primarily Level 2 individuals but one level 1 also experienced this to date. Cost differential between private and council housing as described by one interviewee equating to £3,840 was viewed as more representative

¹² <http://www.globalvaluexchange.org/valuations/quality-of-life-index-indicator-for-community-life-value/>

¹³ [http://www.globalvaluexchange.org/valuations/regular-volunteering-\(value-to-volunteer-of-unknown-age-who-lives-in-uk-but-outside-of-london\)/](http://www.globalvaluexchange.org/valuations/regular-volunteering-(value-to-volunteer-of-unknown-age-who-lives-in-uk-but-outside-of-london)/)

¹⁴ <http://www.nhs.uk/conditions/stress-anxiety-depression/pages/free-therapy-or-counselling.aspx>

Individuals accessing Level 2 support

The table below summarises the quantities, financial proxies and duration for all outcomes, some of which are discussed in more detail below.

As with the Level 1 individuals, the reduced risk of threat to life from fire was originally valued at the cost of installing two smoke alarms at £90 (Landlord Certificates – Main Smoke Alarm Costs¹⁵) with the quantity as all those that received fire safety information (211). However, on review, it was considered that this value may not accurately represent the cost of a fire should it start. As a result, the unit cost for the average consequence of a fire was considered as for Level 1 individuals. This was more in line with the outcomes but again created challenges in forecasting the quantities as not all of the 211 receiving the measures would be involved in a fire. Furthermore, for Level 2 individuals who are more vulnerable, the change of a fire starting would be higher than the average person. As a result, as with Level 1, the total number of Level 2 individuals that received fire safety advice was used with the financial proxy of smoke alarms to avoid overclaiming.

For Level 2 individuals, more practical and preventative measures were also provided to those at greater risk of a fire starting due to their lifestyle, particularly for hoarders. Originally, this was valued at the costs of a house clearance to reduce risk of fire at £1,074.00 (Cullen's House Clearance Large van plus clearance fees)¹⁶, but again on review it was considered here that this did not reflect the outcome of reduced risk of threat to life from fire. As a result the average consequence of fire was also used to represent this outcome. As the impact of preventative measures are greater, the consequence of fire was viewed to be more reflective. The quantities proved difficult to ascertain due to the lack of available data (as noted in external literature on the matter) on the impact of hoarding on the increased risk of fire, injury and death in the home but Croner reported that 70% of hoarders were at significant risk of a fire starting¹⁷. In addition, the UK's Incident Recording System does not currently record fire statistics related to hoarding however researcher Ian Bitcon states that it is estimated that around 25-30% of fire fatalities involve hoarding¹⁸. This provides an indication as to the extent of hoarders that would experience a fire and the deaths related to hoarding. Once a fire starts, it normally stays in the room of origin in 90% of cases but for hoarders, this reduces to 40% representing the increased risk once a fire starts as well. As the impact of preventative measures are greater, the consequence of fire was viewed to be more reflective. The quantity assumes that out of the 124 supported, 70% would be at significant risk of fire. To avoid over claiming, the quantity assumes in 50% of cases a fire would start leading to death and injury totaling 43. This was further tested with sensitivity analysis.

As cited in the table below, the value game was played for key outcomes to help in determining the financial proxies (full details enclosed in Appendix 5 on value game and parameters used). For the reduction in social isolation, on the whole individuals would not trade, but a couple identified a visitor to their home would be similar although would not present the same opportunity to leave the house. This has been used as the financial proxy with a visitor for 12 hours a week. As the average percentage change in social isolation as identified through the interviews was 53% (with movement on a scale of 1 to 5 before and after the intervention), 53% of the value was used to demonstrate the extent of the change.

¹⁵ <https://www.landlord-certificates.co.uk/property-services/electrical-services-and-repairs/mains-smoke-alarms/>

¹⁶ <https://cullenshouseclearance.co.uk/prices/>

¹⁷ [http://www.croner-i.croner.co.uk/croner-i/gateway.dll/Health%20and%20Safety%20Expert/hsab-news/hsab-wnupdates-content/hsab-gold-wnupdates-14-07-2015-09014870803c5135?f=templates\\$fn=hsab-frameset.htm\\$3.0](http://www.croner-i.croner.co.uk/croner-i/gateway.dll/Health%20and%20Safety%20Expert/hsab-news/hsab-wnupdates-content/hsab-gold-wnupdates-14-07-2015-09014870803c5135?f=templates$fn=hsab-frameset.htm$3.0)

¹⁸ <http://compulsivehoardingproject.com/tag/uk-hoarding-awareness-week/>

For those that also experienced a reduced fear of crime as a result of being more confident to leave the house, this was originally valued at the average cost of per incident of common assault as for those that had a reduced fear of crime, it was due to being a victim of crime in the past (£1,067.00, New Economy Manchester Unit Cost Database V1.4¹⁹). However, on further review, it was felt that the HACT wellbeing value for not being worried about crime would be more reflective for the 18 individuals that are forecast to experience this. In the interviews, those that spoke about a reduction in fear of crime reported an average change of 55% and therefore 55% of the value has been used to represent this.

The value in relation to having someone to rely on with increased self-confidence and outlook on life used the value of supportive relationships. At the value game, it was identified that no individual would be willing to exchange this outcome and therefore the cost of £15,500 to express this was deemed more reflective. The average change in self-confidence, hope for future and someone to rely on were all in line with one another again indicating the link between these outcomes at 61%, 62% and 59% respectively. As a result the average change of 60.7% was used with the value of £15,500 to demonstrate the extent of the change totaling £9,408.50. This was also used to express the negative value in relation to dependency. For Feeling in Control, again the value game was played and no one was willing to trade for this outcome so the HACT wellbeing value was used of £12,454 with only 60% of the value used to represent the average change experienced by those interviewed before and after the intervention and represent the extent of control experienced.

The relief from depression, used only those experiencing significant depression, and the QALY value to reflect this. The HACT wellbeing value was also considered for relief from depression and anxiety at £36,827, however, it was viewed that this could cause overclaiming as the relief from depression and anxiety as a whole would also form part of other outcomes being valued. For those with significant depression, it was recognised in the interviews that 'there were on a journey' and that it was not complete relief from significant depression. To ensure the value reflects this, 30% of the value was used as this was the average change in relief from depression that individuals reported at the interviews.

Outcome	%	Quantity for Analysis	Financial Proxy	Value	Source	Duration	Comment
Individuals are eating more healthily and exercising more leading to improved physical health	26.8%	193	Gym membership in Thurrock for one year	£344.00	Palmers Sports and Fitness Centre, Thurrock ²⁰	3	Considered costs of takeaway for health eating but considered more reflective of both outcomes as going to the gym to lose weight and be fitter. N.B. only includes those receiving both services once to avoid double counting.
Individual is drinking or smoking less leading to improved physical health	7%	50	10 minute brief advice session from a GP	£36.00	Health and Social Care Costs (page 117) ²¹	3	As a referral to health initiatives, viewed to be valued at cost of advice on smoking or drinking given by GP.

¹⁹ <http://neweconomymanchester.com/stories/832-unit-cost-database>

²⁰ <http://www.palmers.ac.uk/sport/177/>

²¹ <http://www.pssru.ac.uk/project-pages/unit-costs/2014/index.php>

Outcome	%	Quantity for Analysis	Financial Proxy	Value	Source	Duration	Comment
Reduced risk of threat to life from fire (advice and information)	29.3%	211	Cost of two smoke alarms in a property fitted to mains	£90.00	Landlord Certificates – Main Smoke Alarm Costs ²²	3	For those receiving fire safety advice, the costs represents smoke alarms as the advice is more to increase awareness on strategies and action should a fire occur.
Reduced risk of threat to life from fire (practical support)	17.2% of which 70% at risk of which 50% have fire	43	Average consequence cost of fire (financial proxy uses average cost of fatalities per fire at £1,116 and average cost per injuries per fire at £1,721 only).	£2,837	New Economy Manchester Unit Cost Database V1.4 ²³	3	Average consequence cost of fire totals £3,536 (financial proxy uses average cost of fatalities per fire at £1,116 and average cost per injuries per fire at £1,721 only and excludes cost to criminal justice system, police, prison and non-detected arson).
Individual secures additional income, with increase sense of financial comfort and control and relief from debt	14.6%	105	Cost per client for face to face debt advice	£259.00	Health and Social Care Costs (page 58) ²¹	3	No data available on average amount of additional income secured so valued at face to face debt advice to give same sense of relief. Considered wellbeing value from HACT of financial comfort but the change experienced was not a complete relief from debt or financial comfort so viewed as less reflective.
Individual connects with local people, reducing their social isolation	68.8%	495	Visitor to the home for 12 hours a week. £88 per week x 52 weeks of the year = £4,576. Uses 53% of value as average change experienced by those interviewed (£4,576x0.53=£2,425.28).	£2,425.28	Health and Social Care Costs (page 59) ²⁴	3	For Level 2 interviewees, the value game was played to better understand the value of social isolation. Whilst individuals would not trade, a couple identified a visitor to their home would be similar although would not present the same opportunity to leave the house. This has been used as the financial proxy with a visitor for 12 hours a week.

²² <https://www.landlord-certificates.co.uk/property-services/electrical-services-and-repairs/mains-smoke-alarms/>

²³ http://neweconomymanchester.com/stories/832-unit_cost_database

²⁴ <http://www.pssru.ac.uk/project-pages/unit-costs/2014/index.php>

Outcome	%	Quantity for Analysis	Financial Proxy	Value	Source	Duration	Comment
Individuals are more confident leaving the house with a reduced fear of crime	2.5%	18	Wellbeing value for not worried about crime (£10384). 55% of value.	£5,711.20	HACT Wellbeing Calculator.	3	Using 55% of the value as the average change reported in reduced fear of crime. Value is average for aged 25-49 and over 50 outside of London.
Individuals attend local neighbourhood groups with increased sense of feeling part of the community	61.1%	439	Active citizenship (Quality of Life Index for Community Life Value)	£1,037.34	Quality of Life Index Indicator for Community Life Value (Active Citizenship) ²⁵	3	Considered wellbeing value of sense of belonging or member of social group but individuals spoke about connecting in the community and therefore active citizenship was felt to be more reflective.
Individuals are able to undertake tasks themselves (shopping and paying bills) increasing their sense of independence	21%	151	Average household expenditure 2013 for all age households on recreation and culture. Uses 42% of the value as extent of change from interviews with independence.	£1,395.58	ONS Household Expenditure 2013 ²⁶	3	For some individuals, the ability to leave their house meant they could undertake tasks themselves out in the community. The costs of a home helper was considered together with the cost of a bus pass but it was viewed that the increase in expenditure was more reflective of the change as people spoke about shopping.
Secure paid employment	5.7%	41	Take home income on minimum wage at £6.70 per hour	£11,971.00	GOV.UK Minimum Wage Rates ²⁷	3	Income assumes minimum wage on a full time job (37.5 hours a week). This is the take home pay.
Individual applies for work but is not successful resulting in a feeling of rejection	5.01%	36	Take home income on minimum wage at £6.70 per hour with a 37.5 hour working week	-£11,971.00	GOV.UK Minimum Wage Rates ²⁸	1	Loss of potential earnings used. Quantity is those completing training and volunteering but did not gain employment as assumed were undertaking both to secure job.
Increased sense of feeling part of the community, giving something back to	19.1%	137	Average wellbeing value for individual living outside of London 'regular volunteering'	£2,307.00	Community investment values from the Social Value Bank, HACT and Daniel Fujiwara ²⁹	3	Volunteers spoke about their ability to give back to the community and the wellbeing value of volunteering was used.

²⁵ <http://www.globalvaluexchange.org/valuations/quality-of-life-index-indicator-for-community-life-value/>

²⁶ http://www.ons.gov.uk/ons/publications/re-reference-tables.html?newquery=*&newoffset=25&pageSize=25&edition=tcm%3A77-370146

²⁷ <https://www.gov.uk/government/news/new-national-minimum-wage-rates-announced>

²⁸ <https://www.gov.uk/government/news/new-national-minimum-wage-rates-announced>

²⁹ [http://www.globalvaluexchange.org/valuations/regular-volunteering-\(value-to-volunteer-of-unknown-age-who-lives-in-uk-but-outside-of-london\)/](http://www.globalvaluexchange.org/valuations/regular-volunteering-(value-to-volunteer-of-unknown-age-who-lives-in-uk-but-outside-of-london)/)

Outcome	%	Quantity for Analysis	Financial Proxy	Value	Source	Duration	Comment
the community, through volunteering							
Gain work related skills	13.4%	96	Average wellbeing value for individual living outside of London 'general training for job'	£1,515.00	Community investment values from the Social Value Bank, HACT and Daniel Fujiwara	3	Wellbeing value for general training. The quantity counts those that were both volunteers and on training once to avoid double counting as work related skills gained doing both.
Increase in digital skills leading to increased ability to socialise online	7%	50	Conservation Optimisation Course on using social media	£99.50	Jellyfish Social Media Course ³⁰	3	Quantity based on the number in stories only. The value is cost of a one day course on using social media.
Build trust with LAC with a sense of someone to rely on leading to increased self-confidence and improved outlook on life	68.8% of which 28%	139	Supportive relationships (Increase in annual value attributed in change from seeing friends and relatives once or twice a week to seeing friends and relatives on most days). Value game played with stakeholders. Uses 60.7% of value to express average change experienced by individuals.	£9,408.50	British Household Panel Survey data used by NEF Consulting ³¹	3	Interviews showed this was of most importance as felt they had 'no one to turn to' before. To represent the trust built giving sense of someone to rely on, the cost of seeing friends and relatives on a regular basis has been used. Quantity was difficult to capture as not reported currently so used those that overcame isolation but then assuming it was only for those living alone. Research shows percentage of older people and those with mental health living alone to average 28%.
Build trust with LAC with a sense of someone to rely on leading to increased dependency	5%	36	Supportive relationships (Increase in annual value attributed in change from seeing friends and relatives once or twice a week to seeing friends and relatives on most days)	-£9,408.50	British Household Panel Survey data used by NEF Consulting ³²	1	Equally the dependency uses the same approach and assumes 5% of Level 2 may become dependent based on conversation with Local Area Coordinators. This is only felt for as long as Local Area Coordinator is active.

³⁰ https://www.eventbrite.co.uk/e/conversion-optimisation-training-london-victoria-july-2015-tickets-15532708750?_ga=1.227044955.794072656.1435280833

³¹ <http://www.cdf.org.uk/wp-content/uploads/2011/12/SROI-Report-FINAL.pdf>

³² <http://www.cdf.org.uk/wp-content/uploads/2011/12/SROI-Report-FINAL.pdf>

Outcome	%	Quantity for Analysis	Financial Proxy	Value	Source	Duration	Comment
Individuals are better able to manage a crisis and feel more in control of life	5.1%	37	Feeling more in control of life. 60% of value used to represent extent of change as average change reported in interviews	£7,472.40	Community investment values from the Social Value Bank, HACT and Daniel Fujiwara ³³	3	Feeling more in control of life uses the wellbeing value from HACT. The quantity is for those that avoided services (and therefore were more in control) as this is not captured currently as an outcome.
Individuals avoid stress and anxiety	31.2% and 80%	802	Average cost of counselling sessions (£70) with six sessions to relieve stress	£420.00	NHS Stress Anxiety and Depression ³⁴	1	The avoidance of stress is for all those receiving advocacy support to resolve an issues together with those receiving information and advice.
Individuals use health services appropriately leading to improved physical and mental wellbeing	15.3%	110	Prescription costs per consultation (actual cost)	£488.40	Health and Social Care Costs 2014 (page 195) ³⁵	3	For those that were using health services more appropriately and actively involved, individual spoke about medication management so the value of prescription costs per consultation were used.
Improved family relationships	59.2%	426	Family Counselling Session for six weeks	£300.00	South East London Counselling ³⁶	3	Improved family relationships uses family counselling to achieve the same outcome.
Relief from significant depression	28.7% of which 40%	83	QALY for significant depression at £9,680 x 30% as the average change in relief from depression experienced by individuals in the interviews.	£2,904.00	Global Value Exchange ³⁷	3	The relief from depression could have also used the HACT wellbeing value but it was deemed that this would be more likely to over claim as other outcomes captured in this analysis would contribute to the relief. Instead the QALY value for significant depression was used. This outcome has only been considered for those that had mental health issues and avoided services (i.e. they had more

³³ [http://www.globalvaluexchange.org/valuations/feeling-of-being-in-control-of-life-\(value-to-individual-of-unknown-age-who-lives-in-uk-but-outside-of-london\)/](http://www.globalvaluexchange.org/valuations/feeling-of-being-in-control-of-life-(value-to-individual-of-unknown-age-who-lives-in-uk-but-outside-of-london)/)

³⁴ <http://www.nhs.uk/conditions/stress-anxiety-depression/pages/free-therapy-or-counselling.aspx>

³⁵ <http://www.pssru.ac.uk/project-pages/unit-costs/2014/index.php>

³⁶ <http://www.southeastlondoncounselling.org.uk/cost.htm>

³⁷ <http://www.globalvaluexchange.org/valuations/qaly-valuations-for-a-reduction-in-depression/>

Outcome	%	Quantity for Analysis	Financial Proxy	Value	Source	Duration	Comment
							intensive needs that were relieved through the intervention).
Sustainment of tenancy with increased sense of stability and security	5.7% of which 67%	27	Differential between private and social rented property from interviews	£3,840.00	Stakeholder engagement	1	Used the costs of insecure temporary accommodation as they would have had to move into temporary accommodation otherwise at £4,562 but following further review cost differential between private and council housing as described by one interviewee equating to £3,840 was viewed as more representative as describes that security of respected landlord with secure tenancy (although not all moved into council housing). The quantity is those that needed housing support which led to advocacy work to help them maintain a tenancy.
Individual is able to access property more easily with increased sense of independence	7.3%	52	Cost of 12 hours of home help each week (£88)	£4,576.00	Health and Social Care Costs 2014 (page 59) ³⁸	3	Individuals wanting a ground floor flat was to enable them to leave their property and do things themselves. Without which they would need support expressed as 12 hours of home help each week to complete shopping and tasks outside the home. Quantity estimated from stories.

³⁸ <http://www.pssru.ac.uk/project-pages/unit-costs/2014/index.php>

Other Stakeholders

All other stakeholders' financial proxies are summarised in the tables below:

Family members of Individuals

The table below summarises the quantities, financial proxies and duration for all outcomes. Please note this stakeholder was removed from the final calculation to avoid over claiming as explained in the materiality section due to lack of engagement with this group.

Outcome	Quantity for Analysis	Financial Proxy	Value	Source	Duration	Comment
Improved relationship with individual	515	Family Counselling Session for six weeks	£300.00	South East London Counselling ³⁹	3	As with individuals valued as counselling sessions.
Family members worry less about individual	60	Average cost of counselling sessions (£70) with six sessions to relieve stress	£420.00	NHS Stress Anxiety and Depression ⁴⁰	3	The relief from worry uses value of stress therapy to relieve anxiety. Quantity experiencing relief from depression that don't live alone.
Increase in personal time as receive respite	65	Carer Allowance for family member providing care	£3,229.20	Carer's Allowance, Gov.UK Website ⁴¹	3	Considered the wellbeing cost of hobbies but viewed that the carer allowance was more reflective in terms of value of time gained in having personal time back. Quantities estimated from stories with those reporting respite for family member.
Increased sense of financial comfort for household members	101	Cost per client for face to face debt advice	£259.00	Health and Social Care Costs (page 58) ⁴²	3	Uses value and quantity for individuals with an assumption that 28% live alone and therefore no other household member.
Reduced risk of threat to life from fire	89	Cost of two smoke alarms in a property fitted to mains	£90.00	Landlord Certificates – Main Smoke Alarm Costs ⁴³	3	Uses value and quantity for individuals with an assumption that 28% live alone and therefore no other household member.
Increased sense of stability and security	19	Differential between private and social rented property from interviews	£3,840.00	Stakeholder engagement	1	Uses value and quantity for individuals with an assumption that 28% live alone and therefore no other household member.

³⁹ <http://www.southeastlondoncounselling.org.uk/cost.htm>

⁴⁰ <http://www.nhs.uk/conditions/stress-anxiety-depression/pages/free-therapy-or-counselling.aspx>

⁴¹ <https://www.gov.uk/carers-allowance/overview>

⁴² <http://www.pssru.ac.uk/project-pages/unit-costs/2014/index.php>

⁴³ <https://www.landlord-certificates.co.uk/property-services/electrical-services-and-repairs/mains-smoke-alarms/>

Local Area Coordinators

The table below summarises the quantities, financial proxies and duration for all outcomes.

Outcome	Quantity for Analysis	Financial Proxy	Value	Source	Duration	Comment
Increased job satisfaction	9	Wage differential between average manager salary and Local Area Coordinator.	£ 13,570.00	Thurrock Council and Salary Track for average salary for Manager in East of England (£40,000) ⁴⁴	1	Local Area Coordinators highlighted some had moved from more senior roles and therefore provides indication of wage sacrifice willing to make for job satisfaction. Reported by all.
LAC more engaged with their own local community	2	Active citizenship (Quality of Life Index for Community Life Value)	£ 1,037.34	Quality of Life Index Indicator for Community Life Value (Active Citizenship) ⁴⁵	3	Active citizenship to represent those that were more involved in community as a result. 2 of the 9 LACs reported this outcome.
LAC has increased workload to support individual	36	Increased supervision time for LAC – assume £300 with extra day of support	-£ 300.00	Thurrock Council	1	Recognises the additional supervision time spent in supervising the LAC to overcome dependency issues. Assumption of 5% individuals at level 2 becoming dependent.

⁴⁴ <http://www.salarytrack.co.uk/average-manager-salary>

⁴⁵ <http://www.globalvaluexchange.org/valuations/quality-of-life-index-indicator-for-community-life-value/>

Public Health

The table below summarises the quantities, financial proxies and duration for all outcomes. The financial proxy for efficiencies as detailed below was difficult to forecast as the impact had not been felt as yet. As a result of the materiality assessment and to avoid overclaiming, it was removed from the final calculation as a result of the limited evidence on the value of the impact.

Outcome	Quantity for Analysis	Financial Proxy	Value	Source	Duration	Comment
Efficiencies created making services better value for money and reducing unit cost	9	Average funding for a neighbourhood group awarded by Public Health for a community weight loss programme to a tier 2 where intervention is more specific.	£95,000.00	Thurrock Public Health website ⁴⁶	3	This costs is not a saving to Public Health but is used to value the outcome of more community based solutions by considering the expenditure in the community. It takes an example of a recent community based support with regards to weight loss looking at the grants Public Health were awarding to third sector organisations. Quantity forecasts an increase of one community service in each area LAC operates as a result of LAC identifying gaps in service provision over the three years. Also looked at cost saving reported by Health and Social Care costs reported by Wirral Public Health saving per client for community based intervention at £36 using quantity of all those referred.
Local Area Coordinators engage those hardest to reach reducing marketing costs	331	Average unit cost of mass marketing campaign for those potentially exposed to the campaign (smoking campaign). Costs are £26 to £49 per person.	£37.50	Health and Social Care Costs 2014 (page 117) ⁴⁷	1	The financial proxy uses an estimation of a typical campaign which is based on the costs of smoking. Although marketing campaigns would have different costs for different interventions, it provides an indication as savings. The costs per population were considered (£0.29-£2.01) however this does not reflect that Local Area Coordinators are engaging with those that typically a campaign would be looking to target. Quantity is percentage of individuals in total referred to public health initiatives or MECC to date applied over 3 years forecast (9.2% Level 1 and 24.8% Level 2 Individuals)

⁴⁶ https://www.thurrock.gov.uk/sites/default/files/assets/documents/expression_of_interest_adult.pdf

⁴⁷ <http://www.pssru.ac.uk/project-pages/unit-costs/2014/index.php>

Thurrock CCG (including SEPT and NELFT)

The table below summarises the quantities, financial proxies and duration for all outcomes.

The reduction in visits to GP proved difficult to quantify as although recorded in the outcome monitoring spreadsheet, the scale of visits before and after intervention were not defined. On speaking with SEPT, examples were given for Level 2 individuals where visits were 2-3 times a week to the GP and up to 16 callouts per month for ambulance as a result of social isolation. For Level 1 individuals, the level of visits was deemed to be much lower. On discussion with stakeholders from health organisations, it was viewed that a reduction of 9 visits per month for a GP and 15 ambulance and visits to A&E over the year would reflect the success of the intervention. However from the outcome monitoring spreadsheet, it is not clear as to the baseline for all individuals that reported a reduction in visits. As such, external research was also consulted on loneliness and the utilisation of health services. Although many cite that there is a clear connection between the two with interventions reducing this, it was also recognised that there is limited research on the scale of this intervention. Cohen et al. conducted research into loneliness and utilisation of health services for a group of older people. The group was a representative sample of all older people (rather than those requiring support as with Local Area Coordination) but showed that where there was an intervention over the 12 months, GP visits were 6.83 per person per year and for the control group this increased to 10.84 per person per year⁴⁸. As a result, this was used to express the change for Level 1 individuals where their needs were less intensive with the difference in number of consultations (4.01) being multiplied by the cost of a GP consultation (£41). T

For Level 2 individuals, the visits include ambulance call outs as identified by health organisations that were engaged. Originally the estimate from SEPT was used with regards to the reduction of GP visits at 9 per month and 15 ambulance call outs but it was viewed that this could result in over claiming. Due to limited data on the most vulnerable, loneliness and extent of health services utilised, the financial proxy was estimated at a quarter of those figures cited by SEPT. This equated to 2.25 GP visits per month and 3.75 ambulance and A&E visits per month (average of ambulance call out and A&E admission taken. This totaled £1,652.63 using health and social care unit costs.

The average number of consultations for an average person is 6 per year⁴⁹ although this increases with age, over doubling for those over 80. It was therefore viewed that the above assumptions were also reasonable with regards to reduction and level of visits before and after, when compared to the average person considering the extreme cases being dealt with at Level 2 and Level 1's representing visits that would be expected to be above average too prior to intervention.

⁴⁸ The Impact of Professionally Conducted Cultural Programs on the Physical Health, Mental Health, and Social Functioning of Older Adults, Cohen et al, 2006

⁴⁹ <http://www.pulsetoday.co.uk/your-practice/practice-topics/pay/average-gp-practice-receives-136-per-patient-annually-less-than-a-sky-tv-subscription/20009191.article>

Outcome	Quantity for Analysis	Financial Proxy	Value	Source	Duration	Comment
Reduced demand on mental health community teams	83	Cost of face to face contact by Community Mental Health Team for adults with mental health problems (assume once a month)	£1,536.00	Health and Social Care Costs 2014 (page 218) ⁵⁰	3	Cost of mental health community team with reduction by 6 face to face contacts. Quantity is those that had relief from depression and anxiety as estimated from stories and interviews.
Early intervention preventing need for crisis intervention (resource reallocation)	37	Cost per case for crisis resolution team for adults with mental health problems (£29,971)	£29,971.00	Health and Social Care Costs 2014 (pages 219 and 221) ⁵⁰	3	Cost of crisis resolution. Quantity is number of those with mental health issues reported to avoid crisis.
Increased sense of relief from worry for an individual by Community and Mental Health Team staff	207	Average cost of counselling sessions (£70) to relieve stress	£70.00	NHS Website: Stress Anxiety and Depression ⁵¹	1	Relief from stress and worry for staff as they know they have the support of the Local Area Coordinator. Assume one session of counselling needed per referral. Quantity is number of referrals made by MDT and Mental Health Teams to service.
Reduction in number of visits to the GP result of social isolation (resource reallocation) – Level 1	51	Average unit cost of patient contact with general practitioner lasting 11.7 minutes excluding direct costs (£41 per consultation).	£164.41	Health and Social Care Costs 2014 (pages 119) ⁵⁰	3	Uses difference in GP visits linked to loneliness versus no intervention according to research conducted by Cohen et al. where intervention group had 6.83 visits per year and control group had 10.84 per year.
Reduction in number of visits to the GP and A&E call outs as a result of social isolation (resource reallocation)	110	Average Unit Cost of patient contact with general practitioner lasting 11.7 minutes and unit cost for average of ambulance call and visits to A&E.	£1,652.63	Health and Social Care Costs 2014 (pages 119) ⁵⁰	3	Average unit cost of patient contact with general practitioner lasting 11.7 minutes excluding direct costs (£41 per consultation). Unit cost for average of ambulance call and visits to A&E. Assume reduction in GP visits of 2.25 per month and 3.75 Ambulance or A&E visits over the year. Tested with health stakeholders.

⁵⁰ <http://www.pssru.ac.uk/project-pages/unit-costs/2014/index.php>

⁵¹ <http://www.nhs.uk/conditions/stress-anxiety-depression/pages/free-therapy-or-counselling.aspx>

Thurrock Council

The table below summarises the quantities, financial proxies and duration for all outcomes. The financial proxy for increased use of community solutions as detailed below was difficult to forecast as the impact had not been felt as yet. As a result of the materiality assessment and to avoid overclaiming, it was removed from the final calculation as a result of the limited evidence on the value of the impact.

Outcome	Quantity for Analysis	Financial Proxy	Value	Source	Duration	Comment
Reduction in demand on care and support services with fewer assessments (resource reallocation)	203	Cost of assessment for Adult Social Care	£510.00	Thurrock Council Adult Social Care	1	Cost of assessment for ASC that is avoided for those referred by CST. Quantity is number of referrals from CST.
Reduced demand on care and support services for those suffering from depression and/or anxiety	83	Average cost of service provision (local authority) for adult suffering from depression and or anxiety per person per year	£5,499.00	New Economy Manchester Unit Cost Database V1.4 ⁵²	3	Cost of service to Adult Social Care for individual with mental health issues. Quantity is those reporting relief from depression estimated from stories and interviews.
Reduction in demand on care and support services with fewer using day care services (resource allocation)	88	Average gross expenditure per day care or day services per client (Thurrock)	£278.80	Thurrock Council Adult Social Care	3	Reduction in individuals using day centres with average person using centre for 2 days. Quantity is those that reported avoiding day services.
Reduction in time from housing services to support individual (resource reallocation)	79	Average Salary for Housing Officer saving 2 hours of time per case supported (£20,427 to £25,863)	£24.06	Thurrock Council Housing Department	3	Uses average salary assuming saved 2 hours as a result of Local Area Coordination (advised by Housing). 3.1% of Level 1 and 3.8% of Level 2 referred by Housing for support that were council tenants.
Increased use of community based solutions	1	Cost estimate per local authority for a new duty on local authorities to promote civic involvement	£86,000.00	Duty to Promote Democracy Impact Assessment, DCLG ⁵³	3	To represent community based solutions – duty to promote democracy used as calculated by DCLG. This captures time and costs to move to a more community based model for a unitary authority.

⁵² http://neweconomymanchester.com/stories/832-unit_cost_database

⁵³ http://www.legislation.gov.uk/ukia/2008/280/pdfs/ukia_20080280_en.pdf

Outcome	Quantity for Analysis	Financial Proxy	Value	Source	Duration	Comment
Increased number of successful housing resolutions	51	Average fiscal cost of a complex eviction	£7,276.00	New Economy Manchester Unit Cost Database V1.4	1	Cost of a complex eviction assuming the cases are more involved (and therefore the reason Local Area Coordinator involved). 0.2% of Level 1 and 2.5% Level 2 avoided homelessness.

Essex Fire and Rescue

The table below summarises the quantities, financial proxies and duration for all outcomes

Outcome	Quantity for Analysis	Financial Proxy	Value	Source	Duration	Comment
Reduced number of fires started in the home (resource reallocation)	43	Average cost per fire to fire service	£ 3,659.00	New Economy Manchester Unit Cost Database V1.4 ⁵⁴	3	The cost per fire to fire services taken from unit costs. Quantity is taken from the above quantities Level 2 individuals receiving practical support only. This financial proxy recognises the cost to the fire service only in responding to an average fire. It does not reflect the more intensive response required where hoarding is involved and it is recommended further work on the scale of fires as a result of hoarding and costs is explored.
Reduction in time spent promoting fire safety (resource reallocation)	423	Average fire safety labour cost per hour (£18) for half an hour per person	£ 9.00	New Economy Manchester Unit Cost Database V1.4 ⁵⁴	1	Promoting fire services assumes time of fireman for half an hour per person. Quantity is both Level 1 and 2 Individuals receiving fire safety advice and information.

Essex Police

The table below summarises the quantities, financial proxies and duration for all outcomes

Outcome	Quantity for Analysis	Financial Proxy	Value	Source	Duration	Comment
Reduction in call outs for ASB, Domestic Violence and Hate Crime (resource reallocation)	33	Unit cost of Anti-Social Behaviour where further action is necessary (cost of dealing with incident)	£ 673.00	New Economy Manchester Unit Cost Database V1.4 ⁵⁴	1	Reduction in call outs uses costs of ASB where further action would have normally been required. Quantity uses the percentage of those where Local Area Coordinators reported benefit to police subsequent to supporting an individual.

⁵⁴ http://neweconomymanchester.com/stories/832-unit_cost_database

Local Community

The table below summarises the quantities, financial proxies and duration for all outcomes. The financial proxy for increased local offer as detailed below was difficult to forecast as the impact had not been felt as yet and there were no wider community surveys or engagement. As a result of the materiality assessment and to avoid overclaiming, it was removed from the final calculation as a result of the limited evidence on the value of the impact.

Outcome	Quantity for Analysis	Financial Proxy	Value	Source	Duration	Comment
Reduction in administration time	23	Volunteer time for 1 hour each week to resolve problems (using minimum wage)	£348.40	GOV.UK Minimum Wage Rates ⁵⁵	1	Value of volunteer time using national minimum wage. Assume each LAC is working with 10 groups in an area with 25% of groups reporting this outcome at focus group.
Increase in local offer for the community resulting in increased engagement in community by individuals	2744	Active citizenship (Quality of Life Index for Community Life Value)	£1,037.34	Quality of Life Index Indicator for Community Life Value (Active Citizenship) ⁵⁶	3	Active citizenship to show increased belonging to community. 34% of population not actively engaged in community of which assume 5% are as a result of new groups with total population of 157,705 in Thurrock.
Reduction in time spent promoting services (door knocking)	34	Volunteer time for half a day to promote services (using minimum wage) every two weeks	£696.80	GOV.UK Minimum Wage Rates ⁵⁵	1	Value of volunteer time using national minimum wage. Assume each LAC is working with 10 groups in an area with 37.5% of groups reporting this outcome at focus group.
Avoidance of worry for community member	163	Average cost of counselling sessions (£70) with six sessions to relieve stress	£420.00	NHS Stress Anxiety and Depression ⁵⁷	1	Avoidance of stress valued at stress therapy. Quantities reflect the number of referrals made by neighbourhood group members.
Increased number of volunteers to support local neighbourhood groups	252	Volunteer time for 12.6 hours to support neighbourhood group (using minimum wage) each month	£1,013.04	GOV.UK Minimum Wage Rates ⁵⁵	3	Cost of volunteer using statistics on average time for formal volunteering undertaken by people nationally at 12.6 hours. Quantity is number of people that are now volunteering.

⁵⁵ <https://www.gov.uk/government/news/new-national-minimum-wage-rates-announced>

⁵⁶ <http://www.globalvaluexchange.org/valuations/quality-of-life-index-indicator-for-community-life-value/>

⁵⁷ <http://www.nhs.uk/conditions/stress-anxiety-depression/pages/free-therapy-or-counselling.aspx>

Department for Work and Pensions

The table below summarises the quantities, financial proxies and duration for all outcomes.

Outcome	Quantity for Analysis	Financial Proxy	Value	Source	Duration	Comment
Decrease in number of people claiming job seekers allowance and other unemployment benefits	31	Fiscal benefit from a workless claimant entering work (savings to job seekers allowance average over 25s)	£3,801.20	GOV UK Job Seekers Allowance ⁵⁸	3	This assumes all those that secured employment are on minimum wage working a 37.5 hour week using Job Seekers Allowance for over 25s. The quantity is 75% of those that secured employment as it is expected the majority were claiming benefits due to the nature of the individuals engaged but some would not be receiving financial support.
Increase in tax and national insurance paid	31	Income tax (£493) and National Insurance (£601) based on National Minimum Wage of £6.70 for 37.5 hours a week per year	£1,094.00	Money Saving Expert Tax Calculator ⁵⁹	3	This assumes all those that secured employment are on minimum wage working a 37.5 hour week with tax and national insurance calculated on this basis. The quantity is 75% of those that secured employment as it is expected the majority were previously unemployed and not contributing.

⁵⁸ GOV UK Website, <https://www.gov.uk/jobseekers-allowance/what-youll-get>, accessed June 2015

⁵⁹ Money Saving Expert Tax Calculator, <http://www.moneysavingexpert.com/tax-calculator/>, accessed June 2015

6. Stage 4: Establishing Impact

6.1 Deadweight, Attribution, Drop Off and Displacement

Establishing deadweight proved difficult to quantify. All those interviewed identified that without the service that would still be 'stuck at home', or 'may not even be here'. A couple identified that without the service, they would have done something drastic to get formal support from a service instead. The analysis of those to date demonstrates that 13% of those supported went into formal services and therefore this has been used to describe deadweight. This does not account for those that entered services in a more structured way (i.e. the referral to a formal service was at an earlier point before crisis) but this is not captured separately currently. External reports identify the deadweight for similar interventions to be around 15%⁶⁰-18%⁶¹ and therefore it was viewed that 13% would be a reasonable assumption for those outcomes directly attributable to Local Area Coordination. This was further tested with stakeholders including Inclusive Neighbourhoods, Adult Social Care, Public Health, SEPT, NELFT and Community Safety Partnership who agreed that this was a reasonable assumption.

For Level 1 Individuals, it is recognised that the deadweight would be higher on the majority of outcomes as they have less intensive needs and greater chance of accessing support elsewhere. As such, local and government statistics have been used primarily to reflect deadweight.

Attribution was also a difficult area to assess as the very approach of Local Area Coordination is to work with other agencies. From individuals interviewed and other stakeholders, it was recognised that there is a big variance from case to case but where a Local Area Coordination is actively involved, 25-50% could be attributed to Local Area Coordination (50-75% attribution rate). From the 'stories', other agencies involved in each case were identified which showed on average 1.69 organisations involved not including the coordinator. Equating the involvement of the coordinator into percentage terms from this results in 63% attribution. As this was in line with estimates from other stakeholders of attribution between 50%-75%, it was viewed that 63% was reasonable. This was further tested with stakeholders including Inclusive Neighbourhoods, Adult Social Care, Public Health, SEPT, NELFT and Community Safety Partnership who agreed that this was a reasonable assumption.

The drop off for quality of life is for older people but recognises that the average age is over 60 for individuals supported.

The deadweight, attribution, drop off and displacement assumptions are summarised in the table below.

⁶⁰ Mojo: A Twelve Week Programme for Unemployed Men Experiencing Mental Health, A SROI Analysis, 2014

⁶¹ Health Deadweight (Neighbourhood Renewal Fund), Additionality Guide, Fourth Edition 2014, Homes and Communities Agency, <http://cfg.homesandcommunities.co.uk/publications>

Stakeholder	Outcome	Deadweight	Data Source and Comment	Attribution	Data Source and Comment	Drop Off	Data Source and Comment	Displacement	Data Source and Comment
Individuals accessing Level 1 support	Improved physical health	39%	Average of 53% of people in Thurrock participate in sport. 25% eat healthily ⁶² .	63%	Recognise contribution from other agencies and partners. Tested with stakeholders.	50%	Large reliance on person to keep up with new lifestyle	0%	No displacement perceived
	Improved physical health (reduction in smoking or drinking)	35%	35% of people attempt to quit smoking ⁶³	63%	Recognise contribution from other agencies and partners. Tested with stakeholders.	90%	Relapse rate for smoking ⁶³	0%	No displacement perceived
	Reduced risk of threat to life from fire	86%	86% of people have smoke alarms ⁶⁴	63%	Recognise contribution from other agencies and partners. Tested with stakeholders.	0%	No drop off perceived as effect continued longer term	0%	No displacement perceived
	Individual secures additional income, with increase sense of financial comfort and control and relief from debt	33%	33% of people don't resolve problem 12 months down line without intervention ⁶⁵ .	0%	Benefits secured directly by Local Area Coordinator	5%	No drop off perceived as effect continued longer term. 5% re-enter debt ⁶⁶ .	0%	No displacement perceived
	Individual connects with local people, reducing their social isolation	22%	22% never feel lonely ⁶⁷	63%	Recognise contribution from other agencies and partners. Tested with stakeholders.	50%	Individuals spoke about further connections in the community as a result	0%	No displacement perceived

⁶² Local Health (Thurrock), Public Health England, http://www.apho.org.uk/default.aspx?QN=HP_LOCALHEALTH2012

⁶³ Smoking: supporting quit attempts, <http://www.ash.org.uk/localtoolkit/docs/cllr-briefings/Quitting.pdf>

⁶⁴ Mains Smoke Alarm, Landlord Certificates, <https://www.landlord-certificates.co.uk/property-services/electrical-services-and-repairs/mains-smoke-alarms/>, accessed June 2015

⁶⁵ Unit Costs of Health and Social Care 2014, PSSRU, Compiled by Lesley Curtis, <http://www.pssru.ac.uk/project-pages/unit-costs/2014/>

⁶⁶ Problem Debt Among Older People, Age UK, http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Policy/ageuk_ilc_debt_report_summary_040613.pdf?dtrk=true

⁶⁷ Age UK Later Life in the United Kingdom April 2015 http://www.ageuk.org.uk/Documents/EN-GB/Factsheets/Later_Life_UK_factsheet.pdf?dtrk=true

Stakeholder	Outcome	Deadweight	Data Source and Comment	Attribution	Data Source and Comment	Drop Off	Data Source and Comment	Displacement	Data Source and Comment
I Individuals accessing Level 1 support	Individuals attend local neighbourhood groups with increased sense of feeling part of the community	65%	34.8% not connected to community ⁶⁸	63%	Recognise contribution from other agencies and partners. Tested with stakeholders.	50%	Continue to attend social group themselves	0%	No displacement perceived
	Increased sense of feeling part of the community, giving something back to the community, through volunteering	20%	Number of people at risk of social exclusion that volunteer ⁶⁹ .	63%	Recognise contribution from other agencies and partners. Tested with stakeholders.	50%	Continue to attend social group themselves	0%	No displacement perceived
	Gain work related skills	15%	HCA Additionality standard for employment ⁷⁰	63%	Recognise contribution from other agencies and partners. Tested with stakeholders.	50%	Drop off as dependent on then future success and securing employment	0%	No displacement perceived
	Avoidance of stress and anxiety	23%	HCA attribution for community support based on neighbourhood ⁷¹	63%	Recognise contribution from other agencies and partners. Tested with stakeholders.	0%	Only for year of interventions	0%	No displacement perceived
	Sustainment of tenancy with increased sense of stability and security	60%	Thurrock Council statistics that 60% positive outcomes supported to remain in home ⁷²	63%	Recognise contribution from other agencies and partners. Tested with stakeholders.	0%	Only felt for one year due to short term tenancies in private sector	0%	No displacement perceived

⁶⁸ National Survey of Wellbeing, ONS, <http://www.ons.gov.uk/ons/rel/wellbeing/measuring-national-well-being/personal-well-being-in-the-uk--2013-14/index.html>

⁶⁹ TimeBank Website, <http://timebank.org.uk/key-facts>, accessed June 2015

⁷⁰ Employment Deadweight, Additionality Guide, Fourth Edition 2014, Homes and Communities Agency, <http://cfg.homesandcommunities.co.uk/publications>

⁷¹ Community (Other) Displacement, Additionality Guide, Fourth Edition 2014, Homes and Communities Agency, <http://cfg.homesandcommunities.co.uk/publications>

⁷² Total Reported Cases of Homelessness Prevention and Relief by Outcome and Local Authority, 2013/14, DCLG

Stakeholder	Outcome	Deadweight	Data Source and Comment	Attribution	Data Source and Comment	Drop Off	Data Source and Comment	Displacement	Data Source and Comment
Individuals accessing Level 2 support	Individuals are eating more healthily and exercising more leading to improved physical health	13%	Estimated deadweight. Tested with stakeholders.	63%	Recognise contribution from other agencies and partners. Tested with stakeholders.	50%	Large reliance on person to keep up with new lifestyle	0%	No displacement perceived
	Improved physical health (reduction in smoking or drinking)	13%	Estimated deadweight. Tested with stakeholders.	63%	Recognise contribution from other agencies and partners. Tested with stakeholders.	90%	Relapse rate for smoking	0%	No displacement perceived
	Reduced risk of threat to life from fire (advice and information)	13%	Estimated deadweight. Tested with stakeholders.	63%	Recognise contribution from other agencies and partners. Tested with stakeholders.	0%	No drop off perceived as effect continued longer term	0%	No displacement perceived
	Reduced risk of threat to life from fire (practical support)	13%	Estimated deadweight. Tested with stakeholders.	63%	Recognise contribution from other agencies and partners. Tested with stakeholders.	50%	Recognise relapse rates would impact longer term	0%	No displacement perceived
	Individual secures additional income, with increase sense of financial comfort and control and relief from debt	13%	Estimated deadweight. Tested with stakeholders.	0%	Benefits secured directly by Local Area Coordinator	5%	No drop off perceived as effect continued longer term. 5% of those aged over 50 re-enter debt ⁷³ .	0%	No displacement perceived

⁷³ Problem Debt Among Older People, Age UK, http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Policy/ageuk_ilc_debt_report_summary_040613.pdf?dtrk=true

Stakeholder	Outcome	Deadweight	Data Source and Comment	Attribution	Data Source and Comment	Drop Off	Data Source and Comment	Displacement	Data Source and Comment
Individuals accessing Level 2 support	Individual connects with local people, reducing their social isolation	13%	Estimated deadweight. Tested with stakeholders.	63%	Recognise contribution from other agencies and partners. Tested with stakeholders.	50%	Individuals spoke about further connections in the community as a result	0%	No displacement perceived
	Individuals are more confident leaving the house with a reduced fear of crime	13%	Estimated deadweight. Tested with stakeholders.	63%	Recognise contribution from other agencies and partners. Tested with stakeholders.	50%	Estimate 50% drop off as become more confident in community and socialise	0%	No displacement perceived
	Individuals attend local neighbourhood groups with increased sense of feeling part of the community	13%	Estimated deadweight. Tested with stakeholders.	63%	Recognise contribution from other agencies and partners. Tested with stakeholders.	50%	Continue to attend social group themselves	0%	No displacement perceived
	Individuals are able to undertake tasks themselves (shopping and paying bills) increasing their sense of independence	13%	Estimated deadweight. Tested with stakeholders.	63%	Recognise contribution from other agencies and partners. Tested with stakeholders.	50%	Once left home are able to be more independent over time	0%	No displacement perceived
	Secure paid employment	13%	Estimated deadweight. Tested with stakeholders.	63%	Recognise contribution from other agencies and partners. Tested with stakeholders.	50%	Drop off as dependent on then future success	13%	Displacing other people accessing employment opportunities ⁷⁴
	Individual applies for work but is not successful resulting in a feeling of rejection	13%	Estimated deadweight. Tested with stakeholders.	63%	Recognise contribution from other agencies and partners. Tested with stakeholders.	0%	Short term impact only	0%	No displacement perceived

⁷⁴ Worklessness Displacement, Additionality Guide, Fourth Edition 2014, Homes and Communities Agency, <http://cfg.homesandcommunities.co.uk/publications>

Stakeholder	Outcome	Deadweight	Data Source and Comment	Attribution	Data Source and Comment	Drop Off	Data Source and Comment	Displacement	Data Source and Comment
Individuals accessing Level 2 support	Increased sense of feeling part of the community, giving something back to the community, through volunteering	13%	Estimated deadweight. Tested with stakeholders.	63%	Recognise contribution from other agencies and partners. Tested with stakeholders.	50%	Connect with community themselves	0%	No displacement perceived
	Gain work related skills	13%	Estimated deadweight. Tested with stakeholders.	63%	Recognise contribution from other agencies and partners. Tested with stakeholders.	50%	Drop off as dependent on then future success and securing employment	0%	No displacement perceived
	Increase in digital skills leading to increased ability to socialise online	42%	42% of older people online ⁷⁵	63%	Recognise contribution from other agencies and partners. Tested with stakeholders.	50%	Learn new skills over time to socialise further	0%	No displacement perceived
	Build trust with LAC with a sense of someone to rely on leading to increased self-confidence and improved outlook on life	13%	Estimated deadweight. Tested with stakeholders.	63%	Recognise contribution from other agencies and partners. Tested with stakeholders.	24%	Quality of life deterioration ⁷⁶	0%	No displacement perceived
	Build trust with LAC with a sense of someone to rely on leading to increased dependency	13%	Estimated deadweight. Tested with stakeholders.	63%	Recognise contribution from other agencies and partners. Tested with stakeholders.	0%	Only during time with Local Area Coordinator	0%	No displacement perceived

⁷⁵ Adults' Media Use and Attitudes Report 2014, Ofcom, April 2014, <http://stakeholders.ofcom.org.uk/market-data-research/other/research-publications/adults/adults-media-lit-14/>

⁷⁶ Age UK Later Life in the United Kingdom April 2015 http://www.ageuk.org.uk/Documents/EN-GB/Factsheets/Later_Life_UK_factsheet.pdf?dtrk=true

Stakeholder	Outcome	Deadweight	Data Source and Comment	Attribution	Data Source and Comment	Drop Off	Data Source and Comment	Displacement	Data Source and Comment
Individuals accessing Level 2 support	Individuals are better able to manage a crisis and feel more in control of life	13%	Estimated deadweight. Tested with stakeholders.	63%	Recognise contribution from other agencies and partners. Tested with stakeholders.	70%	Average chance of relapse after one, two or three previous episodes ⁷⁷	0%	No displacement perceived
	Individuals avoid stress and anxiety	13%	Estimated deadweight. Tested with stakeholders.	63%	Recognise contribution from other agencies and partners. Tested with stakeholders.	0%	Only for year of interventions	0%	No displacement perceived
	Individuals use health services appropriately leading to improved wellbeing	76%	24% of patients in primary care did not feel their GP was good at involving them ⁷⁸	63%	Recognise contribution from other agencies and partners. Tested with stakeholders.	24%	Quality of life deterioration ⁷⁹	0%	No displacement perceived
	Improved family relationships	13%	Estimated deadweight. Tested with stakeholders.	63%	Recognise contribution from other agencies and partners. Tested with stakeholders.	25%	Build on relationship over time	0%	No displacement perceived
	Relief from significant depression	13%	Estimated deadweight. Tested with stakeholders.	63%	Recognise contribution from other agencies and partners. Tested with stakeholders.	50%	Recognise relapse but reduced from 70% as not meeting at crisis point ⁷⁷ .	0%	No displacement perceived
	Sustainment of tenancy with increased sense of stability and security	13%	Estimated deadweight. Tested with stakeholders.	63%	Recognise contribution from other agencies and partners. Tested with stakeholders.	0%	Only for one year.	0%	No displacement perceived
	Individual is able to access property more easily with increased sense of independence	80%	Stakeholder identified would have happened anyway but slower process	63%	Recognise contribution from other agencies and partners. Tested with stakeholders.	24%	Quality of life deterioration ⁷⁹	10%	377 of 3544 in reasonable preference category ⁸⁰

⁷⁷ The Fundamental Facts, Mental Health Foundation, 2007, http://www.mentalhealth.org.uk/content/assets/PDF/publications/fundamental_facts_2007.pdf?view=Standard

⁷⁸ Person Centred Care Resource Centre, <http://personcentredcare.health.org.uk/person-centred-care/shared-decision-making/why-do-shared-decision-making>, accessed June 2015

⁷⁹ Age UK Later Life in the United Kingdom April 2015 http://www.ageuk.org.uk/Documents/EN-GB/Factsheets/Later_Life_UK_factsheet.pdf?dtrk=true

⁸⁰ Local Authority Housing Statistics: year ending March 2014, <https://www.gov.uk/government/statistics/local-authority-housing-statistics-year-ending-march-2014>

Stakeholder	Outcome	Deadweight	Data Source and Comment	Attribution	Data Source and Comment	Drop Off	Data Source and Comment	Displacement	Data Source and Comment
Families of individuals	Improved relationship with individual	13%	Estimated deadweight. Tested with stakeholders.	63%	Recognise contribution from other agencies and partners. Tested with stakeholders.	25%	Build on relationship over time	0%	No displacement perceived
	Family members worry less about individual	13%	Estimated deadweight. Tested with stakeholders.	63%	Recognise contribution from other agencies and partners. Tested with stakeholders.	24%	Quality of life deterioration ⁸¹	0%	No displacement perceived
	Increase in personal time as receive respite	13%	Estimated deadweight. Tested with stakeholders.	63%	Recognise contribution from other agencies and partners. Tested with stakeholders.	24%	Quality of life deterioration ⁸¹	0%	No displacement perceived
	Increased sense of financial comfort for household members	33%	33% of people don't resolve problem 12 months down line without intervention ⁸²	0%	Direct result of intervention	5%	No drop off perceived as effect continued longer term. 5% re-enter debt ⁸³ .	0%	No displacement perceived
	Reduced risk of threat to life	86%	86% of people have smoke alarms ⁸⁴	63%	Recognise contribution from other agencies and partners. Tested with stakeholders.	0%	No drop off perceived as effect continued longer term	0%	No displacement perceived
	Increased sense of stability and security	13%	Estimated deadweight. Tested with stakeholders.	63%	Recognise contribution from other agencies and partners. Tested with stakeholders.	50%	Subject to sustaining home longer term	0%	No displacement perceived

⁸¹ Age UK Later Life in the United Kingdom April 2015 http://www.ageuk.org.uk/Documents/EN-GB/Factsheets/Later_Life_UK_factsheet.pdf?dtrk=true

⁸² Unit Costs of Health and Social Care 2014, PSSRU, Compiled by Lesley Curtis, <http://www.pssru.ac.uk/project-pages/unit-costs/2014/>

⁸³ Problem Debt Among Older People, Age UK, http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Policy/ageuk_ilc_debt_report_summary_040613.pdf?dtrk=true

⁸⁴ Mains Smoke Alarm, Landlord Certificates, <https://www.landlord-certificates.co.uk/property-services/electrical-services-and-repairs/mains-smoke-alarms/>, accessed June 2015

Stakeholder	Outcome	Deadweight	Data Source and Comment	Attribution	Data Source and Comment	Drop Off	Data Source and Comment	Displacement	Data Source and Comment
Local Area Coordinators	Increased job satisfaction	66%	6 out of 9 (66%) Local Area Coordinators recognised that would have got similar job directly helping others otherwise	0%	Local Area Coordinators highlighted as a result of being in community and support from management only	0%	Only felt for as long as intervention present	0%	No displacement perceived
	LAC more engaged with their own local community	25%	Estimated from Local Area Coordinator interviews when assessing deadweight with stakeholder	0%	No attribution as a direct result of intervention	50%	Community involvement then continues as a result of the relationships built	0%	No displacement perceived
	LAC has increased workload to support individual	0%	Would not have happened without intervention	0%	No attribution as a direct result of intervention	0%	Perceived to be short term	0%	No displacement perceived
Public Health	Efficiencies created making services better value for money and reducing unit cost	75%	Government drivers and cuts in funding largely influencing community based solutions. Tested with stakeholder.	0%	Considered and included under deadweight.	25%	Assume neighbourhood groups then innovate and develop services over time	7%	May displace some services already or other neighbourhood group not receiving funding ⁸⁵
	Local Area Coordinators engage those hardest to reach reducing marketing costs	13%	Estimated deadweight. Tested with stakeholders.	63%	Recognise contribution from other agencies and partners. Tested with stakeholders.	0%	Only for one year so no drop off in future years	0%	No displacement perceived

⁸⁵ Community (Other) Displacement, Additionality Guide, Fourth Edition 2014, Homes and Communities Agency, <http://cfg.homesandcommunities.co.uk/publications>

Stakeholder	Outcome	Deadweight	Data Source and Comment	Attribution	Data Source and Comment	Drop Off	Data Source and Comment	Displacement	Data Source and Comment
Thurrock CCG	Reduced demand on mental health community teams	13%	Estimated deadweight. Tested with stakeholders.	63%	Recognise contribution from other agencies and partners. Tested with stakeholders.	50%	Average chance of relapse after one, two or three previous episodes ⁸⁶⁷⁷ . Assume 50% as less intensive needs than with crisis prevention	0%	No displacement perceived
	Early intervention preventing need for crisis intervention (resource reallocation)	92%	8.3% were crisis contacts in 2012/13 ⁸⁷	63%	Recognise contribution from other agencies and partners. Tested with stakeholders.	70%	Average chance of relapse after one, two or three previous episodes ⁸⁶	0%	No displacement perceived
	Increased sense of relief from worry by Community and Mental Health Team staff	13%	Estimated deadweight. Tested with stakeholders.	63%	Recognise contribution from other agencies and partners. Tested with stakeholders.	0%	Only for one year so no drop off in future years	0%	No displacement perceived
	Reduction in number of visits to the GP through social isolation – Level 1	13%	Estimated deadweight. Tested with stakeholders.	63%	Recognise contribution from other agencies and partners. Tested with stakeholders.	24%	Quality of life deterioration ⁸⁸	0%	No displacement perceived

⁸⁶ The Fundamental Facts, Mental Health Foundation, 2007, http://www.mentalhealth.org.uk/content/assets/PDF/publications/fundamental_facts_2007.pdf?view=Standard

⁸⁷ Key Facts and Trends in Mental Health, 2014 Update, Mental Health Network NHS Confederation, <http://www.nhsconfed.org/resources/2014/01/key-facts-and-trends-in-mental-health---2014-update>

⁸⁸ Age UK Later Life in the United Kingdom April 2015 http://www.ageuk.org.uk/Documents/EN-GB/Factsheets/Later_Life_UK_factsheet.pdf?dtrk=true

Stakeholder	Outcome	Deadweight	Data Source and Comment	Attribution	Data Source and Comment	Drop Off	Data Source and Comment	Displacement	Data Source and Comment
	Reduction in number of visits to the GP and A&E call outs as a result of social isolation (resource reallocation)	13%	Estimated deadweight. Tested with stakeholders.	63%	Recognise contribution from other agencies and partners. Tested with stakeholders.	24%	Quality of life deterioration ⁸⁹	0%	No displacement perceived
Thurrock Council	Reduction in demand on care and support services with fewer assessments (resource reallocation)	50%	50% would have needed an assessment (Thurrock Adult Social Care)	63%	Recognise contribution from other agencies and partners. Tested with stakeholders.	0%	Only felt for as long as intervention present	0%	No displacement perceived
	Reduced demand on care and support services for those suffering from depression and/or anxiety	13%	Estimated deadweight. Tested with stakeholders.	63%	Recognise contribution from other agencies and partners. Tested with stakeholders.	50%	Recognise relapse but reduced from 70% as not meeting at crisis point ⁹⁰ .	0%	No displacement perceived
	Reduction in demand on care and support services with fewer using day care services (resource allocation)	55%	Use of day care services (Thurrock Adult Social Care)	63%	Recognise contribution from other agencies and partners. Tested with stakeholders.	24%	Quality of life deterioration ⁹¹	0%	No displacement perceived
	Reduction in time from housing services to support individual (resource reallocation)	75%	May refer to other agencies for support. Housing advised 75%.	0%	Captured under deadweight	0%	Only felt for as long as intervention present	0%	No displacement perceived
	Increased use of community based solutions	75%	Government drivers with cuts in funding. Tested with stakeholder.	0%	Captured under deadweight	20%	Recognise then down to departments but need to continue to promote	0%	No displacement perceived

⁸⁹ Age UK Later Life in the United Kingdom April 2015 http://www.ageuk.org.uk/Documents/EN-GB/Factsheets/Later_Life_UK_factsheet.pdf?dtrk=true

⁹⁰ The Fundamental Facts, Mental Health Foundation, 2007, http://www.mentalhealth.org.uk/content/assets/PDF/publications/fundamental_facts_2007.pdf?view=Standard

⁹¹ Age UK Later Life in the United Kingdom April 2015 http://www.ageuk.org.uk/Documents/EN-GB/Factsheets/Later_Life_UK_factsheet.pdf?dtrk=true

Stakeholder	Outcome	Deadweight	Data Source and Comment	Attribution	Data Source and Comment	Drop Off	Data Source and Comment	Displacement	Data Source and Comment
	Increased number of successful housing resolutions	13%	Estimated deadweight. Tested with stakeholders.	63%	Recognise contribution from other agencies and partners. Tested with stakeholders.	0%	Only felt for as long as intervention present	0%	No displacement perceived
Essex Fire and Rescue	Reduced number of fires started in the home (resource reallocation)	82%	5% decrease in fires of which 19% were dwelling fires ⁹²	63%	Recognise contribution from other agencies and partners. Tested with stakeholders.	50%	Drop off as habits are reliant on person to keep up considering relapse rates	0%	No displacement perceived
	Reduction in time spent promoting fire safety (resource reallocation)	13%	Estimated deadweight. Tested with stakeholders.	63%	Recognise contribution from other agencies and partners. Tested with stakeholders.	0%	Only felt for as long as intervention present	0%	No displacement perceived
Essex Police	Reduction in call outs for ASB, Domestic Violence and Hate Crime (resource reallocation)	13%	Estimated deadweight. Tested with stakeholders.	63%	Recognise contribution from other agencies and partners. Tested with stakeholders.	0%	Only felt for as long as intervention present	0%	No displacement perceived

⁹² Fire Statistics Great Britain: April 2013 to March 2014, Department for Communities and Local Government, https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/410287/Fire_Statistics_Great_Britain_2013-14_PDF_Version_.pdf

Stakeholder	Outcome	Deadweight	Data Source and Comment	Attribution	Data Source and Comment	Drop Off	Data Source and Comment	Displacement	Data Source and Comment
Local Community	Reduction in administration time	75%	25% of focus group members reported this	0%	Direct result – focus group members did not perceive others contributed	0%	Only felt for as long as intervention present	0%	No displacement perceived.
	Increase in local offer for the community resulting in increased engagement in community by individuals	61%	34.8% not connected to wider community. ⁹³	95%	Many other agencies delivering new services	50%	Largely reliant on person continuing engagement	0%	No displacement perceived – new neighbourhood groups with new members
	Reduction in time spent promoting services	20%	Recognises other agencies would also promote services	0%	Direct result – focus group members did not perceive others contributed	0%	Only felt for as long as intervention present	0%	No displacement perceived.
	Avoidance of worry for community member	50%	50% of focus group members reported this	0%	Direct result – focus group members did not perceive others contributed	0%	Only felt for as long as intervention present	0%	No displacement perceived
	Increased number of volunteers to support local neighbourhood groups	26%	Percentage that formally volunteer ⁹⁴	63%	Recognise contribution from other agencies and partners. Tested with stakeholders.	58%	Percentage unable to volunteer due to work commitments ⁹⁴	0%	No displacement perceived as shortage of volunteers.
Department for Work and Pensions	Decrease in number of people claiming job seekers allowance and other unemployment benefits	13%	Estimated deadweight. Tested with stakeholders.	63%	Recognise contribution from other agencies and partners. Tested with stakeholders.	50%	Reliant on individual sustaining employment longer term.	13%	May displace others securing work ⁹⁵
	Increase in tax and national insurance paid	13%	Estimated deadweight. Tested with stakeholders.	63%	Recognise contribution from other agencies and partners. Tested with stakeholders.	50%	Reliant on individual sustaining employment longer term.	13%	May displace others securing work ⁹⁵

⁹³ National Survey of Wellbeing, ONS, <http://www.ons.gov.uk/ons/rel/wellbeing/measuring-national-well-being/personal-well-being-in-the-uk--2013-14/index.html>

⁹⁴ Timebank Website, <http://timebank.org.uk/key-facts>, accessed June 2015

⁹⁵ Worklessness Displacement, Additionality Guide, Fourth Edition 2014, Homes and Communities Agency, <http://cfg.homesandcommunities.co.uk/publications>

6.2 Calculating the Impact

Using the deadweight, attribution and drop off, the impact for each outcome is calculated using the below formula:

Impact = (Quantity of outcome x financial proxy) * (1 – deadweight percentage) * (1 – attribution percentage)

Drop off is considered for subsequent years as per the below:

Impact for year x = impact for year (x – 1) * (1 – drop off percentage)

The total impact is calculated to be £2,654,536.15 for year 1.

7. Stage 5: Social Return Calculation

7.1 Calculating the Impact

The social return can now be calculated using the impact and drop off calculated.

First the net present value (NPV) must be calculated by adding up the costs and benefits paid or received for each outcome over the length of the outcome.

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 or an opportunity cost, known as the 'time value of money'. For the public sector, the basic rate recommended in HM Treasury's Green Book is 3.5 per cent and used in this analysis.

Net Present Value = (Present value of benefits) – (Value of Investments)

Present Value (PV) is calculated as per the below:

$$\begin{array}{cccccc}
 \text{PV} & & & & & & \\
 = & \text{Value of} & + & \text{Value of} & + & \text{Value of} & + & \text{Value of} & + & \text{Value of} \\
 & \text{impact in} & & \text{impact in} & & \text{impact in yr.} & & \text{impact in yr.} & & \text{impact in yr.} \\
 & \text{yr. 1} & & \text{yr. 2} & & \text{3} & & \text{4} & & \text{5} \\
 & \frac{\quad}{(1+r)} & & \frac{\quad}{(1+r)^2} & & \frac{\quad}{(1+r)^3} & & \frac{\quad}{(1+r)^4} & & \frac{\quad}{(1+r)^5}
 \end{array}$$

r = discount rate = 3.5%

Using the above formulas, the net present value was calculated at £3,546,714.43

$$\text{NPV} = \text{£4,887,299.05} - \text{£1,340,584.62}$$

From this the SROI ratio can be calculated:

$$\text{SROI} = \text{Present Value} / \text{Value of Inputs} = \text{£4,887,299.05} / \text{£1,340,584.62} = \text{£3.65}$$

Therefore it is estimated that for every £1 invested approximately £3.65 is generated in social value.

This is the first analysis for this project and it is understood that variations in deadweight, attribution, drop off and displacement will impact on the social value generated. It is recommended that further consultation with stakeholders, following this report, takes place to assess the reliability of the data and assumptions.

7.2 Sensitivity and Materiality Testing

The sensitivity analysis assesses the more significant impacts together with assumptions made to ensure the social value is reflective, transparent and does not over claim.

On assessing the significance of each impact, it was identified that the following outcomes were deemed not to be of a magnitude that were significant to the overall context:

- Individual is drinking or smoking less leading to improved physical health (Level 1 Individuals);
- Individual is drinking or smoking less leading to improved physical health (Level 2 Individuals);
- Reduced risk of threat to life from fire (Level 1 and 2 Individuals receiving advice);
- Sustainment of tenancy (Level 1 individuals);
- Digital skills (Level 2 individuals);
- More engaged with their local community (Local Area Coordinators);
- Marketing to those hardest to reach (Public Health);
- Reduction in missed appointments (Thurrock CCG);
- GP visits reduced for Level 1 (Thurrock CCG);
- Reduction in time from housing services to support individual (Thurrock Council);
- Reduction in time promoting fire safety awareness (Essex Fire and Rescue);
- Reduction in administration time (Local Community).

On review, the following outcomes were deemed to be material as although they were not significant in the overall context of the analysis, they had clearly been identified by the stakeholder as a significant change that had occurred:

- Reduced risk of threat to life from fire (Level 1 and 2 Individuals receiving advice);
- Sustainment of tenancy (Level 1 individuals);
- Marketing to those hardest to reach (Public Health);
- GP visits reduced for Level 1 (Thurrock CCG);
- More engaged with their local community (Local Area Coordinators);
- Reduction in time from housing services to support individual (Thurrock Council);
- Reduction in time promoting fire safety awareness (Essex Fire and Rescue);
- Reduction in administration time (Local Community).

The reduced risk of threat to fire was important to stakeholders as ultimately could be lifesaving. It is recommended that impact

of fire advice together with practical support is reviewed further to better understand the impact.

Equally sustainment of tenancy was included as the ramifications leading to homelessness and the importance placed on this by Level 2 individuals.

For Public Health, marketing to those hardest to reach was cited at a strategic and operational level with regards to recognising the extent to which Local Area Coordinators reach those that would otherwise have not used services to improve their wellbeing. As such this has been included. GP visits for Level 1, was included as it is a key aim of the service and important strategically for Thurrock CCG.

Housing Officers time although not significant in the overall context was deemed an important change to officers as advised by the Sheltered Housing Manager.

The remaining outcomes were not included. The exclusion of reduction in smoking and drinking is due to the high relapse rate (drop off) and quantities involved together with the financial proxy used which is the same opportunity for a GP to encourage and refer an individual to support services. However, it should be noted that the interaction with the GP would be different to that of a Local Area Coordinator. It is recommended this is explored further to better understand if this is a material change.

The number of missed appointments was also excluded as it was not of a significant magnitude or highlighted by the stakeholder as one of the more important changes. Further monitoring of this outcome would also be recommended.

There is no one outcome that can reduce the ratio to £1:£1 although certain outcomes reduce the SROI ratio significantly.

The most significant outcomes are as follows:

- Individual builds trust with Local Area Coordinator with a sense of someone to rely on leading to increased self-confidence and improved outlook on life (Level 2);
- Individual connects with local people, reducing social isolation (Level 1);
- Individual connects with local people, reducing social isolation (Level 2).

Together these outcomes account for 40.39% of the total value. Whilst they make a significant contribution to the overall SROI Ratio, they are the key outcomes that would be expected from the work of the Local Area Coordinator. Furthermore, from the interviews, individuals all spoke about these outcomes and the importance of them. The building of a trusting relationship is central to the approach of Local Area Coordination, providing holistic support, to improve their outlook on life and help individuals to 'build a good life'. These outcomes together with other key assumptions are

reviewed in the table on the following page to assess the impact on the SROI ratio.

From the sensitivity analysis, the social value forecast can be estimated to be between £3.00 and up to £4.88 for every £1 invested. The lowest ratio was £2.50 increasing attribution from 63% to 75%. The assumptions used in the value map estimate the social value is £3.65.

Therefore, it can be said that Local Area Coordination services deliver between approximately £3.50 and up to £4 for every £1 invested.

Sensitivity Table Summary

Stakeholder	Outcome	Sensitivity Testing	SROI Ratio	Difference (£)	% variance
Individual (Level 1)	Individual connects with local people, reducing their social isolation	Removal of outcome from analysis	£3.34	-£0.31	-8%
		Reduction in quantity by 50%	£3.49	-£0.16	-4%
	All outcomes	Remove all outcomes	£2.86	-£0.79	-22%
Individual (Level 2)	Individual connects with local people, reducing their social isolation	Removal of outcome from analysis	£3.17	-£0.48	-13%
		Reduction in quantity by 50%	£3.41	-£0.24	-6%
	Build trust with LAC with a sense of someone to rely on leading to increased self-confidence and improved outlook on life	Removal of outcome from analysis	£2.96	-£0.69	-19%
		Reduction in quantity by 50%	£3.30	-£0.35	-9%
	Build trust with LAC with a sense of someone to rely on leading to increased dependency	Assume 10% of individuals become dependent instead of 5%	£3.57	-£0.08	-2%
	Individuals are better able to manage a crisis and feel more in control of life	Assume that this outcome is not experienced and instead part of the theory of change for improved outlook on life	£3.56	-£0.09	-2%
	Reduced risk of threat to life from fire	Change to value of house clearance (£1,074) and quantity of all those that received preventative measures	£3.65	£0.00	0%
		Change quantity to 70% assuming all those at significant risk have fire	£3.71	£0.06	2%
		Change quantity to 25% of those 70% assuming of the 70% at significant risk, 25% have a fire	£3.61	-£0.04	-1%

Stakeholder	Outcome	Sensitivity Testing	SROI Ratio	Difference (£)	% variance
Individual (Level 1 and 2)	Individuals attend local neighbourhood groups with increased sense of feeling part of the community	Assume outcome is instead part of the TOC for overcoming social isolation	£3.40	-£0.25	-7%
		Change financial proxy to wellbeing for belonging to neighbourhood (HACT £3,919)	£3.91	£0.26	7%
	Individual connects with local people, reducing their social isolation	Change financial proxy to wellbeing for member of social group (HACT £1,850)	£3.55	-£0.10	-3%
	Individual connects with local people, reducing their social isolation and Individuals attend local neighbourhood groups with increased sense of feeling part of the community	Change financial proxy to wellbeing for member of social group and change financial proxy to wellbeing for belonging to neighbourhood (HACT)	£4.23	£0.58	16%
Families of Individuals	All outcomes for this stakeholder	Include stakeholder as removed due to assumptions all based on perceptions of other stakeholders	£3.90	£0.25	7%
Thurrock CCG	Increased sense of relief from worry	Include as outcome	£3.66	£0.01	0%
Public Health	Efficiencies created making services better value for money and reducing unit cost	Include as outcome	£3.97	£0.32	9%
Thurrock Council	Increased use of community based solutions	Include as outcome	£3.68	£0.03	1%
Local Community	Increase in local offer for the community resulting in increased engagement in community by individuals	Include as outcome	£3.71	£0.06	2%
All relevant stakeholders	All relevant outcomes	Reduce duration from 3 to 2 years	£3.02	-£0.63	-17%
		Increase duration from 3 to 4 years	£4.05	£0.40	11%
		Increase deadweight from 13% to 25%	£3.29	-£0.36	-10%
		Increase deadweight from 13% to 50%	£2.53	-£1.12	-31%

Stakeholder	Outcome	Sensitivity Testing	SROI Ratio	Difference (£)	% variance
		Decrease attribution from 63% to 50%	£4.88	£1.23	34%
		Increase attribution from 63% to 75%	£2.50	-£1.15	-31%
		Include all outcomes removed at stage 5 from final calculation as stated in materiality testing	£4.34	£0.69	19%

7.3 Limitations

There are limitations to this analysis, in respect of it being a forecast analysis, together with the first assessment of social value. The summary makes recommendations to improve the account of value should a further analysis take place but it is important to recognise the key challenges and limitations including:

- The outcomes monitoring spreadsheet does not record extent of change and all outcomes forecast under this analysis for individuals. Assumptions on the extent of change as a result of the service have been taken from Level 2 interviews where possible to better quantify this and discussions with stakeholders on the financial proxies used to ensure they are more representative.
- Certain stakeholders were unable to be engaged due to time constraints and availability. Where this was not possible, it was reviewed with other stakeholders and supported with external research.
- In addition, it was not possible to engage with family members and therefore the outcomes are from the individuals and Local Area Coordinators and their experiences to date. The quantities have been estimated based on individuals experiencing outcomes and research on numbers living alone. As a result these were removed from the final calculation.
- Certain stakeholders had not experienced outcomes yet but expected these to be achieved in the future. Although the service is now two years old, the approach of Local Area Coordination is radically different and the impact on shifting culture and changing the way services are delivered are still evolving. This is the nature of a forecast analysis but it should be recognised that this expected to occur and there is some evidence it has begun but not achieved fully to date.
- Level 1 outcomes are primarily based on the outcome monitoring spreadsheet as completed by Coordinators. There is less incentive for Level 1 Individuals to engage as the relationship is more short term. The monitoring spreadsheet provides an indication of the impact on Level 1 as did the two engaged but it has limited the understanding between the differential in the impact of certain outcomes for Level 1 and Level 2 individuals. Level 1 outcomes are primarily based on the outcome monitoring spreadsheet as completed by Local Area Coordinators. Further evaluative work would need to ensure more ways to engage with this group to establish outcomes;
- Quantities for certain outcomes are based on smaller sample of stories as they are not currently captured under the outcome monitoring spreadsheet. Part of the purpose

of this analysis is to inform the outcome monitoring going forward and therefore it can be expected that not all outcomes are currently monitored. Forecast quantities have been based on the data available and assumptions from external research. This is particularly evident for the extent of use of health services pre and post service.

- This first forecast only considers Level 1 and Level 2 individuals. There is potential to further divide this group into different ages and categories which may result in different quantities of people experiencing change and to different levels. However, a range of ages were consulted in the interviews and the overall outcomes appeared to be consistent across ages.

7.4 Making the Case for Expansion of Local Area Coordination

The analysis clearly shows that with the continuation of the nine Local Area Coordinators, social benefits are realised for the individuals together with other stakeholders. This forecast analysis is assessed on this basis and all assumptions are based on this. However, Thurrock Council Adult Social Care were keen to have an understanding of the potential value of recruiting further Local Area Coordinators to the borough.

The national guidance states there should be one Local Area Coordinator for every 10,000 to 12,000 population. On this basis, the council would require 15 Local Area Coordinators to provide the service across the Borough.

Using the assumptions in the analysis and average of 7 people being supported by each Local Area Coordinator, the value map can provide an estimated indication of the social value generated should there be an increase in funding. This uses the same percentage quantities for each outcome and does not recognise any additional benefits that may be realised with the economies of scale (i.e. the greater impact on other services). However, it does suggest that by recruiting further Local Area Coordinators, the social value could be increased further by over 9% to £3.97. This also does not consider the outcomes and inputs for the community in playing an active role in recruiting the new Local Area Coordinators.

	9 Local Area Coordinators	15 Local Area Coordinators
Total Inputs	£1,340,584.62	£1,946,584.62
Total Supported Level 1	1,657	2,668
Total Supported Level 1	719	1,136
SROI Ratio	£3.65	£3.97

8. Stage 6: Reporting, Using and Embedding

This first forecast analysis for Local Area Coordination is seen as the beginning of a journey to understand and quantify the social value achieved through the service and support further evaluative work on the impact of Local Area Coordination for both the individual and other stakeholders building on the work to date. By increasing the understanding of what changes, Local Area Coordination can continue to deliver positive social outcomes, optimising this further by identifying where the greatest impact is. The development of a monitoring framework would also enable the outcomes identified in this analysis to be captured to support the ongoing evaluation and realisation of the social value forecast.

By completing this initial forecast analysis, it has identified unintended outcomes, both positive and negative, that can now be reviewed in more detail which were not being evaluated previously. In addition, it is the first attempt at quantifying the impact to the individual's wellbeing with previous evaluation focusing on costs savings together with the cultural change that Local Area Coordination has instigated across organisations.

This analysis identifies that Local Area Coordination is delivering real benefits to both the key beneficiaries and other stakeholders. In turn, this supports the Care Act 2014, reducing demand on services across the council and health organisations. If further funding was to be secured post March 2016, the reach and impact of Local Area Coordination over three years would be considerable. In addition, the social value ratio does not include all outcomes that have been forecast over the three years including family members and the impact of cultural change. Should these be realized over the next three years, this would further increase the social impact of Local Area Coordination.

One of the greatest challenges in evaluating the success of the Local Area Coordination is the lack of ability to establish a base line of where individuals are on entering the service. The approach taken by Local Area Coordinators is not to focus on where the individual is now or what they have done in the past but rather what a good life in the future looks like for them. In terms of analysis this prevents the ability to have individuals completing any 'pre survey' as it would impact on the trust with the Local Area Coordinator before the relationship was established, presenting themselves like a more formal service. Equally, there is no definitive end to the service, individual cases are not closed as they are free to contact the Local Area Coordinator again in the future. This also makes the assessment as to when the impact to the individual should be measured. For Level 1 Individuals it can often be after one contact that they no longer need support and for Level 2 it may be at the

point in which a particular problem is solved although individuals may then come back for further support. Furthermore, the role of Local Area Coordination is such that the majority of time should be spent in the community supporting people and therefore the level of monitoring needs to be manageable and practical.

In particular, Level 1 individuals are difficult to engage with after receiving the service as their relationship with the Local Area Coordinator can be short term. In the analysis Level 1 candidates were invited to a focus group and despite a number signing up, only 2 attended. The outcomes and assumptions therefore have relied more heavily on the outcome monitoring spreadsheet supported by views from other stakeholders. Level 2 Individuals are able in part to support the outcomes together with the views from the focus group. For an evaluative analysis, further engagement with Level 1s must be ensured as to provide a reasonable basis for determining outcomes and reduces the risk that the outcomes are not reflective for this stakeholder.

Together with more formal assessment of the service, it is proposed a focus group where individuals can share their stories would provide a more effective way of measuring impact on a quarterly basis and follows the philosophy and approach of Local Area Coordination.

It is recommended that this is supported with a scenario based outcome survey for individuals that summarises the outcomes experienced, asking if they experienced this change. For Level 2 individuals, Local Area Coordinators could ask it to be completed after supporting them with a particular issue although making it clear it was not the end of the support. As Level 2 Individuals were keen to share their stories for the analysis to help value Local Area Coordination and would have built a more trusting relationship with the coordinator by this point, it is viewed that there may be a willingness to complete a short survey without taking away from the personal and informal element of the service.

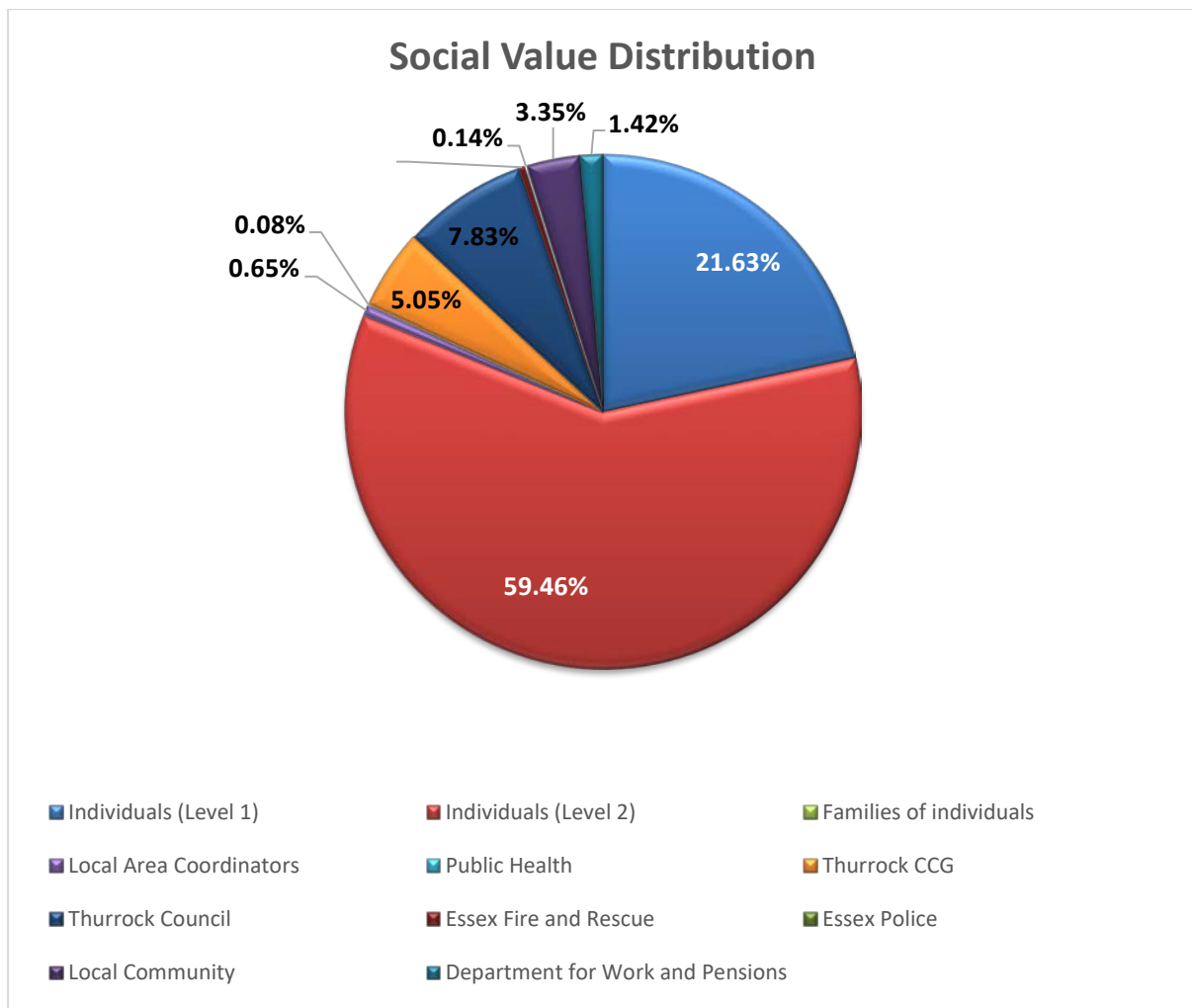
This would then feed into a monitoring framework that identifies the key elements for data collection to update the current outcome monitoring spreadsheet. This would include the ability for Local Area Coordinators to select services avoided and other outcomes identified in the analysis by 'ticking' those relevant thereby increasing consistency in the method and detail of recording (as it varies from Coordinators) to make it manageable.

There needs to be a greater understanding of health outcomes to improve account of value from extent of use of services before and after. NICE Guidance set out recommendations on

behavior change and the principles for effective interventions⁹⁶. Whilst Local Area Coordination is generally meeting the planning and delivery element, this is less so for the evaluation element which covers effectiveness, acceptability, feasibility, equity and safety. This analysis has gone some way in quantifying the impact for health organisations but for effective understanding and an evaluative analysis, further data needs to be captured on the extent of impact for health.

The Social Value Distribution demonstrates that the greatest impact is to the key beneficiaries to the service with Level 1s at 21.63% and Level 2 at 59.46%. Collectively, Health organisations account for 5.13% of the total value and public services as a whole 13.48%. The impact to Thurrock Council accounts for 7.83% of the value.

Social Value Distribution



⁹⁶ <http://www.nice.org.uk/guidance/ph6/chapter/1-recommendations>

8.1 Recommendations to optimise value

The following recommendations are made to further optimise the social value created through these services:

- From the development of the outcome monitoring spreadsheet, develop a monitoring framework to better capture the outcomes for individuals to inform service delivery by understanding where the greatest impact is achieved and review at Steering Group meetings;
- From further analysis of different ages and categories, identify where specific targeting may result in an increase in impact. Increasing the number of Level 2's supported would further optimise value, however, the time spent with a Level 2 is more intense;
- **Increasing** dependency is a key unintended negative. By continuing to share and learn from each Local Area Coordinators experience, situations that led to potential dependency can be further mitigated. It is recommended that further recording of this is completed to understand scale of risk of dependency. This could include consideration for more than one dedicated Coordinator in each area (i.e. two or three working across two or three areas) so they still build trust but the relationship is not as personal compared with just one Coordinator;
- Consideration for developing relationships with private sector businesses together with DWP and JobCentre to increase opportunities for employment and reduce the need for feeling sense of rejection. This could include for example referring individuals to pre-employment support being delivered by council contractors as part of contract obligations under the Public Services (Social Value) Act 2012;
- The impact of Local Area Coordination does vary from location and greatest impact is achieved when there **are** already some neighbourhood groups established. For areas that lack this, the reach of the Coordinator is reduced. It is recommended that in areas with less community engagement, the Local Area Coordinator **ensures close working with Community Builders and other Asset Based Community Development programmes** to identify opportunities to engage with the community as a whole. From this, the individual support then provided would be greater and result in more people connecting in the local community.
- Understanding where frustration is occurring with council services by individuals to improve the overall approach by the council to individuals in need of support.

8.2 Recommendations for further evaluation

The following recommendations are also made to better capture the social impact being achieved and support the service in driving continuous improvement. The purpose of these recommendations are designed to inform any further evaluative work to enhance the understanding of the impact of outcomes forecast further. It is recognised that some outcomes have been excluded from the final calculation that would also enhance the social value created:

- Focus groups with Level 1 and 2 Individuals to discuss the impact of Local Area Coordination – this could be through a quarterly ‘share your story’ forum where people also have the opportunity to connect further with those around them and support others removing the formal assessment approach of evaluation and still embedding the philosophy of Local Area Coordination;
- Developing a scenario based survey for individuals at Level 2 post support from Local Area Coordination to better understand what changes;
- Defining if outcomes are different for those with different needs and ages. Include more robust monitoring of categories (rather than one primary category) to support more effective mapping;
- Further evaluating the impact of reduction in smoking and drinking on individuals. It is recommended that these two outcomes are recorded and defined separately for future analysis to better understand any change;
- Develop outcome monitoring spreadsheet to capture all of the outcomes with a set of defined responses for Local Area Coordinators to input to improve ease, consistency of monitoring and better capture all of the services avoided and outcomes. In particular, record extent of change experienced by stakeholders;
- Further engagement with Health to understand the impact on services with Local Area Coordination. In particular understanding the level of reliance on health services pre and post support and following through to understand longer term prevention of reliance on health services;
- Further engagement with Police and Fire to understand impact. In particular for Fire and Rescue having a clearer understanding of the potential loss of life without the intervention due to domestic fires;
- Consideration of wider community services to map change over time as to whether Local Area Coordination has impact. This could be in the form of a resident satisfaction survey (used by other councils) which could establish a baseline in short term for areas where Local Area Coordination is less prevalent and then monitor change in satisfaction with local services and area in which they live.

8.3 Reviewing and Reporting

This report has been reviewed with Local Area Coordination to verify the assumptions and judgements made. The value map has been reviewed with all stakeholders to ensure it is reflective and representative. The audiences for the report are:

- CCGs, funders and national policy makers – to demonstrate the value of Local Area Coordination to support applications for further funding post March 2016, influence national policy and commission LAC as a permanent service;
- Voluntary Sector and Partners – to continue to gain the support of partners in the delivery of Local Area Coordination and demonstrate the value of working together to achieve positive outcomes for individuals;
- Thurrock Council – to understand internally the value of the service and where the greatest impact is to then shape the service to optimise the social value achieved.

Appendix 1 – Audit Trail

Stakeholders Included in the Analysis

Stakeholders	Reason for Inclusion	Quantity forecast	Engaged
Individuals accessing Level 1 support	Key beneficiary of service who are perceived to gain the most benefit from the delivery of the service.	1657	423 individuals already received support at Level 1 and outcomes recorded by Local Area Coordinator in monitoring spreadsheet to inform quantities forecast. Focus Group held but only 2 Level 1 Individuals attended to discuss theory of change.
Individuals accessing Level 2 support	Key beneficiary of service who are perceived to gain the most benefit from the delivery of the service.	719	17 one to one interviews conducted with Level 2 Individuals together with a review of 41 'stories' written by Local Area Coordinator with the individual detailing what happened to them and how they are doing now. 157 individuals already received support at Level 2 and outcomes recorded by Local Area Coordinator in monitoring spreadsheet to inform quantities forecast.
Families of Individuals	Secondary beneficiary of service as a result of individuals being supported.	1710	Not possible to engage directly with this stakeholder and therefore assumptions are based on those reported by individuals in the interviews together with experiences detailed by Local Area Coordinators. Assume 28% live alone and therefore the remaining have one family member who is impacted. The final calculation does not include the outcomes experienced for families due to the lack of engagement to avoid over claiming.
Local Area Coordinators	Local Area Coordinators are delivering the service to the individuals.	9	One to one interviews with all 9 Local Area Coordinators currently supporting individuals.

Stakeholders	Reason for Inclusion	Quantity forecast	Engaged
Public Health	Member of Local Area Coordinator Steering Group with perceived impact for this stakeholder as key aims of service is to improve health and wellbeing. Public Health are contributing to funding of service with Local Area Coordinators promoting and referring people to their health initiatives.	1	Review of theory of change at Steering Group Meeting followed by further review of assumptions by Strategic Lead and Public Health Manager.
Thurrock CCG (including SEPT and NELFT)	SEPT and NELFT are members of Local Area Coordinator Steering Group with perceived impact for this stakeholder as key aims of service is to improve health and wellbeing. Thurrock CCG are contributing to funding of service and local organisations SEPT and NELFT refer individuals and work alongside Local Area Coordinators.	1	Initial meeting with CCG followed by telephone meetings with SEPT and NELFT to establish theory of change and review of key assumptions.
Thurrock Council	Adult Social Care deliver Local Area Coordination but also work in partnership with other departments including Housing who refer individuals to Local Area Coordination.	1	Engaged with Housing and Sheltered Housing at Steering Group Focus Meeting with follow up to review key assumptions. Adult Social Care were engaged throughout the process as commissioners of the analysis and delivering the service.
Essex Fire and Rescue	Member of Local Area Coordinator Steering Group with perceived impact for this stakeholder through reduced number of domestic fires. Essex Fire and Rescue are funding half a post through the secondment of one of their fireman.	1	Review of theory of change at Steering Group Meeting but not possible to have further follow up of key assumptions due to availability of stakeholder therefore greater reliance on external data.
Essex Police	Member of Local Area Coordinator Steering Group with perceived impact for this stakeholder through reduced ASB calls. Essex Police refer people to and work with, Local Area Coordinators.	1	Community Safety Partnership Manager engaged to discuss impact for Police, review theory of change and key assumptions made in the analysis.

Stakeholders	Reason for Inclusion	Quantity forecast	Engaged
Local Community	Local Area Coordinators aim to also support neighbourhood and community organisations and are embedded in the community therefore expect impact in wider community.	2744 Local Community Population 90 neighbourhood and community organisations	Neighbourhood organisations through focus group and telephone meeting (8 no.). Not possible to engage with wider local community (although neighbourhood organisations represent them to a point) due to resources. This is reflected in recommendations for further analysis with the introduction of a resident satisfaction survey.
Department for Work and Pensions	Individuals receive support back into employment after previously being out of work and claiming benefits representing financial saving to DWP.	1	Not engaged directly. Government statistics used to record impact for DWP.

Stakeholders Not Included in the Analysis

The table below shows the stakeholders that were excluded from the analysis at Stage 1 and 2 during the identification of stakeholder and mapping of outcomes.

Stakeholder	Reason for Exclusion
Volunteers	Volunteers supporting Thurrock Community Hubs work alongside Local Area Coordinators accessing their knowledge and support. A focus group with volunteers was held with six attending to identify any material changes. It was perceived that the change for volunteers was in the material changes for the individual only (as this is why they became a volunteer) and did not experience any changes themselves so were excluded from the analysis subsequent to this.
Councillors	Local Councillors have been supportive of the development of Local Area Coordination and referred residents onto the service. A meeting was arranged with one councillor who was actively involved in Local Area Coordination. It was perceived that the change for Councillors was in the material changes for the individual only and did not experience any changes themselves so were excluded from the analysis subsequent to this.
Healthwatch	On engagement with Healthwatch although Local Area Coordinators are a 'good resource', it would be on very rare occasions that they would refer and also have a very low number of repeat callers therefore no impact perceived other than material outcomes for individuals.
Thurrock CVS	Thurrock CVS also provide support to the community and it was noted by the council that they had experienced a reduction in funding. Although it was not possible to engage with this stakeholder, it was considered that the reduction in funding was as a result of wider cuts in the sector and not attributable to Local Area Coordination. Furthermore there was not enough evidence to suggest that the service increase referrals to Thurrock CVS which is of benefit to this stakeholder is a material change.

Outcomes Not Included in the Analysis

The table below shows the outcomes which were removed from the analysis at Stage 1 and 2 during the identification of stakeholder and mapping of outcomes.

Stakeholder	Outcome	Reason for Exclusion
Families of Individuals	Feeling in control as also receive advice and information	Family members would also become individuals recorded separately where the support is significant therefore not enough evidence to suggest a material change for those that had a small amount of ad hoc information and advice from service.
Thurrock CCG	Early screening checks and identification of other health issues	Not enough evidence to suggest currently that this is a material change attributable to Local Area Coordination. This was identified as a potential outcome by Public Health but no individuals identified and it was not evident to date. This would be a much longer term outcome for which requires monitoring as to whether it is material.
Volunteers	Work in partnership with Local Area Coordinators to better support individuals increasing volunteers sense of satisfaction	It was perceived that Volunteers working in community hubs alongside Local Area Coordinators would feel more supported and able to assist individuals increasing their sense of satisfaction. On discussion with a focus group of volunteers, whilst they all spoke highly of the Local Area Coordinators, they did not identify any material changes for them as volunteers stating that they would use other support networks if Local Area Coordinator was not there and their sense of satisfaction with helping people is borne from volunteering and would have been experienced anyway.
Healthwatch	Reduction in number of repeat callers to Healthwatch	A large majority of the outcomes for Healthwatch was in relation to the improved health and wellbeing of the individuals. However, Healthwatch identified that they did refer people to Local Area Coordination and as such it was expected this reduced call demand on their telephone advice service. However on engagement with Healthwatch although Local Area Coordinators are a 'good resource', it would be on very rare occasions that they would refer and also have a very low number of repeat callers.
Thurrock CVS	Increase referrals to Thurrock CVS from Local Area Coordinators	Thurrock CVS also provide support to the community and it was noted by the council that they had experienced a reduction in funding. Although it was not possible to engage with this stakeholder, it was considered that the reduction in funding was as a result of wider cuts in the sector and not attributable to Local Area Coordination. Furthermore there was not enough evidence to suggest that the service increase referrals to Thurrock CVS which is of benefit to this stakeholder is a material change.
	Reduction in funding	
Councillors	Better able to support communities, providing a local point of contact, and reducing administration time for Councillors	On engaging with one councillor, it was perceived that the change was in the material changes for the individual only and did not experience any changes themselves so were excluded from the analysis subsequent to this. There was a perception that other councillors may have a view that it did reduce time for them but it was not possible to engage with them due to availability and there was insufficient evidence to suggest this was a material change for Councillors.

Appendix 2 – References

The references are included throughout the document as footnotes. The below provides a summary of key research reports used to inform the analysis.

- A Guide to Social Return on Investment, SROI Network, January 2012
- Supplementary Guidance on Materiality, The SROI Network, November 2011
- Community investment values from the Social Value Bank, HACT and Daniel Fujiwara, www.socialvaluebank.org
- People, Places, Possibilities, Progress on Local Area Coordination in England and Wales, Ralph Broad, Published by The Centre for Welfare Reform, August 2015
- Review of the Local Area Coordination Program, Western Australia, Dr Philip Deschamp et al., March 2003
- Mojo: A Twelve Week Programme for Unemployed Men Experiencing Mental Health, A SROI Analysis, 2014
- Catalysts for Community Action and Investment, Jonathan Schifferes, NEF Consulting, May 2011, <http://www.cdf.org.uk/wp-content/uploads/2011/12/SROI-Report-FINAL.pdf>
- Gentoo Living Young Persons Supported Housing Service STEPS, Forecast SROI, Trish Dodds, Gentoo Housing, January 2014
- Additionality Guide, Fourth Edition 2014, Homes and Communities Agency, <http://cfg.homesandcommunities.co.uk/publications>
- Office for National Statistics, <http://www.ons.gov.uk>, accessed June 2015
- Public NHS Costs Services Expenditure Personal Services as at 31st March 2014, <http://www.hscic.gov.uk/catalogue/PUB14909>
- Unit Costs of Health and Social Care 2014, <http://www.pssru.ac.uk/project-pages/unit-costs/2014/index.php>
- New Economy Manchester Unit Cost Database V1.4, New Economy Manchester Unit Cost Database V1.4, http://neweconomymanchester.com/stories/832-unit_cost_database;

Appendix 3 – Interview Proforma for Individuals

Interview Proforma	
Client Name	
Date of Interview	
Time of Interview	
Local Area Coordinator	
Age	
Category	
Dictaphone Number	
Q1. Are you able to tell me your story and what has changed for you personally as a result of receiving support from <i>(LAC Name)</i> ? What is different for you now that you have used the service?	
Q2. Has all the change been positive or has anything changed that you weren't expecting?	
Q3. Thinking about these changes, can you put them in order of priority of how important they are to you? What is the most important?	

Q4. What difference will each of these changes make to you? *Use the scale of 1-5 for each outcome.*

Outcome	Before service	After service

Q5. For each of the outcomes, has anything changed in your life as a result that we could show to demonstrate this change has happened? **Value Game:** *If you could trade your (insert outcome) for one year only (i.e. continue as you were without our services for another year) for one of the following, would you, and which one?*

Outcome	Above	Below

Q6. How else could you have got the same feeling? What would have happened if you had not been able to use our service?

--

Q7. How long do you think these feelings and changes you described will last – for example as long as you receive our service or longer? Will you need more support in the future?

--

Q8. Was anyone else involved in making these changes happen? If so, who were they and how much?

--

Q9. Has you using our service made a difference to anyone else e.g. family members, neighbours, carers? Has anyone else experienced any change?

Yes

No

--

Q10. Would we be able to contact them to ask them the difference it has made to them?

Name	
Phone number	
Email	

Q11. How often do you partake in social activities with other people?			
Less than once a year		Weekly	
Less than monthly		Daily	
Monthly			
Q12. Would you like to socialise more in the community?			
Yes	Not sure		No
Q13. As a result of using our services, have you used health services less?			
Yes – fewer stays in hospital (being admitted)		No difference	
Yes – fewer visits to A&E		No – more visits to doctor	
Yes – fewer visits to doctor		No – more visits to hospital	
Q14. How often do you receive care and support from either family members/neighbours?			
Less than once a year		Weekly	
Less than monthly		Daily	
Monthly			
Q15. How often do you receive care and support from carers?			
Less than once a year		Weekly	
Less than monthly		Daily	
Monthly			
Q16. Has your care and support reduced since using Local Area Coordination?			
Significantly reduced		Slightly increased	
Slightly reduced		Significantly Increased	
No difference		Not Sure	
Q17. Has your care and support reduced since using Local Area Coordination?			
Significantly reduced		Slightly increased	
Slightly reduced		Significantly Increased	
No difference		Not Sure	
Q18. Has your fear of crime been reduced since using Local Area Coordination?			
Significantly reduced		Slightly increased	
Slightly reduced		Significantly Increased	
No difference		Not Sure	
Q19. Has your risk of fire at home been reduced since using Local Area Coordination?			
Significantly reduced		Slightly increased	
Slightly reduced		Significantly Increased	
No difference		Not Sure	
Q20. Can I ask your current living arrangement?			
Live alone		Live with children (how many and if under 10?)	
Live with partner		Live with parents/guardians	
Live in Supported Housing		Other:	
Q21. Can I ask if you own your own home?			
Yes		No – renting from Thurrock council/HA	
No – renting privately		Other:	
Q22. Would you be willing to participate in a focus group on Friday 19 th June 2015 at 10 am?			
Yes	No – other date:		No
Q23. Is there anything else you would like to add? Any other comments?			

Appendix 4 – Questions for Other Stakeholders

The following questions demonstrate a focus group with Steering Group members which was also used for Volunteer and Neighbourhood group focus groups. Other interviews which were with individuals asked the same questions without the group discussion.

Introduction and consent forms (10 minutes)

Group Discussion: Establishing impact on Individuals (40 minutes)

As a group, consider:

- What do you think changes for the individuals accessing the service?
- Is the Theory of Change representative? Is there anything missing?
- What other ways might the change have come about?
- Do you think anyone else has experienced any changes?
- Who has it made a difference to and what difference has it made?

Individual Review: Establishing impact on organisations (10 minutes)

Individually, consider:

- Has anything changed for you and your organisation as a result of Local Area Coordination?
- What difference has this made to you?
- Think about whether all the change has been positive
- List what has changed for you, putting them in order of priority

Group Discussion: Establishing impact on organisations (30 minutes)

Review as a group and discuss:

- Do these represent the difference the service made to you?
- Is there anything else that is not covered here?
- Was all the change good?
- How long do you think each change will last? How long will you feel the effect of the change?
- What could we show someone (for each change) that would prove that these changes have taken place? What is different now for you because of the change?
- For each change, how much is Local Area Coordination directly responsible on a scale of 1 – 10 (1 is not at all and 10 is completely responsible)?

Group Discussion: Establishing deadweight and attribution (15 minutes)

As a group, consider:

- How else might the change have come about?
- What would have happened if Local Area Coordination was not active?
- Was anyone else involved in making these changes happen? If so, who were they and how much?

Thank you and Close (5 minutes)

Appendix 5 – Items for Value Game

These items were chosen for individuals interviewed to 'trade' the outcome of social isolation and improved outlook on life for one year and reflect expenditure and priorities perceived for this stakeholder.

Item	Value	Source
Burglar Alarm for one year	£673	Service Magic: http://www.servicemagic.co.uk/resources/cost-guides/home-burglar-alarm-costs-and-prices/
Trip to the cinema each week for one year	£1,024	Odeon Cinema. Cost for Senior (£8.75) and Adult (£10.95)
Gas and electric paid for one year	£1,339	ONS Household Expenditure 2013.
Cleaner once a week for one year	£1,365	Busy Hand Cleaner for 2.5 hours once a week. http://www.busyhandscleaners.co.uk/Pages/Prices.aspx
Meal out with family/friends once a week for one year	£3,120	Average meal out for two people costs £55. http://www.theguardian.com/lifeandstyle/wordofmouth/2013/apr/17/restaurant-prices-rise-eat-well-less
Visitor to your home to talk to, play games etc. for 12 hours a week for one year	£4,576	Health and Social Care Costs 2014 (Befriending Service). http://www.pssru.ac.uk/project-pages/unit-costs/2014/index.php
Luxury two week cruise holiday to destination of your choice with a relative/friend	£4,598	Mediterranean Cruise June – July 2015 http://www.cunard.co.uk
Mortgage or rent paid for a year	£6,966	ONS Household Expenditure 2013.
Family holiday to Florida for two weeks	£4,967	http://book.virginholidays.co.uk/book/?portal:componentId=7847&portal:type=action&portal:isSecure=false&portal:portletMode=view&execution=el1s1&eventId=search
Additional 1 hour of home care per day.	£5,532.80	Public NHS Costs Services Expenditure Personal Services as at 31st March 2014

