

VALUING CARE NETWORK

A SROI Framework and Forecast Analysis
for Care Network (Blackburn with Darwen) Ltd.

Foreword

This report was undertaken by Care Network (Blackburn with Darwen) Ltd so that we could better understand the value of the work that we undertake for vulnerable adults and carers in Blackburn with Darwen.

Once this work was undertaken and a better understanding was gained of how our services have an impact on the lives of our customers, we then wanted to collect this information in a format that would enable us to measure these benefits on an ongoing basis through inputting relevant outcomes data onto our new database.

This report therefore forms a crucial information infrastructure for our new online database which will collect outcomes information on our customers and will inform an ongoing Social Return on Investment (SROI) analysis of all of Care Network's activities.

We would like to thank Duo Development for their assistance and support in helping Care Network to undertake this Social Return on Investment analysis. It has taken some time but the resultant intelligence is well worth it. We would also like to acknowledge support from the Transition Fund who provided the funding for us to undertake this project.

On September 13th 2012 this report was deemed to comply with SROI Network Principles. The report was submitted to an independent assurance assessment carried out by The SROI Network "The report shows a good understanding of the SROI process and complies with SROI principles. Assurance here does not

include verification of stakeholder engagement, data and calculations. It is a principles-based assessment of the final report".

Undoubtedly this report and the accompanying database development will go a long way to ensuring the sustainability of Care Network and in allowing us to understand what works well in our vision to provide a first class service to all our customers.

James Hadleigh - Care Network Manager

Disclaimer

The information within this report has been provided for general information only and measures have been taken to ensure that the information is accurate and up to date. However, Care network is not liable for any use that may be made of the information here or nor can we be held responsible for any errors resulting from the use of this information.



Quality assured services for peace of mind

Care Network forecast SROI analysis

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EXECUTIVE SUMMARY

This report documents the work carried out in 2011/12 to establish a Social Return on Investment Framework for Care Network. This report provides a 'bread crumb trail' of how collected information, the decisions and assumptions that have been made as well as explaining the initial SROI framework and the general story of the changes Care Network helps to bring about for its stakeholders.

The independently assessed SROI Framework will inform Care Network's future monitoring and evaluation procedures including how we plan and capture evaluation and what questions we will ask our stakeholders in the future. The framework will also be embedded into Care Network's new database. Having accessed funding to develop a new database we thought it opportune to incorporate the findings from this report into the database so that we can measure the social value of our work on an ongoing basis. Some information that we are wanting to capture shows little material significance (and consequently deadweight and attribution) at the moment, but we believe that over time, we expect these outcomes to increase and so they have been included in the report. More discussion on this issue is covered on page 70 of this report.

The information gained from using this approach will enable Care Network to have a greater understanding of the impact of its work on the people it exists to help. This will enable Care Network to make informed strategic decisions on the direction of future work and allocation of resources. It will also assist Care Network to communicate the value of its work to funders and other partners.

Care Network is a dynamic and growing organisation with a clear, relevant role to play in adult social care. This work is the first step in a longer-term commitment by the charity to measure the value of its work to its stakeholders. As well as providing a system with which to gain an insight into our current work, the SROI framework provides a foundation on which Care Network will build on in the future as we learn more about the changes that we bring about, how to measure these changes and to develop more appropriate products and services for our customers. This report provides an outline of developments that can be made in the future to build on and improve this framework.

The report looks at how Care Network has made a real difference to the 1636 vulnerable adults (our customers) that made use of our services over a twelve month period from April 1st 2011 to 31st March 2012. From these customers we provided 2383 referrals for service over the same period.

In addition to impacting upon the lives of our customers who made use of our services, other stakeholders are affected by a wide range of outcomes created as a result of Care Network. The scope of this report focuses on analysing the story of change for the following stakeholders:

- Care Network providers
- Care Network volunteers
- Blackburn with Darwen Adult Social Services
- NHS Blackburn with Darwen Teaching Care Trust Plus
- Department for Work and Pensions

The impact map that has been developed following stakeholder consultation showed that a range of outcomes were being developed. These include:

- Increased/maintained wellbeing, physical and mental health for our customers
- Maintained independence for our customers and as a result a reduction in the use of acute services
- Customers were better off financially through the quality assurance of our providers prices
- Increased income through customers' relationship with Care Network
- Increased confidence, wellbeing, physical and mental health for both customers and our volunteers
- Increased employability for our volunteers
- A reduction in the use of health services for both customers and volunteers
- A reduced demand on NHS community services as customers are able to pay for services (such as our toe nail cutting service)
- Better focus of services due to better information being shared with customers - increasing the uptake and awareness of health initiatives targeted at older people in the borough
- A reduction in the volume of calls from customers contacting frontline Adult Social Services staff
- Better focus of services due to better information - increasing uptake and awareness of council and health services targeted at older people

Results

The total present value calculated from the impact map for Care Network for the period 1st April 2011 to 31st March 2012 under the assumptions made was £1,694,509. The total invested in Care Network for service delivery was £151,178 over the same period. The SROI index is a result of dividing the total present value by the investment which gives a social return value of £11.21 for every £1 invested in Care Network.

This report presents a powerful social and business case for investment in Care Network in the future due to the multiple benefits across a range of stakeholders but ultimately towards the positive promotion of wellbeing and independence for the vulnerable adults of Blackburn with Darwen.

The development plan at the very end of this report includes recommendations for future investigation and activity.

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

BACKGROUND

Care Network

Care Network is a registered charity that supports people in Blackburn with Darwen to live independently by referring them onto a range of affordable, accessible, day to day quality assured services including a range of cleaning, shopping and home maintenance services such as building work, roofing, electrical, gas, plumbing and painting and decorating.

The vast majority of our customers are older people but we can also support people with a disability and people who care for someone at home. Adults of all ages needing support to live independently can access our services.

Care Network promotes the ethos that by supporting vulnerable people to access the services they need this will promote independence and improve quality of life, enabling people to live in their own homes and communities for longer.

Our vision is “For vulnerable adults and carers in Blackburn with Darwen to live independent lives (in their own homes and the community) by having easy access to a range of affordable and quality assured everyday services and to look to develop new services that are appropriate to the needs of our customers in promoting their independence and wellbeing”.

How the service works:

Care Network provides a Helpdesk service. Customers contact the Helpdesk with enquiries about any services they may need. They

will usually telephone, but they may e-mail or call into our town centre offices. One of our Helpdesk staff will chat to them about the service(s) they need, and also about any broader issues that may be giving them concern. If there is an identified need, one of our staff will arrange to visit them in their own home to discuss their needs further.

Having clarified what they need, our Helpdesk staff will signpost the customer to a suitable service. The assistance to this point is free. The customer will need to pay the provider for the service they receive, but they will find the cost affordable and they will be reassured by knowing that the provider has been checked out beforehand, and is well known to Care Network. All our services are continuously monitored for customer satisfaction and customers are routinely asked to give feedback on the quality of the service they have received. If they are dissatisfied, Care Network will help resolve the matter on behalf of the customer. We continuously record all requests for services whether we have a provider who offers that service or not, so that we can identify the level of demand for a particular service area. If any gaps in the market are identified Care Network will also seek to fill them by supporting the expansion of existing provision, or the development of new (including volunteering) services. Throughout the process, Care Network ensures that quality standards and affordability criteria are met.

Quality assurance

Quality assurance is the cornerstone of all Care Network activities. Care Network does not itself provide services. Request for services are generally met by developing Care Network ‘Approved

Providers'. These are usually private local businesses or Social Enterprises which have been recruited and have passed our Quality Assurance standards. At recruitment stage, each new provider is interviewed and is given a new provider pack. This pack gives guidance on Care Network's philosophy and on our quality requirements. The pack also includes suitable policies and procedures (should they be required). When recruiting new providers Care Network also undertakes enhanced Criminal Records Bureau (CRB) checks on all individuals that will be working with our customers (where relevant) and obtains consent from potential providers for us to checking them with the local Trading Standards Team at the Public Protection Service. We also assess financial viability, relevant industry standards and qualifications and ensure that appropriate insurances are in place as well as taking up references on each new provider.

All Care Network providers are issued with ID badges which they have to show on all customer visits. Providers also receive an annual inspection from our Project Business Development Co-ordinator for quality assurance compliance and all have to attend our annual Provider Forum which is held to provide updates and share information about relevant issues. These quality assurance principles are also applied to all our volunteers who all have to undergo enhanced CRB checks and who are given appropriate training in relation to their volunteering activities.

There is no cost to businesses becoming a Care Network provider except that they have to pay (where relevant) for the CRB checks for all their staff members who would come into contact with our customers.

Care Network has 3 main distinct areas of delivery. These are:

1. Helpdesk

The Helpdesk provides access and signposting to local Quality Assured businesses and social enterprises in 26 different service areas. It provides appropriate information and access to good quality low-level services to reduce dependency and subsequently reduces access to direct social care provision. Customers are supported on the issue they immediately need addressing but are also asked about other needs and introduced to other services which may be available to them as well. Customers all receive a follow up questionnaire three months after a piece of work is carried out to assess the quality of the service that they received.

At the time of writing this report Care Network services included:

- Aerial and Satellite Services
- Home Maintenance
- Shopping
- Cleaning
- Gardening
- Luncheon Clubs
- Decorating
- Mobile Hairdressing
- Hedge Trimming and Tree Cutting
- Oven Cleaning
- Gas Maintenance
- Plumbing
- Toe Nail Cutting
- Domestic Appliance Repair
- Fire Safety Check Service

- Befriending Service for Under 50's
- Tarmacing and Resurfacing
- Roofing and Building Services
- Electrical Services

2. The Assisted Shopping Service

This volunteer led service helps vulnerable adults maintain their independence through our volunteers helping them with their shopping through a door-to-door service.

3. Befriending Service for the Under 50's

This is a recently established project that reduces isolation for vulnerable adults and carers by matching them with befriending volunteers.

CASE STUDY

Margaret is 91 years of age and has been a customer with Care Network since May 2005.

Margaret has lived on her own for most of her life and has always been very independent and used to do all her own decorating and odd jobs around her house, but as she has got older she is no longer able to do the things that she once could.

"I try to manage on my own the best I can, but there are things I just can't do any more, but I know I can contact Care Network and they will help me."

In 2006 Margaret broke her hip whilst walking up the stairs at home and needed to have a hip replacement. She also suffers from

arthritis and has had one knee replacement and is waiting for the other knee to be done. Due to these problems Margaret struggles walking and finds getting out and about difficult. Margaret found out about Care Network through a relative and has been a regular customer for just over 6 years. She has used Care Network for various services including painting and decorating, joinery, locksmith, a benefits check and just recently has used our plumbing and gas maintenance service. In December Margaret noticed a leak in her back yard so she contacted Care Network and we put her in touch with one of our plumbers right away. Margaret told us that the plumber was excellent and the price he charged was very reasonable.

Margaret says the best thing about Care Network "is knowing that you can rely upon them and that they will not try to twist you. If anything is wrong I can ring you up and I know that you will help me." Before Care Network, Margaret used to have to look for tradesmen in the local paper, but found that they either did not turn up to have a look at the job or that they turned out to be very expensive.

When asked what else she liked about Care Network Margaret said she "feels the service provided is marvellous, the people you send round are reliable, efficient and have always carried out an excellent job. I don't know how I would manage without you." Margaret feels that the only improvement Care Network could make is to better advertise our range of services as she feels there are still a lot of people out there who don't know about us.

Social Return on Investment (SROI)

SROI is an approach to understanding and managing the value of the social, economic and environmental outcomes created by an activity or an organisation. It accounts for a much broader concept of value. It incorporates social, environmental and economic costs and benefits into decision making, providing a fuller picture of how value is created or destroyed. SROI is able to assign a monetary figure to social and environmental value, which is created. For example, research on the value created by a training programme for ex-offenders revealed that for every £1 invested, £10.50 of social value was created.

SROI is based on seven principles:

1. **Involve stakeholders**

Understand the way in which the organisation creates change through a dialogue with stakeholders.

2. **Understand what changes**

Acknowledge and articulate all the values, objectives and stakeholders of the organisation before agreeing which aspects of the organisation are to be included in the scope; and determine what must be included in the account in order that stakeholders can make reasonable decisions.

3. **Value the things that matter**

Use financial proxies for indicators in order to include the values of those excluded from markets in same terms as used in markets.

4. **Only include what is material**

Articulate clearly how activities create change and evaluate this through the evidence gathered.

5. **Do not over-claim**

Make comparisons of performance and impact using appropriate benchmarks, targets and external standards.

6. **Be transparent**

Demonstrate the basis on which the findings may be considered accurate and honest; and showing that they will be reported to and discussed with stakeholders.

7. **Verify the result**

Ensure appropriate independent verification of the account.

Taken from the SROI Network:

<http://www.thesroinetwork.org/what-is-sroi>

SCOPE AND STAKEHOLDERS

As discussed previously, the work carried out focused on establishing a framework to enable Care Network's future analysis of SROI. However a forecast SROI is contained within this report. The investigation took place over six months from October 2011 to March 2012 and involved representation from all of Care Network's main stakeholders.

The framework set out to cover all three areas of Care Network's delivery projects: the Helpdesk, the Assisted Shopping Service and the Befriending Scheme as well as the benefits of volunteering to volunteers. During early consultations with staff it emerged that the Befriending Service was in its infancy stage and it wasn't the right time to include the service in this study. The decision was therefore made to omit the Befriending Service from this study and to reassess when it had become more established.

The Assisted Shopping Service is a compact project with around 27 beneficiaries/customers and is delivered by Care Network directly. It involves one key activity of transporting vulnerable adults to and around supermarkets/shopping centres and in some cases helping to put customers' shopping away.

The most challenging aspect of Care Network's services in terms of this analysis was the role of the Helpdesk. This is due to the size, complexity and range of third parties that work together to bring change about for Care Network's customers. Care Network currently has 34 registered, quality assured services providers for which it brokers for 1636 recorded customers (in 2011/12). Services range from toe nail cutting to painting and decorating.

Services also range from the provision of regular activities such as gardening, to one off work such as building and roofing jobs. Another vital role that the Helpdesk plays for local citizens is the information and signposting service that we provide. If we are unable to assist someone with any of our services we will know of an agency that would be able to do so. This detailed local knowledge of what is available in the borough is positively acknowledged by partner agencies and customers alike.

The services brokered by Care Network, at arm's length, are so wide with complex third party relationships, we identified this could make any SROI analysis difficult and possibly ineffective. We considered purely measuring the value of better access to services. Although this would have been a simpler approach, it would not reflect the true difference made to stakeholders and, as such, would not be a true SROI analysis of Care Network activities.

We sought other opinions through the SROI network and with the help of many useful comments we decided (as far as possible) to measure and value the outcomes created by our providers but focus on ensuring we captured all the direct benefits customers receive from the Helpdesk service.

Organisational activity

Care Network's aim is to provide services that are affordable, accessible and quality assured. We market our services through a range of avenues including referral from the whole range of Social Services teams operating across the borough as well as through health agencies (including GP surgeries) and other Third Sector agencies operating in the local Social Care landscape. This referral

process is a two-way process. If citizens present themselves to the Helpdesk and are in need of support or services that we cannot provide then they are directed to the appropriate service in the borough. We have a clear understanding of the various services that are available to individuals across all sectors and we find that in many cases we are the first point of contact for individuals wishing to find out about a range of activities/options that would benefit them.

We also seek to market our services and to raise our profile across the borough through marketing campaigns, leaflet drops and by advertising our services in public spaces such as the town hall, the libraries and even in the local shopping centre.

We constantly consult with the customers using our services, sending out follow up questionnaires to those customers who have made use of one of our services in the preceding three months. Additionally we annually consult with all customers through a detailed questionnaire who have made use of our services over the previous twelve months. For this analysis a small consultation event was arranged to inform us on what areas to focus on in the 2012 annual questionnaire.

Period of study

The study covers the period from 1st April 2011 to 31st March 2012. This covers our financial year and includes all our service delivery to customers over this twelve month period. Our befriending service commenced in July 2011 and is still in its infancy. For the purposes of this report the befriending service has **not** been included in the final analysis.

During the period being evaluated the Care Network service was delivered by the following staff members:

- 2.5 FTE Helpdesk staff (who took calls from customers and liaised with our providers on an ongoing basis to ensure that appointments were made between the customer and the provider).
- 0.5 FTE Project and Business Development Co-ordinator (who undertook recruitment of all our service providers and maintained our quality assurance systems).
- 1 FTE Volunteer Development Co-ordinator (who managed and co-ordinated our volunteering programmes including the Assisted Shopping Service).
- 1 FTE manager (who oversaw the effective delivery of the Car Network service)
- 27 volunteers (who delivered a one to one service with our Assisted Shopping customers).

The number of customers that used Care Network's services in the period from 1st April 2011 to 31st March 2012 numbered 1636. We undertook 2383 referrals for these customers in this period. As we began to undertake various stakeholder analyses it soon became evident that extra categories began to emerge. The subsequent table outlines these categories and why they were not included in this analysis. A range of stakeholder engagement activities took place including consultation events, one to one meetings and mailouts to customers.

Stakeholder analysis

The following table documents the stakeholder analysis carried out at the beginning of the work and outlines how each stakeholder was involved in the process.

Table showing stakeholder analysis

Stakeholder and how they are affected by/ effect the activity	What is expected to happen to them (+/-)	Included/ excluded?	Method of involvement	How many	When
<p>Customers</p>	<p>Increased/ maintained wellbeing, physical and mental health.</p> <p>Maintain independence</p> <p>Better off financially through quality assurance of price</p>	<p>Included</p>	<p>Consultation event and questionnaire held with customers to get a “real feel” of the issues that affected them. We were unable to hold separate events for under 50’s and over 50’s. Combined under one event.</p>	<p>10 customers – a small sample - 0.6% of total customers (1636)</p>	<p>December 2011</p>
			<p>Consultation held at Assisted Shopping meeting</p>	<p>5 customers – an 18.5% sample of the 27 that used our assisted shopping service in the period</p>	<p>November 2011</p>
			<p>Consultation questionnaires</p>	<p>2120 questionnaires were sent out to customers on our database. We received 403 responses – 24.6% sample of all customers using our services in 2011/12 (1636).</p>	<p>January / February 2012</p>
<p>Providers</p>	<p>Increased income through relationship with Care Network</p>	<p>Included</p>	<p>Group consultation and questionnaires with providers at</p>	<p>20 of 34 providers who were invited attended the meeting (59% sample)</p>	<p>November 2011</p>

			annual providers meeting		
Volunteers	Increased confidence, wellbeing, physical and mental health Increased employability	Included	Group consultation and questionnaires with volunteers at volunteers meeting.	6 volunteers were consulted out of the 27 active volunteers in the time period (22.2% sample)	Early December 2011
PCT (known locally as Care Trust Plus)	Customers and volunteers reduced use of health services Reduced demand on NHS community services as customers able to pay for example the toe nail cutting service Better focus of services due to better information - increasing uptake and awareness of health initiatives targeted at older people	Included Included Included	Face to face meetings held with senior staff	Two meetings involving 3 senior officers at Care Trust Plus Head of Service Strategic Commissioning Head of Service Quality and Procurement Commissioning Manager	Early December 2011
Adult Social Services	Reduction in use of acute services through customers maintaining their independence. Better focus of services due to better information Reduction volume of calls	Included Included Included	Face to face meetings held with senior staff	Two meetings involving 3 senior Adult Social Services officers: Director of Adult Commissioning and Personalisation Personalisation Lead –	Early December 2011 through to March 2012

	<p>from service users contacting Care Network instead of frontline Adult Social Services staff</p> <p>Better focus of services due to better information - increasing uptake and awareness of council services targeted at older people</p>	Included		<p>Blackburn with Darwen Borough Council</p> <p>Service Manager for: Aids and Adaptation Team, Initial Access Team and Reablement Team</p>	
Department for Work and Pensions	Increased tax uptake and reduced benefit payments	Included	Research undertaken	One day's desk research	March 2012

Stakeholder groups identified but not included in the analysis

Stakeholder	Reasoning
Carers	Not included in this analysis and the SROI calculation due to resource implications. However they have been identified as a future area for consultation.
Family and friends	Not included in this analysis and the SROI calculation due to the large numbers of these stakeholders and resultant resource implications. Feedback from customers gives us some idea of change on the wider family circumstances. Also some would not welcome intrusive questions from us into loved one's personal circumstances.

Points for future stakeholder involvement

The consultations that were held were very successful. Future studies are able to learn a lot from what went well and also identify areas for improvement. We believe that future stakeholder involvement could be improved by:

Involving beneficiaries of the Befriending Service once it is properly established.

The demographic breakdown of customers responding to our questionnaire mailout showed that 87% of responders were over 50 years of age and that those with a disability totalled 5%. We acknowledge that different groups of customers make use of our services and that the resulting feedback is heavily skewed towards the older cohort of customer. In future we will hold discreet focus/consultation groups with customers that are under 50 and those with disabilities as the views of these groups were least represented in consultations held.

Placing an emphasis on the carers of vulnerable adults. This is a cohort of customer that we need to focus on in particular examining the impact that our services have on them as carers per se and not as a by-product of the person being cared for.

Talking to frontline staff within the local health environment and Adult Social Services. Input from the management of these organisations would be well complimented by an on the ground view of how Care Network benefits service delivery.

Looking more closely at the value of our service on our providers from a financial perspective. In this current analysis, we have taken account of the value of our marketing activities and how this impacts on providers (generating more business for them). We decided not to take account of the actual financial added value to

them (through our brokerage function). Whilst recognised, it has not been included as this report is an analysis on the added value of the Care Network service itself and not on the actual specific services being provided. Future stakeholder involvement with providers will explore the possibility of seeking recompense from each of them (in terms of a commission or even a charitable donation from them).

Consultations featured the most independent of our customers. If resources allow more could be done to interview more vulnerable customers. Also, in undertaking further primary stakeholder engagement, we will use open questions during our consultations (through group discussions and through future questionnaires) to better understand just what difference our service has made to customers, how our services have impacted on their daily lives and what in particular (from the customer perspective) changes for them as a result of them using our services. We will also annually review the content of our postal questionnaires (prior to circulation) to ensure that we do not use any leading questions which might skew the true picture of our activities.

The following flow charts best describe the theory of change for the Helpdesk element of Care Network. The first summarises what happens with our support and the second what happens anyway.

Theory of Change

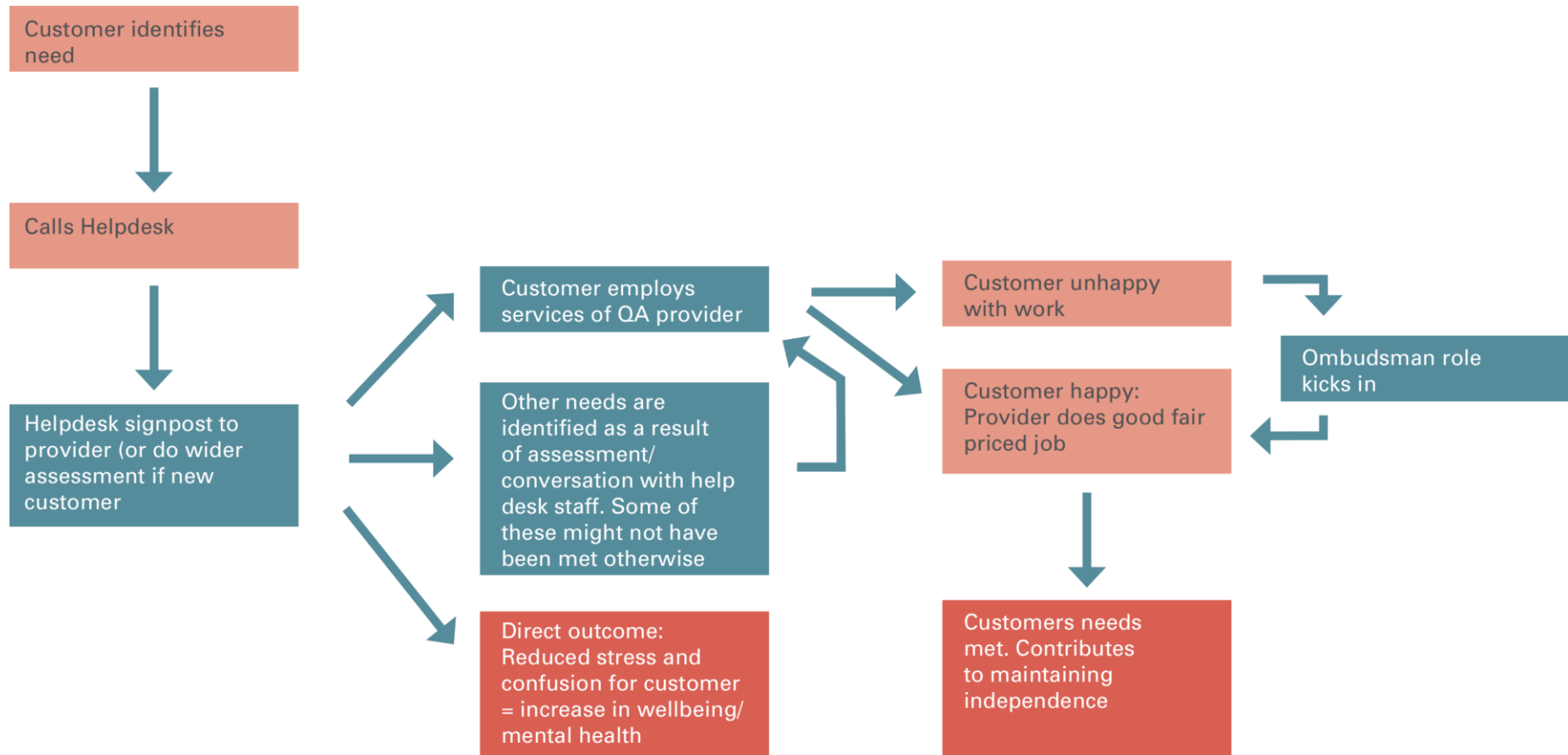
The Assisted Shopping Service has a positive impact on customer's lives by offering support, transport and social opportunities that enable the following outcomes:

- Increased independence
- Reduced isolation
- Better physical health and personal safety
- Increased mental wellbeing as a result of the above
- Plus some financial benefits

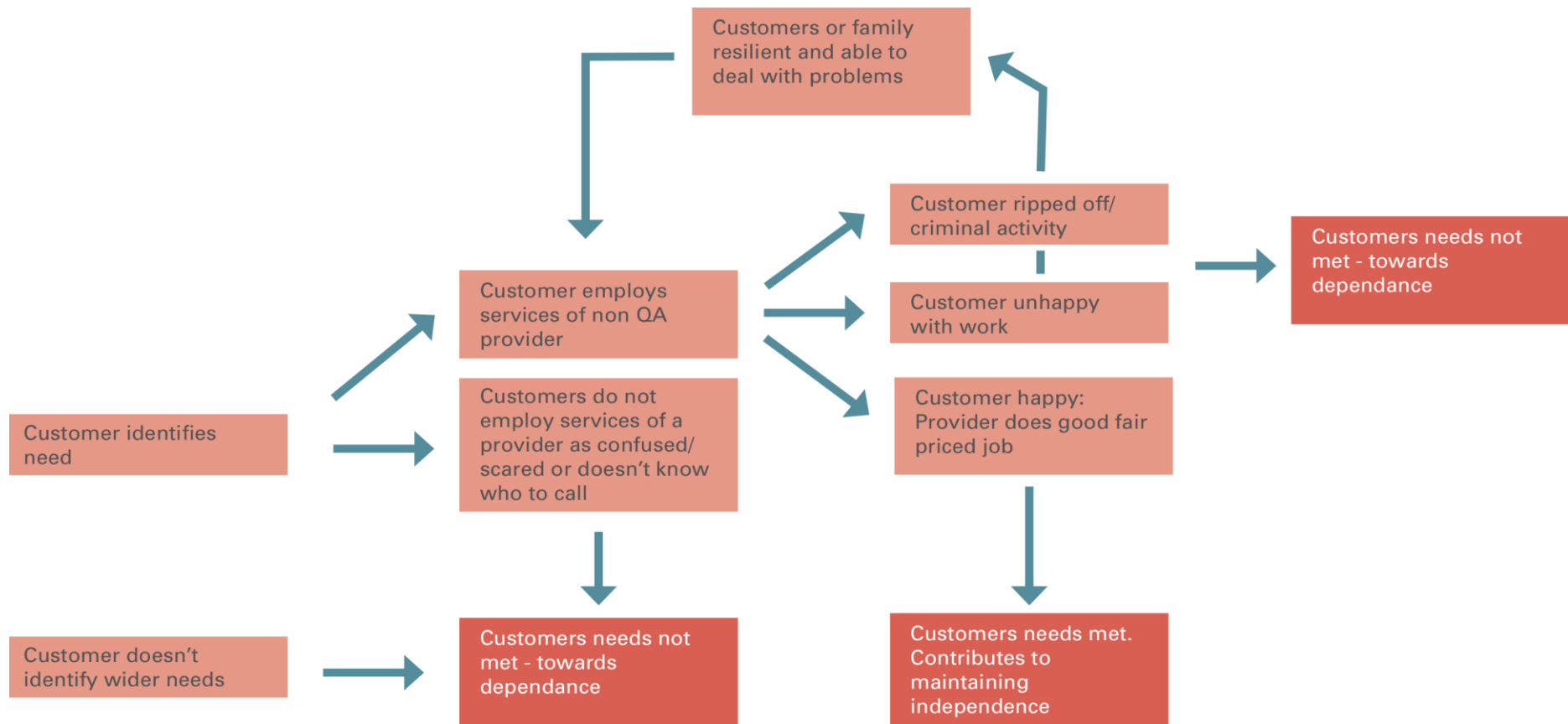
Flow chart showing theory of change for Helpdesk element of Care Network

Key:

- Care Network direct influence
- Out of Care Network's influence
- Longer term outcomes +/-



Flow chart showing what would happen without Care Network’s Helpdesk



Ultimately the Helpdesk helps people to maintain their independence by providing a safe bridge and improving access to services that help:

- Increased independence
- Reduced isolation
- Promote better physical health and personal safety
- Improve people’s financial position
- Promote better mental health and wellbeing

Through providing this service, the Helpdesk has a positive impact on people’s mental health and wellbeing by reducing anxiety. The service also goes beyond its central function in many circumstances to support customers to maintain and increase the outcomes already mentioned. Providers and volunteers benefit from being part of this process and public services benefit from possible reductions in demand on their resources and better channels through which to promote their services.

SUMMARY OF CONSULTATIONS

The following summaries pull out the key findings of the main consultations held in order to develop the SROI framework:

1. Customers
2. Assisted shopping customers
3. Care Network providers
4. Volunteers
5. Staff
6. Meetings with representatives from local public services (Adult Social Services and Care Trust Plus (PCT)).

1. Customers

Collecting appropriate information from customers was crucial to getting the best possible intelligence for this analysis. It was decided to invite customers to a small consultation event to directly ascertain what was important to them in terms of the services that we provided. 37 invitations were sent out to those customers who had completed our 2010/11 questionnaire and who indicated that they would be willing to assist us in some form of consultation. Of these, 10 (representing a range of customers making use of our services) attended the event which was held on 13/12/2011.

At this consultation we held discussions over an hour and a half. These consisted of open ended questions together with a short questionnaire. The purpose of this event was to get a real feel from customers as to what areas they felt Care Network support made to their lives and in them being able to maintain an independent lifestyle in their own homes and the community. The result of this exercise was to inform us as to what questions we should ask our wider customer base and what information we needed to collect (on a much larger scale) in the subsequent survey which was distributed in early 2012.

The group clearly valued the services of Care Network and were clear on how the service had directly helped them. Comments such as “I couldn’t manage without Care Network” emphasise the value to them. Shared amongst all customers was the assertion that Care Network gave them “peace of mind” (This phrase has been used by all the stakeholders and is clearly the most common direct impact Care Network has on its customers). When this phrase was further explored, “peace of mind” referred to two things: Firstly, a reduced anxiety from having something there that would ensure the work was done to a good standard at a reasonable price and gave support to sort out the logistics and deal with the provider on their behalf if needed. Secondly, customers felt safe as they knew providers were vetted. This meant they could relax and in some cases enjoy the company. Customers were very clear on there being a clear difference between the two elements of feeling safe and support to get a satisfactory result/ organise a job.

Some of the group emphasised the health benefits of having access to services they could rely on e.g. prompt call out when the shower of a customer was broken – this was crucial to the customer as they had a skin condition that required daily attention. Most people identified the financial benefits of the quality assured providers. Some were able to recount being the victim of poor traders in the past and losing money and experiencing lots of stress as a result of the bad experience.

The value of independence was emphasised by participants’ comments including “independence is everything”, while some described remaining independent as a constant battle and Care Network’s service was an important part of them maintaining their independence. A key aspect of independence seemed to be keeping on top of jobs that need doing – without Care Network’s

services they are less likely to be dealt with leading to the feeling of things “getting on top of you” and a deterioration in mental and physical health.

The social aspect of Care Network bringing people together was emphasised by 3 participants who had met at the consultation event, exchanged contact details and talked about the possibility of going on holiday together!

Feedback from this consultation group was important to us understanding the social value of the work that we undertake but, more importantly, it provided us with the intelligence for a much wider consultation with our customer base. Feedback from the consultation event is shown below:

- 100% of customers felt they had peace of mind or felt protected by Care Network.
- 60% had had a poor experience in the past from a service not going through Care Network.
- 60% would put off getting something fixed if Care Network wasn't there to help them find a quality assured service.
- 20% felt they had used public services less as a result.
- 20% felt they had had less slips and trips due to services accessed through Care Network.
- 10% felt they made less visits to the doctors less because of services accessed through Care Network.
- 40% had made new friends through Care Network.

- 100% felt more confident to live independently because of Care Network being there.
- 20% had felt that Care Network's service had prevented them from having to go into residential care.
- 20% got out more because of Care Network's services.
- 80% felt their quality of life had been improved through Care Network's support.

Annual customer questionnaire

In January and February 2012, Care Network sent out 2120 questionnaires to all the customers on our database. We received 403 responses – 24.6% sample of the 1636 customers using our services in 2011/12. The questionnaire was designed to ascertain customer perceptions on the following areas which were identified in our initial customer consultation group:

- Valuing our services and recommending our services to others.
- Confidence in using our quality assured services.
- Acknowledging appropriate support from Care Network that meets their needs.
- The promotion of independent living and their attribution of this solely to Care Network.

- What other support customers get that helps them to live independently?
- How Care Network support has:
 - Taken the worry away of getting a job done.
 - Helped customers to manage a health condition.
 - Helped customers to maintain their homes.
 - Provided customers with support when they most needed it.
- Safety and stress implications of using our service.
- Whether general or specific health conditions have improved as a result of using Care Network's services.
- What elements are most important to customers when they use our services.

A summary of the responses is outlined below (more detailed information can be found in Appendix 1 at the end of this report):

99.5% (401) that replied said that they value the service provided by Care Network.

99% (399) said that they would recommend the Care Network service to others.

96.2% (388) said that when they contacted Care Network, they were directed to the appropriate service and that it met all their needs.

90.6% (365) said that they feel safer as a result of using Care Network's services.

83.6% (337) said that Care Network has helped them to live independently in their own home.

When asked whether customers felt less stressed / more relaxed about getting work done as a result of using Care Network's helpdesk and our quality assured services 386 (95.8%) responded yes.

66.25% said that they feel very safe using a provider through Care Network.

54.8% (221) stated that they were extremely confident about using the services of a Care Network provider

25.3% (102) stated that they would feel very unsafe about using the services of a provider without Care Network's support

95.8% (386) stated that they felt less stressed / more relaxed about getting work done as a result of using Care Network's helpdesk and our quality assured services

17.4% (70) stated that they would feel extremely distressed if they had to get a job done without the assistance of Care Network (if we were not there to help)

When asked whether Care Network support **alone** had been a factor in customers remaining independent (choice was between 0% and 100%) the average response rate was 28%.

51% (206) said that their general health or a specific health condition had improved as a result of using Care Network's services.

2. Assisted Shoppers

The consultation with customers using the assisted shopping service took place after a group shopping outing with 5 customers and enable in situ observation as well as direct consultation.

The customers are paired with a volunteer who will go around the store in their own time and help them get what they want – some customers are a little shaky on their feet and use an electric scooter, others use trolleys to steady themselves and others may be in a wheel chair. The volunteers support the customer with their shopping then pack the bags in such a way that allows unpacking a lot easier for the customer i.e. frozen food, fridge food in one bag. After the shopping the customers and volunteers sit down and have a cup of tea and a chat.

The chat also allows staff and volunteers to pick up on any problems they may be having, a good example was a customer having a problem with her hearing aid and a member of staff picking up on this and telling her about a service that could be of use to her.

Feedback from this consultation (informal feedback on a one-to-one basis) informed us that many users were effectively housebound and said they would not go out on their own. The shopping service allows them to confidently leave the house (once a week or fortnight). It also keeps them independent and not reliant on others which was a massive issue for all our shopping customers. The service keeps customers feeling part of society.

The alternative to the shopping service would be over reliance on family or the delivery service but they said it is just not the same. The social aspect, choice and being part of society is key in helping customers retain their independence.

ASSISTED SHOPPING CASE STUDY - Lois has been using Care Network's assisted shopping service for over 8 years. Lois has a prosthetic leg, lives alone and likes to get involved in activities whenever she can.

Due to having a prosthetic leg, Lois was unable to walk at all and used a wheelchair to get around instead. This required her friend, who came from a distant town, to push Lois in her chair when shopping. This left Lois feeling less able to do things for herself and feeling that she had lost her independence. Lois was unable to get out and about as she used to do and this meant that she often felt lonely and downhearted. Lois had previously been a confident, sociable and happy person. However as a result of her situation, Lois was losing confidence in herself and her general abilities.

Using Care Network has made massive improvements to the quality of life Lois now experiences. Lois found out about Care Network from her physiotherapist during her initial rehabilitation for her new prosthetic leg.

Lois appreciates that there is somebody to organise the shopping trip for her and the shopping trip means that she can get out and is able to do her own shopping again. Meeting new people has given Lois the confidence she needed to make a start at walking again. She began to walk on her new leg through the assisted shopping service and is now able to walk whilst using a trolley to lean on. Having a volunteer to assist her with her shopping is essential for her confidence.

Lois also enjoys the regular shopping trips into the town centre, she said "You can buy things there that you can't at the supermarket. I like going somewhere different with more options". This has meant that Lois now feels more in control of her own life, more

independent and her experiences of depression have also improved as a result of this.

Lois is also very appreciative of the transport services, organised by Care Network. She stated: “Without the help to get on and off the bus I wouldn't be able to do my own shopping”. Lois has settled into a regular routine and made friendships with other customers, volunteers and drivers.

It is evident from the continuing support that the assisted shopping service provides, Lois's physical health, mental health and social life have greatly improved and continues to do so. Lois is also interested in befriending schemes, day trips out and additional shopping trips into the town centre.

3. Providers

The group consultation with providers took place at Care Network's annual providers meeting in November 2012. 20 of the 34 providers registered with Care Network attended.

The understanding and empathy for customers demonstrated by the providers was beyond our expectations. Care Network's efforts to develop a network of local businesses that can meet the needs of its customers is clearly working and provided a good insight into the changes taking place for customers as well as providers.

Providers highlighted peace of mind as a key benefit to customers and they see first-hand the benefit of Care Network's role of acting as a middleman. Providers shared stories of helping customers with small manual tasks as a matter of course e.g. identifying fire alarms not working, moving heavy objects. There were also accounts of providers being brought in to repair poor quality work carried out

by non-Care Network providers – in some cases the costs bought to bare on the customer were in the thousands of pounds.

Providers identified the social aspect of their contact with customers; this was especially the case where providers have ongoing contact. For some customers a visit from a provider was an important event in their regular routine. Situations were recalled in which customers have said “I miss you when you can't come”. Gardeners seemed to have a particular benefit to customers in this way with many customers only feeling safe to enjoy their gardens when the gardeners are working in there. One example was given where a customer's son had pulled a gardener to one side and thanked him saying he felt that his mother's (who suffered with dementia) health had improved since he started doing her garden.

In terms of benefits for themselves, providers recognised the value of free job referrals, the support from the Helpdesk in dealing with confused or difficult customers, the prestige of being a Care Network quality assured project and the job satisfaction they got from working with Care Network customers. They didn't feel that there was any material cost to being a Care Network provider.

Care Network also supports providers in matters affecting the running of their business. Information bulletins and training on areas such as tax, insurance are offered to all providers.

Results of provider consultation questionnaire responses:

- Care Network referred 1525 jobs to providers over 2011/12.
- Referrals were worth a total of £231,196 to providers.

- Initial referrals resulted in another 1153 repeat jobs.
- Repeat work was worth approximately £187,100.
- 40% of providers get greater job satisfaction from doing work for Care Network customers than for other customers.
- 80% of providers feel they are making a difference to the lives of Care Network customers.
- 65% of providers feel the work they carry out for Care Network customers has a positive impact on their own wellbeing and happiness.
- 90% of providers have helped customers to find out about other services offered by Care Network.

4. Volunteers

A consultation with volunteers took place at a volunteers meeting and consisted of 6 volunteers who all helped on the Assisted Shopping Service. The meeting was held in an informal group setting to encourage dialogue between the volunteers.

Several of the volunteers felt that Care Network had increased their confidence an example comment being: “Care Network has given me the confidence to prove I’m not useless”.

One volunteer explained how volunteering had had a positive effect on their mental health with one volunteer commenting that volunteering for Care Network had helped them feel better in their self and that they had been able to reduce medication as a result.

Volunteers also highlighted benefits to their physical health, being more social and using volunteering to get a job and to help in entering education: “By providing me with a work placement, which is really hard to get, volunteering with Care Network has given me the chance to do NVQ Level 2 in H&SC at Blackburn College”.

The consensus from the meeting was that the volunteering experience at Care Network had helped to:

- Increase their self-worth and self-esteem.
- Increase their confidence – giving volunteers the confidence to speak to others and to go to meetings with others.
- Open up new opportunities for them and give them a positive experience – some stated that they felt uplifted when they volunteered by being given the chance to help others.
- Provide them with motivation, purpose and structure – something to get out of bed for.

When asked about attributing the value of the service to Care Network itself, feedback included:

- It wouldn’t happen otherwise (in a safe and co-ordinated manner). A few volunteers might try and stay in contact with customers but this would probably “fizzle out”.
- No-one else does it (the service) in the borough.

Additional identified outcomes from the meeting included:

- Customers learn things from volunteers. Volunteers keep them up to date with things and signpost them to other services.
- It was good to have different generations together.

Volunteers found that they enjoyed supporting each other. The volunteer meetings are useful to support each other - there is camaraderie and real friendships have been made. Volunteers are comfortable with each other and feel confident to speak at these (volunteer) meetings.

A couple of quotes attest to the value that volunteering brings to the volunteers:

“I have learnt more volunteering with Care Network than I ever did at school. I enjoy listening to experiences of the war, and I soak it all up and want to know all about their lives.”

“It’s a two-way experience; we both look forward to and enjoy each other’s company.”

Volunteers were also able to articulate the changes taking place for customers – which concur with other stakeholder’s views. These identified changes included:

- Customers’ confidence had grown
- They were happier
- They valued consistency
- Friendships were developed
- They were able to talk about things with volunteers
- They valued the aftercare given by Care Network call to check they are okay

Volunteers also highlighted the fact that they now began to look for changes in the customers’ health and pass any relevant information onto the Volunteer Development Co-ordinator.

5. Staff

Meetings with staff took place throughout the consultation process – which helped to prepare for consultations and to verify findings. Staff had an excellent awareness of how Care Network’s services were changing people’s lives and their observations broadly matched the findings of consultations with customers.

Additional aspects not picked up in the customer consultations included the ad hoc work staff on the help desk carried out to support customers in crisis from ensuring customers have food to eat (in one case a staff member delivered food to the door herself), and advocating for customers when dealing with public services. This is taking up an increasing amount of staff time and needs to be recognised as it makes a significant contribution to people being able to live independently.

Helpdesk staff also highlighted the value of their work signposting customers to services beyond Care Network’s providers.

6. Meetings with Adult Social Services

Separate meetings were held with senior staff from the council’s Adult Social Services – one with the Director of Adult Commissioning and Personalisation and the Personalisation Lead for the council (from a strategic perspective). Another meeting was held with the Service Manager for Aids & Adaptation Team, Initial Access Team and Reablement Team (from a frontline perspective).

Care Network already works closely with all the Adult Social Services teams operating across the borough. They are one of Care Network’s main funders and they recognise the preventative work that our service provides for vulnerable adults across Blackburn with Darwen. Whilst recognising the positive impact that Care Network has in helping people to maintain their independence in

their own homes and communities, they also recognised the valuable outcomes that we provide towards promoting wellbeing for individuals and the peace of mind that our quality assured services provides for many people. An important outcome for the local authority is the ability to keep people out of residential care. In terms of finance, this costs the authority a great deal of money. It was acknowledged that Care Network plays a big part in addressing this issue and in saving the public purse.

Another major outcome (from their perspective) is the fact that Care Network service helps to relieve a whole host of frontline public services e.g. council staff time and resources. They clearly recognise that Care Network relieves the burden on their own services as we are quite able to address a raft of potential problems for vulnerable adults at an early stage – providing an effective early intervention that could easily result (if we were not to intervene) in much more complex issues for individuals who would present themselves to council services in a much quicker time than at present. This would then impact upon the council's frontline staff and resources in having to deal with these individuals in times of crisis. In short, our service assists in reducing the potential impact of more costly public services on the council.

Discussions also focused on the advent of the new Health and Social Care Bill. This places a great emphasis on focusing work around the prevention agenda and offers Care Network (through more strategic partnership working with Adult Social Services) the ability to address common themes and outcomes that will align with Adult Social Care ones. It was agreed that this would be looked at more over the coming twelve months.

These meetings supported the positive impact Care Network was having in helping people to maintain their independence and

reduce the use of more costly public services. In addition it was stated that our service adds value to Social Services provision in that we constantly identify areas of need and seek to address these by recruiting new appropriate providers onto our books. This is expected to become more and more important as personalisation embeds itself and citizens are able to commission more person centred support services and activities that will meet their needs.

Other added value was recognised in that the Helpdesk signposts customers to other initiatives in the borough that will increase their independence and quality of life e.g. to the aids and adaptations team at the council and the DASH (Decent and Safe Homes) initiative in the borough.

Discussions finally centred on how the Care Network service fulfils multiple objectives by addressing a range of local priorities including social policy, health and wellbeing initiatives, community cohesion as well as contributing towards increased economic activities for the local business community.

6. Meetings with Care Trust Plus (PCT)

NHS Blackburn with Darwen Teaching Care Trust Plus is responsible for providing primary and community health services and for commissioning a full range of hospital services for people in the borough. Care Trust Plus works closely with the local authority to ensure that real improvements to integrated health and social care services are delivered effectively.

Two meetings involving 3 senior officers at Care Trust Plus – one with the Head of Service Strategic Commissioning and the Commissioning Manager and a subsequent one with the Head of Service Quality and Procurement.

Feedback from these meetings again was very positive. They greatly value the service that Care Network provides and confirmed that the services that we provide are value for money in terms of helping to keep those individuals with low to moderate care needs independent through our range of quality assured services.

Another important area that was highlighted in discussions focussed on our toe nail cutting service – this was held to be very important from a Care Trust Plus perspective in that it reduced the number of visits to a range of agencies, as the service resulted in less trips and falls and it reduced the number of visits undertaken by community matrons on associated health related matters. NB The low level podiatry/toe nail cutting service was withdrawn by Care Trust Plus in December 2010. Care Network addressed this gap by recruiting and quality assuring a toe nail cutting provider to provide an alternative service for citizens in the borough.

Discussions then led onto what outcomes and cost savings the Care Network service addresses on their behalf. Areas of discussion (from a preventative aspect) focussed on less GP visits to individuals, less assessments and less slips, trips and falls.

Feedback also acknowledged the close working links that we have with the health agencies across the borough and how valuable our signposting service (to appropriate agencies) was from their perspective. It was stated that Care Network is an important contributor to achieving targets set out in the Health and Wellbeing sections of the Community Plan for Blackburn with Darwen.

The subject of Care Network customers being able to receive free benefits checks and the resulting additional increase in benefits for those eligible for them raised the issue on increasing income for

some households and the benefits that this brought about e.g. an increase in social contact, improved wellbeing, the ability to purchase more home improvement services (through our other providers potentially) or through other agencies.

An interesting outcome from the meeting was that should the Care Network service cease to exist tomorrow they (as commissioners) would struggle to find a similar service delivered in a similar way that dealt with our current volume of customers. If they were to replace the service, this would take a long time to achieve. We offer too wide a range of services for others to deal with – they would struggle to replace the Care Network service. As per the feedback from the Social Services Care Network's additional engagement with vulnerable adults over and above what the public services offer (both from health and adult social care) was deemed to be a major beneficial outcome for both public bodies.

In short, the value of Care Network to them is greater than the cost of commissioning the service. Also from their perspective this would present them with a high risk tender and procurement exercise.

OUTCOMES AND INDICATORS

The findings of the consultations created an impact map that formed the basis of the SROI Framework. The map includes outputs, higher-level outcomes and lower level outcomes. A key to outputs is featured below:

Help Desk

Customers are supported by the following:

- Brokerage function between provider and customer.
- Acts as ombudsman if any complaints from the customer.
- Support is available in times of crisis.
- Wider assessment of needs and referral to relevant services.

Assisted Shopping

Customers are supported by the following:

- Transportation getting from home to shopping and shopping to home.
- Help to carry out shopping; walking support, reminders on products needed.
- Social aspect of a cup of tea etc. after shopping completed.
- Wider assessment of needs and referral to relevant services.

Provider Support

Provider support can be classed as a specific function of Care Network's brokerage service. Providers are supported by the Help Desk and a dedicated member of staff working with providers, through the following:

- Referrals from customers.
- Brokerage in the event of problems/ deal with customers on providers' behalf.
- Information bulletins and training.

Volunteering

Volunteers are supported through individual support sessions, group volunteering meetings and ad hoc support.

Some of the elements in the table below are featured in the current SROI Framework but have no values attributed to them so are not featured in the final SROI analysis. More information is featured in the Development Plan.

Indicators

Stakeholders	Outputs	Description	Indicator
Customers	Helpdesk	Customers maintain their independence	Number of customers who are 65+ that wouldn't qualify for free residential care living within their homes with Care Network's support.
	Helpdesk		Customers reporting better availability of support at times of crisis (non-provider based).
	Assisted Shopping		Number of shopping trips on which customers are able to make own choices through assisted shopping service.
	Helpdesk / Assisted Shopping	Customers are less isolated	Number of customers reporting regular company through people introduced through Care Network (e.g. friends through shopping, providers).
	Helpdesk	Customers are better off financially	The number of jobs customers happy with work and protected from problematic work.
	Helpdesk		Amount of previous unpaid benefits claimed by customers referred to Age UK benefits check service.
	Assisted Shopping		The number of assisted shopping visits where customers can choose in-date food.
	Helpdesk	Customers are safer	Number of customers feeling safer as a result of using the service.
	Helpdesk		Number of cases where providers have reported on hazards that could cause slip trips and falls which have then been dealt with.
	Assisted Shopping		Customers reporting reduced incidents of physical injury as a result of shopping assistance.
	Helpdesk		Customers have improved mental health and wellbeing

	Assisted Shopping	Customers have increased/ maintained physical health	Trips spent doing physical activity through attending a Care Network run activity (assisted shopping).
	Helpdesk / Assisted Shopping		Number of customers reporting better health as a result of improved living conditions or using health services referred by Care Network.
Care Network providers	Helpdesk	Staff from the providers have improved wellbeing	Providers reporting greater job satisfaction working with Care Network customers.
	Helpdesk	Providers have improved marketing	Customers referred to providers in a year.
	Helpdesk		Providers receiving business support information and using Care Network status as proof of quality.
	Helpdesk	Providers have improved systems and procedures	Time in hours spent by help desk liaising with customers on providers' behalf.
	Helpdesk		Number of training places on provider courses.
Blackburn with Darwen Adult Social Services	Helpdesk	Reduction in use of acute services through customers maintaining their independence	Number of customers for who are 65+ who are entitled to free residential care living within their homes with Care Network's support.
	Helpdesk		Time spent in hours by help desk supporting customer to deal with a crisis.
	Helpdesk		Number of cases where providers have reported on hazards that could cause slip trips and falls.
	Helpdesk		Number of cases where providers have reported on hazards that could cause fire.
	Helpdesk	Better focus of services due to better information - increasing uptake and awareness of council services targeted at older people	Number of referrals to council services.

	Helpdesk	Reduction volume of calls from services users contacting Care Network instead of Adult Social Services	Number of phone calls made to Care Network that otherwise would have to be dealt with by Adult Social Services.
Department of Work and Pensions / state	Volunteering	Increased tax take and reduced benefit spending	Volunteers finding employment and giving some attribution to Care Network volunteering in exit interview.
Care Trust Plus	Assisted Shopping	Customers and volunteers reduce use of health services	Customers reporting reduced incidents of physical injury as a result of Assisted Shopping.
	Assisted Shopping		Time spent doing physical activity through a Care Network run activity on a regular basis (assisted shopping, one off events).
	Volunteering		Reduction in number of visits to GP reported by volunteers.
	Helpdesk / Assisted Shopping		Number of customer visits to the doctors that have been saved as a result of improved living conditions or using health services referred by Care Network.
	Helpdesk	Reduced demand on NHS community services as customer able to pay for toe nail cutting service	Number of customers using toe nail cutting provider.
	Helpdesk	Better focus of services due to better information - increasing uptake and awareness of health initiatives targeted at older people	Number of referrals to health/CT+ services.
	Volunteering	Volunteers have improved mental health and wellbeing	Volunteers reporting increase in feelings of confidence, self-esteem and overall satisfaction with life (1-7 scores).
			Reduction in number of visits to GP reported by volunteers.

Volunteers		Volunteers are more involved in society	Volunteers reporting increased social skills and networks (1-7 scores).
		Volunteers have better physical health	Volunteers reporting health benefits of volunteering (1-7 scores).
		Volunteers have increased their skills and knowledge	Volunteers reporting increase in skills, experience and knowledge (1-7 scores).
		Volunteers increasing employability	Volunteers finding employment and giving some attribution to Care Network volunteering in exit interview.

PROXIES

Key to the process of creating the SROI framework is assigning financial proxies to the positive changes brought about by Care Network's work. The table below shows the financial proxy chosen for each indicator along with the unit cost (what will be counted each time an indicator is met), the assumptions made in the creation of the proxy and the source of any information involved in developing the proxy.

We have been cautious not to over claim and have sought to ensure our final choice of proxies are based on conservative assumptions. Where possible we have tried to use local information and knowledge of staff and other stakeholders.

Different types of financial proxy have been used including:

- Actual increased income through benefit maximization
- Cost savings to individuals, businesses and public services
- Cost of equivalent services
- Spend on services/activities
- Value of time/contributions

Stakeholders	Description	Indicator	Financial proxy description	Value	Source
Customers	Customers maintain their independence	Number of customers who are 65+ that wouldn't qualify for free residential care living within their homes with Care Network's support.	Cost of private residential care to customer.	£22,516	National rate for private residential care taken from Personal Social Services Research Unit (PSSRU) 2011.
		Customers reporting better availability of support at times of crisis (non-provider based).	Cost of stress management therapy.	£420	Cost of stress management therapy usually costs £40-£100 and takes 6-12 session (UK Council for Psychotherapy, secondary source: Social Value Monitoring Framework: Toolkit 2010, Oldham Council). Taken shortest intervention 6 sessions and average cost £70. (6 x £70 = £420).

		Number of shopping trips on which customers are able to make own choices through assisted shopping service.	Equivalent cost to hire a personal shopper.	£18	Based on rates of local service rates of £12 per hour on average a visit lasts 1.5 hrs. (£12 x 1.5 = £18).
	Customers are less isolated	Number of customers reporting regular company through people introduced through Care Network (e.g. friends through shopping, providers).	20% increase in spending.	£372	Family Spending Survey 2010 - retired households average spend on recreation per annum £1861.60. 20% increase = £372.32.
	Customers are better off financially	The number of jobs customers happy with work and protected from problematic work.	Average detriment of home maintenance and improvements where problems were reported nationally.	£533	Average detriment of home maintenance and improvements where problems were reported (consumer detriment: Assessing the frequency and impact of consumer problems with goods and services April 2008, OFT).
		Amount of previous unpaid benefits claimed by customers referred to Age UK benefits check service.	Annual value of claimed benefits through Care Network.	£227,694	No proxy required.
		The number of assisted shopping visits where customers can choose in date food.	Average cost of wasted food/ short dated through using home shopping services .	£0.75	Based on experiences of customers (approximation of 1 small package of fruit or vegetables are wasted per shopping delivery due to short dates).

	Customers are safer	Number of customers feeling safer as a result of using the service.	Cost of installation and 1 years maintenance of home security system that links to the police.	£783.40	Based on regional average prices from Which Magazine Research. (£420 Installation, £55 maintenance, £263.40 per year for link to police + £45 registration).
		Number of cases where providers have reported on hazards that could cause slip trips and falls which have then been dealt with.	Value of time that would have been lost due accidents.	£213	Taken from previous SROI studies (Social Value Monitoring Framework: Toolkit 2010, Oldham Council) older people consulted recorded 20% increase in spend if avoided injury. 2010 family Spending Survey - average weekly spend for age group (£177.50) x .2 x 6 weeks (used local authority 6 week rehabilitation programme length as an estimate of time to recover).
		Customers reporting reduced incidents of physical injury as a result of shopping assistance.	Value of time that would have been lost due accidents.	£213	Taken from previous SROI studies (Social Value Monitoring Framework: Toolkit 2010, Oldham Council) older people consulted recorded 20% increase in spend if avoided injury. 2010 family Spending Survey - average weekly spend for age group (£177.50) x .2 x 6 weeks (used local authority 6 week rehabilitation programme length as an estimate of time to recover).

	Customers have improved mental health and wellbeing	Customers reporting peace of mind and reduced stress and anxiety from knowing the job will be done / getting on top of things.	Cost of stress management therapy.	£420	Cost of stress management therapy usually costs £40-£100 and takes 6-12 session (UK council for psychotherapy, secondary source: Social Value Monitoring Framework: Toolkit 2010, Oldham Council). Taken shortest intervention 6 sessions and average cost £70. (6 x £70 = £420).
	Customers have increased/ maintained physical health	Trips spent doing physical activity through attending a Care Network run activity (Assisted Shopping).	Cost of gym entrance.	£4.50	Local average for a gym session £4.50.
		Number of customers reporting better health as a result of improved living conditions or using health services referred by Care Network.	Cost of health insurance premiums - taken from compare the market.com.	£300	Taken from compare the market.com search.
Care Network providers	Staff from providers have improved wellbeing	Providers reporting greater job satisfaction working with Care Network customers.	Cost of (at minimum wage) of average hours spent volunteering.	£919.30	Based number average hours spent on volunteering by people who volunteered regularly = 12.6 hours a month from 2008-09 Citizenship Survey Volunteering and Charitable Giving Topic Report. Minimum Wage based on 2012 DirectGov figures. 12.6 x £6.08 x 12 = £919.30.

	Providers have improved marketing	Customers referred to providers in a year.	Costs per referral of using a similar private service.	£9	Costs per referral of using a similar private service £4+ VAT minimum. We have taken the minimum as jobs are smaller but multiplied this by 1.75 as consultation showed providers on average receive 75% repeat income from initial referrals. This is conservative as hairdressers and gardeners get repeat business on much more regular basis.
		Providers receiving business support information and using Care Network status as proof of quality.	Cost of membership to another similar Quality Assurance scheme.	£200	Average costs vary from £160 - £500. Estimated at £200 as most appropriate for services offered.
	Providers have improved systems and procedures	Time in hours spent by help desk liaising with customers on providers behalf.	Cost of paying a receptionist/ administrator.	£8.47	Receptionist/ administrators rate taken from pay scale.com £5.90 - £9.24. Ave = £7.57 + 12% NI contributions = £8.47.
		Number of training places on provider courses.	Average commercial cost of equivalent training.	£25	Taken lowest rates from internet research of trainers in locality.
	Blackburn with Darwen Adult Social Services	Reduction in use of acute services through customers maintaining their independence	Number of customers for who are 65+ who are entitled to free residential care living within their homes with Care Network's support.	Blackburn and Darwen Adult Social Services agreed weekly allowance for Quality Accredited residential care.	£20,488
Time spent in hours by Helpdesk supporting customer to deal with a crisis.			Cost of social workers time to deal with each incident.	£53	Taken from PSSRU 2011. Cost of Social Worker = £53 per hour of client-related work.

		Number of cases where providers have reported on hazards that could cause slip trips and falls.	Cost for adult social services visit to identify hazards.	£152	Taken from PSSRU 2011. Approximate of 1 hour visit £152 per hour of face-to-face contact for adult social worker.
		Number of cases where providers have reported on hazards that could cause fire.	Cost for fire service home safety check.	£27	Cost of time taken based on cost of a Social Work assistant. Estimated time taken 1 hour including travel/arrangements. PSSRU 2011.
	Better focus of services due to better information - increasing uptake and awareness of council services targeted at older people	Number of referrals to council services.	Cost of alternative targeted promotion of council service .	£0.25	Based on information provided by Blackburn Adult Social Services. Approximately £2500 is spent marketing by Blackburn Adult Social Services. This marketing has led to 10,000 people using newly created website service. Therefore for each £1 invested 4 people use the service. These figures are conservative as Care Network referral much more likely in other services which are harder to get people to use.
	Reduction volume of calls from services users contacting Care Network instead of Adult Social Services	Number of phone calls made to Care Network that otherwise would have to be dealt with by Adult Social Services.	Cost of time taken by a Social Work assistant based on 5 minutes a phone call and NHS price book.	£2.25	PSSRU 2011.
Department of Work and Pensions / state	Increased tax take and reduced benefit spending	Volunteers finding employment and giving some attribution to Care Network volunteering in exit interview.	Estimated value of tax and benefit savings for each volunteer finding employment.	£6,085	Value of tax (£1,379.08) from minimum wage salary and benefit savings (£4,705.71 basic job seekers and housing benefit) for each volunteer finding employment.

Care Trust Plus (PCT)	Customers and volunteers reduce use of health services	Customers reporting reduced incidents of physical injury as a result of Assisted Shopping.	Cost of treating slips trip and falls.	£461	Estimated cost of care for fall requiring low-level emergency treatment. £340 for ambulance and visit to A&E, £121 for a GP visit = £461. Taken from PSSRU 11.
		time spent doing physical activity through a Care Network run activity on a regular basis (assisted shopping, one off events)	Contribution to cost of Local Authority run class.	£4.50	Local average for a gym session £4.50.
		Reduction in number of visits to GP reported by volunteers	Cost of GP visit.	£53	Cost of GP visit PSSRU 11.
		Number of customer visits to the doctors that have been saved as a result of improved living conditions or using health services referred by Care Network.	Cost of GP visit.	£53	Cost of GP visit PSSRU 11.
	Reduced demand on NHS community services as customer able to pay for toe nail cutting service	Number of customers using toe nail cutting provider.	Cost of provision of community health services.	£37	PSSRU 2011.

	Better focus of services due to better information - increasing uptake and awareness of health initiatives targeted at older people	Number of referrals to PCT services.	Cost of alternative targeted promotion of PCT service.	£0.25	Based on information provided by Blackburn Adult Social Services. Approximately £2500 is spent marketing by Blackburn Adult Social Services. This marketing has led to 10,000 people using newly created website service. Therefore for each £1 invested 4 people use the service. These figures are conservative as Care Network referral much more likely in other services which are harder to get people to use.
Volunteers	Volunteers have improved mental health and wellbeing	Volunteers reporting increase in feelings of confidence, self-esteem and overall satisfaction with life (1-7 scores).	Cost of stress management therapy.	£420	Cost of stress management therapy usually costs £40-£100 and takes 6-12 session (UK council for Psychotherapy, secondary source: Social Value Monitoring Framework: Toolkit 2010, Oldham Council). Taken shortest intervention 6 sessions and average cost £70. (6 x £70 = £420).
		Reduction in number of visits to GP reported by volunteers.	Cost of time and transport.	£21.93	Based on a local estimation of Cost of time 1.5hrs x (average wage £12.62) taken + transport £3 bus fare to visit GP.
	Volunteers are more involved in society	Volunteers reporting increased social skills and networks (1-7 scores).	20% increase in spending on recreation.	£602	Family Spending Survey 2010 - retired households average spend on recreation per annum 3,010.80 x .2 = £602.16.
	Volunteers have better physical health	Volunteers reporting health benefits of volunteering (1-7 scores).	Cost of health insurance premiums.	£300	Taken from compare the market.com search.

	Volunteers have increased their skills and knowledge	Volunteers reporting increase in skills, experience and knowledge (1-7 scores).	Cost of entry level part time adult social care training course (level 2).	£238	Cost of entry level part time adult social care training course (level 2) taken from Blackburn College website.
	Volunteers increasing employability	Volunteers finding employment and giving some attribution to CN volunteering in exit interview.	Lowest 25 percentile in Blackburn net salary.	£10,313	Lowest 25 percentile in Blackburn = 11,692 gross (Office of National Statistics ASHE study 11) - tax = £10,312.92.

INPUTS/ INCOME

The forecast within this report has been based on the following inputs: Total Care Network funding for 2011/12 at £151,178 with volunteering financial input calculated by multiplying number of hours spent volunteering by the minimum wage (as volunteer tasks are equivalent to low paid social care positions).

Income	Value
Helpdesk activity - Adult Social Services (through Care Trust Plus)	£98,430
Core activity - Care Network own funds	£14,559
Volunteering activities - DoH Volunteer Fund (£19,165) the Lloyds TSB Foundation (£10,000)	£29,165
Value of volunteering set at minimum wage (1484.20 volunteer hours x £6.08 rate of minimum wage)	£9,023.94
Total	£151,177.94

IMPACT

To establish how much of the change described above is brought about by Care Network's work we needed to ask the questions what would happen anyway, how much is down to other factors and how long do the changes last for stakeholders.

Deadweight

Put simply deadweight refers to what would happen anyway if Care Network's services were not around. The table below describes the deadweight proportions we have established that will then be taken of the values created by the outcomes with no consideration of the projects impact. The table also discusses the assumptions made and records links to information used to develop the deadweight proportions. In some cases (and where applicable) the source link has come from a Care Network customer survey carried out in 2010/11 (the evaluation report from this survey can be seen on request).

Description	Indicator	Deadweight Description	Proportion	Assumptions/ Discussion	Source links
Customers maintain their independence	Number of customers who are 65+ that wouldn't qualify for free residential care living within their homes with Care Network's support.	Ratio of 65 + avoiding going into care in Blackburn with Darwen .	90%	Information taken from POPPI. In 2011, 201 people 65+ went into residential care out of a 65+ population of 18,200 within Blackburn and Darwen LA. This results in 98.9% being able to remain living independently. We know that Care Network customers are more likely to go into residential care than the average citizen (we provide support to vulnerable adults) because of their circumstances therefore we conclude that deadweight will be lower than this figure. However, this deadweight has been problematic for us to arrive at as there are so many factors that contribute to people retaining their	http://www.puttingpeoplefirst.org.uk/library/Resources/Personalisation/Local milestones/People who pay for care report 12 11 final.pdf http://www.poppi.org.uk/

				<p>independence including the actual services delivered by our providers. In our annual survey we asked customers to provide us with a percentage figure in Care Network support being a factor in their remaining independent (where 100% indicated that Care Network ALONE was responsible for them remaining independent. The average response rate of 28% suggests that just over a quarter of our customers rely solely on us (and consequently on their family and friends very little). As a result we have given a conservative figure of 90%. (In the impact map we have multiplied this incidence by 40% to reflect the number of people that would pay for own home repairs/services).</p> <p>The figures are based on statistics for adults aged 65+ despite 25% of customers are aged below 65. This is something that we will consider in future analyses.</p>	
	Customers reporting better availability of support at times of crisis (non provider based).	% of respondents to Care Network survey saying they would contact/use a different service.	0.54	Unable to find direct information relating to deadweight so we have used information on access to services from Care Network survey or family and friends.	Care Network survey 2010/11

	Number of shopping trips on which customers are able to make own choices through Assisted Shopping service.	Customers reporting that they would be able to replace shopping (10%).	0.10	Taken from discussions with 80% of customers reported that they are unable to replace shopping service. Those that could wouldn't be able to go as much (estimate 50% of time) = 50% of 20% = 10%.	
Customers are less isolated	Number of customers reporting regular company through people introduced through Care Network (friends through shopping, providers).	Number of older people in national loneliness survey not feeling outside of society (65%).	0.65	Number of older people in national loneliness survey not feeling outside of society (65%).	http://www.campaigntoendloneliness.org.uk/information-on-loneliness/loneliness-research/
Customers are better off financially	The number of jobs customers happy with work and protected from problematic work.	Number of people without detriment from traders (98.2%).	0.982	Number of people without detriment from traders (of people surveyed 20% of people having home improvements had problems 10% of people having repairs had problems (Have chosen the lowest figure 10%). 18% people having problems said this caused financial detriment therefore .018 will have financial detriment).	http://www.oft.gov.uk/shared_of/markets-work/home-repairs/Research-Report-TNS-BMRB.pdf
	Amount of previous unpaid benefits claimed by customers referred to Age UK benefits check service	Local DWP benefit uptake rates	0.105	These were the two main allowance uptakes from customers referred to Age UK in the scoping period. Those in receipt of attendance allowance in BwD in February 2011 = 4,240 and those in receipt of disability living	Sources: http://www.lancashire.gov.uk/office_of_the_chief_executive/lancashireprofile/main/aadla.asp

				allowance in BwD in February 2011 = 11,250. The 2011 census estimate for BwD is 147,500. Therefore $4,240 + 11,250 = 15,490$ divided by 147,500 would give us a 10.5%. This total closely mirrors results from our customer survey which showed that 10% of respondents claimed that contact social services	http://www.blackburn.gov.uk/server.php?show=nav.3410 Care Network survey 2010/11
	The number of assisted shopping visits where customers can choose in date food	Customers reporting that they would be able to replace Assisted Shopping (10%) SAME AS L4	0.10	Taken from discussions with 80% of customers reported that they are unable to replace shopping service. Those that could wouldn't be able to go as much (estimate 50% of time) = 50% of 20% = 10%	
Customers are safer	Number of customers feeling safer as a result of using the service	% of respondents to Care Network survey saying they would contact family and friends	0.19	Unable to find direct information relating to deadweight so have used information from Care Network survey	Care Network survey 2011/12
	Number of cases where providers have reported on hazards that could cause slip trips and falls which have then been dealt with	The amount of falls resulting in medical treatment from a fall rate of 30%.	0.985	About one third of people aged 65 and over and more than half of the over 85's will fall at least once a year. Between 5% and 10 % of falls result in injury requiring medical attention. NHS Portsmouth (taken at 30% +80's offset by under 65's) so 70% wouldn't fall. 95% would not result in medical treatment.	http://www.porthosp.nhs.uk/Library-Downloads/BSBP/BiteSizeBestPractice-Issue10Mar2007.pdf

	Customers reporting reduced incidents of physical injury as a result of shopping assistance	The amount of falls resulting in medical treatment based on a 100% fall rate.	0.95	About one third of people aged 65 and over and more than half of the over 85's will fall at least once a year. Between 5% and 10 % of falls result in injury requiring medical attention. NHS Portsmouth (taken at 30% +80's offset by under 65's) so 70% wouldn't fall. 95% would not result in medical treatment.	http://www.porthosp.nhs.uk/Library-Downloads/BSBP/BiteSizeBestPractice-Issue10Mar2007.pdf
Customers have improved mental health and wellbeing	Customers reporting peace of mind and reduced stress and anxiety from knowing the job will be done / getting on top of things	% of respondents to Care Network survey saying they would contact family and friends.	0.19	Unable to find direct information relating to deadweight so have used information from Care Network survey	Care Network survey 2010/11
Customers have increased/ maintained physical health	Trips spent doing physical activity through attending a Care Network Assisted Shopping service	Customers reporting that they would be able to replace Assisted Shopping (10%)	0.10	Taken from discussions with 80% of customers reported that they are unable to replace shopping service. Those that could wouldn't be able to go as much (estimate 50% of time) = 50% of 20% = 10%	
	Number of customers reporting better health as a result of improved living conditions or using health services referred by Care Network	No figures - use same as reporting peace of mind	0.00	Assumption that would not take place without Care Network running them.	

Staff from providers have improved wellbeing	Providers reporting greater job satisfaction working with Care Network customers	Estimated number of similar providers would work with without Care Network	0.13	From consultation with providers	
Providers have improved marketing	Customers referred to providers in a year	Estimated number of similar providers would work with without Care Network	0.13	From consultation with providers	
	Providers receiving business support information and using Care Network status as proof of quality	Number of businesses already signed up to a similar service.	0.43	From consultation with providers	
Providers have improved systems and procedures	Time in hours spent by help desk liaising with customers on providers behalf	9.a. N/A at present	0.00	Not available at present	
	Number of training places on provider courses	Estimate of businesses having access to similar training	0.15	From consultation with providers	
Reduction in use of acute services through customers maintaining their independence	Number of customers for who are 65+ who are entitled to free residential care living within their homes with Care Network's support	Ratio of 65 + avoiding going into care in Blackburn multiplied by 60% that would have care paid by local authority	90%	Information taken from POPPI. In 2011, 201 people 65+ went into residential care out of a 65+ population of 18,200 within Blackburn and Darwen LA. This results in 98.9% being able to remain living independently. We know that Care Network customers	http://www.puttingpeoplefirst.org.uk/_library/Resources/Personalisation/Local milestones/People_who_pay_for_care_report_12_1_11_final.pdf http://www.poppi.org.uk/

				<p>are more likely to go into residential care than the average citizen (we provide support to vulnerable adults) because of their circumstances. However, this deadweight has been problematic for us to arrive at as there are so many factors that contribute to people retaining their independence including the actual services delivered by our providers. In our annual survey we asked customers to provide us with a percentage figure in Care Network support being a factor in their remaining independent (where 100% indicated that Care Network ALONE was responsible for them remaining independent. The average response rate of 28% suggests that just over a quarter of our customers rely solely on us (and consequently on their family very little). As a result we have given a conservative figure of 90%. (In the impact map we have multiplied this incidence by 40% to reflect the number of people that would pay for own home repairs/services).</p> <p>The figures are based on statistics for adults aged 65+ despite 25% of</p>	
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				customers are aged below 65. This is something that we will consider in future analyses.	
	Time spent in hours by Helpdesk supporting customer to deal with a crisis	% of respondents to Care Network survey saying they would contact use a different service.	0.54	Unable to find direct information relating to deadweight so we have used information on access to services from Care Network survey 2011/12 or family and friends.	Care Network survey 2011/12
	Number of cases where providers have reported on hazards that could cause slip trips and falls	Estimate of providers doing this anyway	0.50	Local estimate based on knowledge of providers working practices	
	Number of cases where providers have reported on hazards that could cause fire	Estimate of providers doing this anyway	0.50	Local estimate based on knowledge of providers working practices	
Better focus of services due to better information - increasing uptake and awareness of council services targeted at older people	Number of referrals to council services	% of customers saying they would contact council services anyway from Care Network survey	0.10	From Care Network survey 2010/12	

Reduction volume of calls from services users contacting Care Network instead of Adult Social Services	Number of phone calls made to Care Network that otherwise would have to be dealt with by Adult Social Services	% customers who would have contacted Adult Social Services in Care Network survey	0.10	From Care Network survey 2010/11	
Increased tax take and reduced benefit spending	Volunteers finding employment and giving some attribution to Care Network volunteering in exit interview	Proportion of UK population who volunteer	0.25	Proportion of UK population who volunteer: http://www.3s4.org.uk/drivers/trends-in-volunteering	http://www.3s4.org.uk/drivers/trends-in-volunteering
Customers and volunteers reduce use of health services	Customers reporting reduced incidents of physical injury as a result of Assisted Shopping	The amount of falls resulting in medical treatment based on a 100% fall rate.	0.95	About one third of people aged 65 and over and more than half of the over 85's will fall at least once a year. Between 5% and 10 % of falls result in injury requiring medical attention. NHS Portsmouth (taken at 30% +80's offset by under 65's) so 70% wouldn't fall. 95% would not result in medical treatment.	
	Time spent doing physical activity through a Care Network run activity on a regular basis (Assisted Shopping)	Customers reporting that they would be able to replace Assisted Shopping (10%)	0.10	Taken from discussions with 80% of customers reported that they are unable to replace shopping service. Those that could wouldn't be able to go as much (estimate 50% of time) = 50% of 20% = 10%	

	Reduction in number of visits to GP reported by volunteers	Not available at present	0.00	Not available at present	
	Number of customer visits to the doctors that have been saved as a result of improved living conditions or using health services referred by Care Network	Not available at present	0.00	Not available at present	
Reduced demand on NHS community services as customer able to pay for toe nail cutting service	Number of customers using toe nail cutting provider	% of customers already using the service	0.00	In our experience most customers would source another service but we know that over the analysis period 16 individuals were referred to us by other partners/friends and that if this was not the case the customers would not have their nails cut	

Better focus of services due to better information - increasing uptake and awareness of health initiatives targeted at older people	Number of referrals to CT+ services	% of customers who would have contacted Adult Social Services in Care Network survey	0.10	Care Network survey 2010/11	
Volunteers have improved mental health and wellbeing	Volunteers reporting increase in feelings of confidence, self-esteem and overall satisfaction with life (1-7 scores)	Proportion of UK population who volunteer	0.25	Proportion of UK population who volunteer	http://www.3s4.org.uk/drivers/trends-in-volunteering
	Reduction in number of visits to GP reported by volunteers	Proportion of UK population who volunteer	0.25	Proportion of UK population who volunteer	http://www.3s4.org.uk/drivers/trends-in-volunteering
Volunteers are more involved in society	Volunteers reporting increased social skills and networks (1-7 scores)	Proportion of UK population who volunteer	0.25	Proportion of UK population who volunteer	http://www.3s4.org.uk/drivers/trends-in-volunteering
Volunteers have better physical health	Volunteers reporting health benefits of volunteering (1-7 scores)	Proportion of UK population who volunteer	0.25	Proportion of UK population who volunteer	http://www.3s4.org.uk/drivers/trends-in-volunteering

Volunteers have increased their skills and knowledge	Volunteers reporting increase in skills, experience and knowledge (1-7 scores)	Proportion of UK population who volunteer	0.25	Proportion of UK population who volunteer	http://www.3s4.org.uk/drivers/trends-in-volunteering
Volunteers increasing employability	Volunteers finding employment and giving some attribution to Care Network volunteering in exit interview	Proportion of UK population who volunteer	0.25	Proportion of UK population who volunteer	http://www.3s4.org.uk/drivers/trends-in-volunteering

Attribution

Attribution looks at how much of the change can be credited or attributed to Care Network and how much is down to other factors. A summary of other parties that are involved in attribution from stakeholders is featured below:

Customers

- Family
- Friends
- Care Network providers
- Adult Social Services
- Care Trust Plus
- Voluntary Sector projects such as Age UK's benefits check scheme
- Other businesses

Providers

- Other quality schemes

Volunteers

- Employment
- College / education establishments

The following table describes the attribution rate for each outcome and discusses the assumptions made.

Description	Indicator	Attribution Proportion	Discussion
Customers maintain their Independence	Number of customers who are 65+ that wouldn't qualify for free residential care living within their homes with Care Network's support.	50%	<p>It is difficult to apply one attribution rate when individual cases are likely to differ a great deal. Most people in danger of losing their independence are going to have family, friends and social services involvement, day care in addition Care Network providers are often doing the work that leads to greater independence. Additionally many customers forget (when asked) about services other than Care Network, most notable our providers who undertake the "end point" of the delivery/support. We also refer customers, where appropriate to other "non provider" services where this is deemed appropriate. However consultations have shown the effect of peace of mind shouldn't be underestimated – it is highly valued by consulted customers. A lot of individuals do not know who to call for assistance for fear of being taken advantage of and as a result would stop them from having jobs done.</p> <p>To ensure accurate counting we have only included incidences where a customer has stated that it is Care Network that is solely responsible for them remaining independent. 50% attribution has been added to represent the role of the providers in maintaining customers' independence.</p>
	Customers reporting better availability of support at times of crisis (non-provider based).	30%	Will vary from situation to situation but majority of support is coming directly from Care Network Helpdesk staff talking to them. Other services customer may be referred to in order to remedy are considered.
	Number of shopping trips on which customers are able to make own choices through Assisted Shopping service.	0%	Care Network alone provide the direct service that leads to these shopping trips.

Customers are less isolated	Number of customers reporting regular company through people introduced through Care Network (e.g. friends through shopping, providers).	50%	Care Network provides opportunities to socialise and make it easier for customers to trust and build up relationships with providers. Providers gave a figure of 50% attribution to Care Network in this circumstance.
Customers are less isolated	Number of customers reporting regular company through people introduced through Care Network (e.g. friends through shopping, providers).	50%	Care Network provides opportunities to socialise and make it easier for customers to trust and build up relationships with providers. Providers gave a figure of 50% attribution to Care Network in this circumstance.
Customers are better off financially	The number of jobs customers happy with work and protected from problematic work.	20%	When asked, the providers attributed 80% to Care Network and 20% to themselves.
	Amount of previous unpaid benefits claimed by customers referred to Age UK benefits check service.	75%	Care Network undertake an initial check and are accountable for 25% of referrals to the benefit check service so make a significant contribution to the running of the Age UK benefits service. If Care Network were not around then 25% of Age UK customers would not have had a benefits check and consequently received those benefits. 25% Care Network and 75% Age UK.
	The number of assisted shopping visits where customers can choose in date food.	0%	Care Network alone provide the direct service that leads to these Shopping trips.

Customers are safer	Number of customers feeling safer as a result of using the service.	30%	Care Network has a high attribution as feeling of safety is there before providers start work and regardless of how the customer feels about them they know Care Network can intervene on their behalf. Providers have some attribution for complying with Care Network standards as do the services that refer to Care Network.
	Number of cases where providers have reported on hazards that could cause slip trips and falls which have then been dealt with.	80%	Providers are doing the work (or public services) and the identification. But it is estimated that without Care Network at least 10% would not know what to look for or 10% would not report it if Care Network was not there to refer back to. Care Network provides the infrastructure and raises awareness and ethos to aid this process. Estimate of 20% attribution to Care Network.
	Customers reporting reduced incidents of physical injury as a result of shopping assistance.	20%	Most attribution goes to Care Network, as it's their staff and volunteers who support the customer. Estimate 20% goes to the shop/supermarket for their safety measures.
Customers have improved mental health and wellbeing	Customers reporting peace of mind and reduced stress and anxiety from knowing the job will be done / getting on top of things.	30%	Care Network has a high attribution as feeling of safety is there before providers start work and regardless of how the customer feels about them they know Care Network can intervene on their behalf. Providers have some attribution for complying with Care Network standards as do the services that refer to Care Network.
Customers have increased/ maintained physical health	Trips spent doing physical activity through attending a Care Network run activity (assisted shopping).	0%	Care Network alone provide the direct service that leads to these shopping trips.

	Number of customers reporting better health as a result of improved living conditions or using health services referred by Care Network.	50%	Health changes could be due to many other factors however the questions within the indicator ask the customer state changes that are only due to Care Network referrals. The fact that this might arise from reduction in stress directly from using service as well as indirectly from changes brought about by the work of providers increases attribution but still have factored in other services and providers doing work. Providers have said 50%.
Staff from providers have improved wellbeing	Providers reporting greater job satisfaction working with Care Network customers.	67%	Based on equal thirds divided between customers' temperament, provider's temperament and Care Network brokering the relationship and putting in pace systems that lessen the effects of more difficult customers.
Providers have improved marketing	Customers referred to providers in a year.	20%	Care Network provides a significant contribution to providers marketing their services across the borough. It is highly unlikely that providers would gain these customers if Care Network was not involved in promoting our services to vulnerable adults in the borough - Care Network are the only agency passing on this type of work. We do, however recognise that some credit has to go to providers for meeting our accreditation and customer response criteria.
	Providers receiving business support information and using Care Network status as proof of quality.	50%	Care Network provide a significant contribution to providers effective running – this has been acknowledged by the providers.
Providers have improved systems and procedures	Time in hours spent by Helpdesk liaising with customers on providers behalf.	0%	Care Network alone provide the direct service that leads to these interventions – part of Care Network's Quality Assurance delivery.
	Number of training places on provider courses.	40%	Other agencies are involved in providing information that Care Network passes on.
Reduction in use of acute	Number of customers who are 65+ who are	50%	It is difficult to apply one attribution rate when individual cases are likely to differ a great deal. Most people in danger of losing their independence are

services through customers maintaining their independence	entitled to free residential care living within their homes with Care Network's support.		<p>going to have family, friends and social services involvement, day care in addition Care Network providers are often doing the work that leads to greater independence. Additionally many customers forget (when asked) about services other than Care Network, most notable our providers who undertake the "end point" of the delivery/support. We also refer customers, where appropriate to other "non provider" services where this is deemed appropriate. However consultations have shown the effect of peace of mind shouldn't be underestimated – it is highly valued by consulted customers. A lot of individuals do not know who to call for assistance for fear of being taken advantage of and as a result would stop them from having jobs done.</p> <p>To ensure accurate counting we have only included incidences where a customer has stated that it is Care Network that is solely responsible for them remaining independent. 50% attribution has been added to represent the role of the providers in maintaining customers' independence.</p>
	Time spent in hours by help desk supporting customer to deal with a crisis.	0%	Care Network alone provide the direct service that leads to these shopping trips.
	Number of cases where providers have reported on hazards that could cause slip trips and falls.	80%	Providers are doing the work (or public services) and the identification. But it is estimated that without Care Network at least 10% would not know what to look for or 10% would not report it if care network not there to refer back to. Care Network provides the infrastructure and raises awareness and ethos to aid this process. Estimate of 20%.
	Number of cases where providers have reported on hazards that could cause fire.	80%	Providers are doing the work (or public services) and the identification. But it is estimated that without Care Network at least 10% would not know what to look for or 10% would not report it if care network not there to refer back to. Care Network provides the infrastructure and raises awareness and ethos to aid this process. Estimate of 20%.

Better focus of services due to better information - increasing uptake and awareness of council services targeted at older people	Number of referrals to council services.	30%	Age UK and other services would do this too however the incidence measured is from direct referrals recorded by Care Network therefore 70% attributed to Care Network.
Reduction volume of calls from services users contacting Care Network instead of Adult Social Services	Number of phone calls made to Care Network that otherwise would have to be dealt with by Adult Social Services.	30%	Age UK and other services would also take these calls.
Increased tax take and reduced benefit spending	Volunteers finding employment and giving some attribution to Care Network volunteering in exit interview.	95%	Biggest attribution goes to individual + employer. Other factors include school and college. Should not underestimate how volunteering gives practical experience, which can be a barrier to employment. Estimate of 5% which will be backed up by database only counting if volunteer gives an attribution of 5% or more. Needs to be reviewed after a year's data set to get an average attribution.
Customers and volunteers reduce use of health services	Customers reporting reduced incidents of physical injury as a result of Assisted Shopping.	20%	Most attribution goes to Care Network, as it's there staff and volunteers who support the customer. Estimate 20% goes to the shop for their safety measures.

	Time spent doing physical activity through a Care Network run activity on a regular basis (Assisted Shopping).	0%	Care Network alone provide the direct service that leads to these shopping trips.
	Reduction in number of visits to GP reported by volunteers.	50%	Based on feedback from volunteers consultation. Their attribution was higher but has been reduced as a precaution.
	Number of customer visits to the doctors that have been saved as a result of improved living conditions or using health services referred by Care Network.	85%	Health changes could be due to many other factors however the questions within the indicator ask the customer state changes that are only due to Care Network referrals. The fact that this might arise from reduction in stress directly from using service as well as indirectly from changes brought about by the work of providers increases attribution but still have factored in other services + providers doing work. We have estimated this at 15% in line with Health Improvements.
Reduced demand on NHS community services as customer able to pay for toe nail cutting service	Number of customers using toe nail cutting provider.	80%	Providers offering the service have largest impact and the service will not be exclusively promoted by Care Network – however acknowledged that Care Network referrals are significant.

Better focus of services due to better information - increasing uptake and awareness of health initiatives targeted at older people	Number of referrals to CT+ services.	30%	Age UK and other services would do this too however the incidence measured is from direct referrals recorded by Care Network therefore 70% attributed to Care Network.
Volunteers have improved mental health and wellbeing	Volunteers reporting increase in feelings of confidence, self-esteem and overall satisfaction with life (1-7 scores).	50%	Consultation sample volunteers were extremely positive about contribution of Care Network and would have given a higher attribution. We have decided to use 50% as a precaution – The rational being that this as 50% opportunity offered by Care Network and 50% with the volunteer taking that opportunity.
	Reduction in number of visits to GP reported by volunteers.	50%	Consultation sample volunteers were extremely positive about contribution of Care Network and would have given a higher attribution. We have decided to use 50% as a precaution – The rational being that this as 50% opportunity offered by Care Network and 50% with the volunteer taking that opportunity.
Volunteers are more involved in society	Volunteers reporting increased social skills and networks (1-7 scores).	50%	Consultation sample volunteers were extremely positive about contribution of Care Network and would have given a higher attribution. We have decided to use 50% as a precaution – The rational being that this as 50% opportunity offered by Care Network and 50% with the volunteer taking that opportunity.
Volunteers have better physical health	Volunteers reporting health benefits of volunteering (1-7 scores).	50%	Consultation sample volunteers were extremely positive about contribution of Care Network and would have given a higher attribution. We have decided to use 50% as a precaution – The rational being that this as 50% opportunity offered by Care Network and 50% with the volunteer taking that opportunity.

Volunteers have increased their skills and knowledge	Volunteers reporting increase in skills, experience and knowledge (1-7 scores).	50%	Consultation sample volunteers were extremely positive about contribution of Care Network and would have given a higher attribution. We have decided to use 50% as a precaution – The rationale being that this as 50% opportunity offered by Care Network and 50% with the volunteer taking that opportunity.
Volunteers increasing employability	Volunteers finding employment and giving some attribution to Care Network volunteering in exit interview.	95%	Biggest attribution goes to individual and employer. Other factors include school and college. Should not underestimate how volunteering gives practical experience, which can be a barrier to employment. Estimate of 5% which will be backed up by database only counting if volunteer gives an attribution of 5% or more. Needs to be reviewed after a year's data set to get an average attribution.

Drop off

The SROI also needs to consider how long the outcomes last beyond the first year or period of intervention. In future years, the amount of outcome is likely to be less or, if the same will be more likely to be influenced by other factors, so attribution to Care Network will be lower. Drop off is used to account for this and is only calculated for outcomes that last more than one year. The table below shows the drop of rate (the % at which the value for year 1 remains e.g. 0% means no value remains) and a discussion of the rationale behind the rates chosen.

Some of the outcomes are expected to last longer than one year e.g. short term 1 year, medium 3 years or 5 years or more longer term. The outcomes that will endure, how long they will endure for and how much of the value in future years reduces over time have been estimated as:

Description	Indicator	Drop off rate	Discussion	Duration (years)
Customers maintain their independence	Number of Customers who are 65+ that wouldn't qualify for free residential care living within their homes with Care Network's support.	20%	In the most part customers are dependent on the service being there for them to meet future needs but benefits still exist in 2 nd and 3 rd years as services accessed in year 1 still have an impact (e.g. roof still in good condition after repair from Care Network provider).	3
	Customers reporting better availability of support at times of crisis (non-provider based).	0%	Outcome only taking place service is running/ in the first year of the SROI.	1
	Number of shopping trips on which customers are able to make own choices through Assisted Shopping service.	0%	Outcome only taking place service is running/ in the first year of the SROI.	1
Customers are less isolated	Number of customers reporting regular company through people introduced through Care Network (e.g. friends through shopping, providers).	50%	Friendship/ provider customer relationships may last for many years but as time goes this is attributed less and less to the introduction by Care Network.	5

Customers are better off financially	The number of jobs customers happy with work and protected from problematic work.	0%	Outcome only taking place service is running/ in the first year of the SROI.	1
	Amount of previous unpaid benefits claimed by customers referred to Age UK benefits check service.	50%	Benefits will remain in to the future, however, the likelihood of the customer accessing the benefits check without Care Network's intervention increases over time therefore reducing the impact of Care Network's intervention in year 1.	5
	The number of assisted shopping visits where customers can choose in date food.	0%	Outcome only taking place service is running/ in the first year of the SROI.	1
Customers are safer	Number of customers feeling safer as a result of using the service.	0%	Outcome only taking place service is running/ in the first year of the SROI.	1
	Number of cases where providers have reported on hazards that could cause slip trips and falls which have then been dealt with.	25%	The benefits of reporting these hazards and repairing them will remain after year one but diminishes with ware and tare and as other hazards arise. The raised awareness of providers will also remain.	3
	Customers reporting reduced incidents of physical injury as a result of shopping assistance.	10%	Impact of reduced injury has a small benefit carried over to year 2 as not having to recover from injury but benefit diminishes quickly as service is stopped and likelihood of injury increases again.	2
Customers have improved mental health and wellbeing	Customers reporting peace of mind and reduced stress and anxiety from knowing the job will be done / getting on top of things.	0%	Outcome only taking place service is running/ in the first year of the SROI.	1
Customers have increased/	Trips spent doing physical activity through attending a Care Network run activity (assisted shopping).	10%	Health benefits of physical activity carried out in year one remains but diminishes quickly as opportunity to exercise is taken away.	1

maintained physical health	Number of customers reporting better health as a result of improved living conditions or using health services referred by Care Network.	0%	Outcome only taking place service is running/ in the first year of the SROI.	1
Staff from providers have improved wellbeing	Providers reporting greater job satisfaction working with Care Network customers.	25%	Benefit of Care Network introduction diminishes as customer-provider relationship becomes more about their own actions rather than the initial introduction through Care Network.	3
Providers have improved marketing	Customers referred to providers in a year.	25%	Benefit of Care Network introduction diminishes as customer-provider relationship becomes more about their own actions rather than the initial introduction through Care Network.	3
	Providers receiving business support information and using Care Network status as proof of quality.	0%	Outcome only taking place service is running/ in the first year of the SROI.	1
Providers have improved systems and procedures	Time in hours spent by help desk liaising with customers on providers behalf.	0%	Outcome only taking place service is running/ in the first year of the SROI.	1
	No of training places on provider courses.	50%	Knowledge remains with provider after training but diminishes as regulations and practices change and provider picks up knowledge from other sources.	5
Reduction in use of acute services through customers maintaining their independence	Number of customers for who are 65+ who are entitled to free residential care living within their homes with Care Network's support.	20%	In the most part customers are dependent on the service being there for them to meet future needs but benefits still exist in 2 nd and 3 rd year as services accessed in year 1 stick have an impact (e.g. roof still in good condition after repair fro Care Network provider).	3
	Time spent in hours by help desk supporting customer to deal with a crisis.	0%	Outcome only taking place service is running/ in the first year of the SROI.	1

	Number of cases where providers have reported on hazards that could cause slip trips and falls.	20%	The benefits of reporting these hazards and repairing them will remain after year one but diminishes with wear and tear and as other hazards arise. The raised awareness of providers will also remain.	3
	Number of cases where providers have reported on hazards that could cause fire.	20%	The benefits of reporting these hazards and repairing them will remain after year one but diminishes with wear and tear and as other hazards arise. The raised awareness of providers will also remain.	3
Better focus of services due to better information - increasing uptake and awareness of council services targeted at older people	Number of referrals to council services.	20%	People may continue to use these services once referred but their use becomes more to do with the relationship with the service than the initial referral.	3
Reduction volume of calls from services users contacting Care Network instead of Adult Social Services	Number of phone calls made to Care Network that otherwise would have to be dealt with by Adult Social Services.	0%	If Care Network were not in existence then calls would resume.	1

Increased tax take and reduced benefit spending	Volunteers finding employment and giving some attribution to Care Network volunteering in exit interview.	25%	Benefit of volunteering diminishes as the skills and experience gained while in employment become more important.	3
Customers and volunteers reduce use of health services	Customers reporting reduced incidents of physical injury as a result of Assisted Shopping.	0%	Outcome only taking place service is running/ in the first year of the SROI.	1
	Time spent doing physical activity through a CN run activity on a regular basis (Assisted Shopping).	0%	Outcome only taking place service is running/ in the first year of the SROI.	1
	Reduction in number of visits to GP reported by volunteers.	90%	Some benefiting lasting into year 2 but beyond is down to their personal choices.	5
	Number of customer visits to the doctors that have been saved as a result of improved living conditions or using health services referred by Care Network.	0%	Outcome only taking place service is running/ in the first year of the SROI.	1
Reduced demand on NHS community services as customer able to pay for toe nail cutting	Number of customers using toe nail cutting provider.	20%	People may continue to use these services once referred but there use becomes more to do with the relationship with the service than the initial referral.	3

Better focus of services due to better information - increasing uptake and awareness of health initiatives targeted at older people	Number of referrals to CT+ services.	20%	People may continue to use these services once referred but there use becomes more to do with the relationship with the service then the initial referral.	3
Volunteers have improved mental health and wellbeing	Volunteers reporting increase in feelings of confidence, self-esteem and overall satisfaction with life (1-7 scores).	20%	While volunteering has benefits going beyond year 1 – this diminishes quickly as future confidence etc. mostly to do with their personal choices.	3
	Reduction in number of visits to GP reported by volunteers.	20%	Some benefits lasting into year 2 but beyond is down to their personal choices.	3
Volunteers are more involved in society	Volunteers reporting increased social skills and networks (1-7 scores).	50%	Friendships and social skills may last for many years but as time goes this is attributed less and less to the introduction of Care Network and more to the individual maintaining these relationships/ skills.	5
Volunteers have better physical health	Volunteers reporting health benefits of volunteering (1-7 scores).	20%	Some benefits lasting into year 2 but beyond is down to their personal choices.	3
Volunteers have increased their skills and knowledge	Volunteers reporting increase in skills, experience and knowledge (1-7 scores).	50%	Knowledge gained will last longer than state of mind that's why benefit lasts longer the confidence and self-esteem.	5

Volunteers increasing employability	Volunteers finding employment and giving some attribution to CN volunteering in exit interview.	25%	Benefit of volunteering diminishes as the skills and experience gained while in employment become more important.	3
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Detriment and displacement

No displacement has been accounted for currently as nothing significant has been identified. There are no other services in the same local area as Care Network that offer a similar service. The jobs referred to providers could be seen as displacement from other local businesses. However the financial value of the work referred to providers has not been included within the SROI Framework therefore this is not relevant.

No instances of detriment were identified.

Overclaiming

In abiding with the SROI principle of “do not overclaim” we are very conscious of only claiming the end value of outcomes that we are responsible for creating. Upon reflection on the first draft of our analysis, we looked at outcomes from the perspective of “what would have happened anyway”. This enabled us to better focus on not double counting for outcomes that were acting as intermediate rather than full outcomes. To highlight the adherence to this principle, in our original draft impact report, we included the following two indicators:

1. Number of trips/events spent socialising at a Care Network run activity (Assisted Shopping)
2. Referrals to non-Care Network social activities and groups by Helpdesk

Upon reflection, both indicators have been removed from the impact map and report as we realised that these indicators were more explanatory in describing a chain of events for customers being less isolated having regular company rather than the final outcome for the customer and that if we included them in the analysis, we would be double counting and as a result overclaiming.

In our future monitoring and evaluative SROI work will do more to model and understand the chain of events stakeholders’ experience. For example the outcomes improved physical health and improved mental health and wellbeing may be related – but both have an intrinsic value from the perspective of customers.

Material significance

In the impact map, we have carefully considered what information and evidence should be included. As mentioned at the start of the report, this analysis is being undertaken to align with the development of our new database which has been designed to capture this information in future years. We understand that certain figures have a small end figure in the impact map and that they might not be materially significant now, but their inclusion in our impact map is important as, over time, we believe that they may become more influential. As we gain improved information on the impact of our work, we will get better at measuring this information and will focus the attention of our efforts more to these areas. The detriment of removing these indicators, to the long term process of improving our SROI far outweighs the very small impact of including these indicators in the short term. We will however commit to review these areas on an annual basis and if they are not deemed significant over a 12 month period then we will look to remove them. As a result we have decided to include the following (current small end figure) indicators in the impact map:

Customers are safer:

Number of cases where providers have reported on hazards that could cause slip trips and falls which have then been dealt with.
Customers reporting reduced incidents of physical injury as a result of Assisted Shopping service.

Providers have improved systems and procedures:

No of training places on provider courses.

Adult Social Services - Reduction in use of acute services through customers maintaining their independence:

Number of cases where providers have reported on hazards that could cause slip trips and falls.
Number of cases where providers have reported on hazards that could cause fire.

Adult Social Services - Better focus of services due to better information - increasing uptake and awareness of council services targeted at older people

Number of signposts and referrals to council services.

Care Trust Plus - Customers and volunteers reduce use of health services:

Customers reporting reduced incidents of physical injury as a result of Assisted Shopping.
Reduction in number of visits to GP reported by volunteers.

Care Trust Plus - Better focus of services due to better information - increasing uptake and awareness of health initiatives targeted at older people

Number of referrals to CT+/ PCT services.

Volunteers have improved mental health and wellbeing:

Reduction in number of visits to GP reported by volunteers.

Volunteers increasing employability

Volunteers finding employment and giving some attribution to Care Network volunteering in exit interview.

FORECAST

A forecast was carried out to test the framework. The estimates of changes that would have taken place were based on a combination of actual findings (e.g. The amount of previous unpaid benefits claimed by customers referred to Age UK benefits check service had already been recorded (£227,694) as had the number of customers and jobs carried out), information gained from the evaluation of previous years activity (e.g. Care Network survey 2010/11), findings from the consultation and staff knowledge. As with each stage of this process a cautious approach was taken, using conservative estimates throughout. The forecast is featured within an Excel spreadsheet too large to feature in this document but is available to Care Network staff. A summary of the forecast results is as follows:

Year	Year 1	Year 2	Year 3	Year 4	Year 5	Over 5 years
Total Impact	£1,578,281	£116,662	£37,674	£14,685	£6,515	
Present Value	£1,524,909	£112,717	£36,400	£14,189	£6,294	£1,694,509
Expenditure	£151,178	N/A	N/A	N/A	N/A	£151,178
SROI Ratio		-	-	-	-	£11.21

The forecast shows the SROI ratio to be £1:£11.21 This means for every £1 that is invested in Care Network £11.21 of social value was created (calculated at present value). The outcomes that produce most social value are featured in the table below:

Outcome/ Indicator	Value	Percentage of total value
Customers feel safer as a result of using the service	£658,286	38.85%
Customers have peace of mind and reduced stress and anxiety from knowing the job will be done / help getting on top of things	£319,108	18.83%
Number of customers who are 65+ who are entitled to free residential care living within their homes with Care Network's support	£233,488	13.78%
Number of customers who are 65+ that wouldn't qualify for free residential care living within their homes with Care Network's support	£171,067	10.10%
Number of customers reporting better health as a result of improved living conditions or using health services referred by Care Network	£125,100	7.38%
Amount of previous unpaid benefits claimed by customers referred to Age UK benefits check service	£98,709	5.83%
Number of customers reporting regular company through people introduced through Care Network (e.g. friends through shopping, providers)	£71,715	4.23%

SENSITIVITY ANALYSIS

It is important to assess the extent to which the forecast would change if you some of the assumptions made in the previous stages were adjusted. The aim of such an analysis is to test which assumptions have the greatest effect on the SROI model.

“The recommended approach is to calculate how much you need to change each estimate in order to make the social return become a social return ratio of £1 value for £1 investment. By calculating this, the sensitivity of your analysis to changes in estimates can be shown. This allows you to report the amount of change necessary to make the ratio change from positive to negative or vice versa.” *Guide to Social Return on Investment, Cabinet office*: http://neweconomics.org/sites/neweconomics.org/files/A_guide_to_Social_Return_on_Investment_1.pdf

Sensitivity analysis has focused on the outcomes that had the largest values or biggest assumptions and could have most impact on the end ratio. In summary the analysis of sensitivity shows that if we reduce substantially already conservative assumptions in the measurements, the SROI ratio does not fall below £5.25 and that’s if all the assumptions are combined.

Outcome/ Indicator	Alteration	SROI Ratio
	(Current ratio)	£1: 11.21
Customers feel safer as a result of using the service	50% reduction in proxy unit cost	£1: £9.11
Customers have peace of mind and reduced stress and anxiety from knowing the job will be done / getting on top of things	50% reduction in proxy unit cost	£1: 10.19
Both the above combined	50% reduction in both above proxies	£1: 8.09
Customers feel safer as a result of using the service	Change in attribution from 30% to 50%	£1: 10.01
Customers have peace of mind and reduced stress and anxiety from knowing the job will be done / getting on top of things	Change in attribution from 30% to 50 %	£1: 10.63
Both the above combined	Change in attribution from 30% to 50%	£1: £9.42
Both of the above combined	Change in attribution from 30% to 50% and 50% reduction in proxy unit cost	£1: £7.19
Number of customers who are 65+ living within their homes with Care Network's support (includes both those who would pay for residential care and those that wouldn't)	Change in deadweight from 90% to 95%	£1:£9.92
Number of customers who are 65+ living within their homes with Care Network's support (includes both those who would pay for residential care and those that wouldn't)	Change in attribution from 50% to 75%	£1:£9.92

Number of customers who are 65+ living within their homes with Care Network's support (includes both those who would pay for residential care and those that wouldn't)	Change in deadweight from 90% to 95% and Change in attribution from 50% to 75%	£1:£9.27
All of the above combined	All changes in attribution, proxy cost and deadweight combined	£1: £5.25

DEVELOPMENT PLAN

This SROI Framework provides Care Network with the tools to begin measuring its SROI it is the beginning of a long-term commitment to measuring the value of its services. The following section outlines the limitations of this investigation and makes suggestions for developing the framework further expanding its scope, minimising the impact of assumptions and striving to find more accurate ways to value changes that are taking place and the impact Care Network is having. It outlines the limitations of this investigation.

1. Expand framework to befriending

As the Befriending Service was in its infancy stage we decided not to include the service in this study. Some of the benefits of the service were included in the work to measure the changes taking place for volunteers but specific consultations were not held with customers accessing these services. Much of the framework in terms of higher-level outcomes (e.g. living independently, reduced social isolation, mental and physical health) is likely to support the inclusion of additional indicators that more accurately measure changes relating to befriending as well as offering existing indicators that can be used without adaptation. It is recommended that the same process be followed with group consultations for befriending customers being held and complimented by written questionnaires.

2. Involving under 50's

Despite planning consultations to involve a cross section of Care Network's Helpdesk customers there was no representation from under 50's. Although this group makes up only 5% of customers it is an important area for Care Network to expand its support in the future. Efforts were made to ensure the framework incorporated the changes taking place for this demographic; an ideal would be to consult with this age group to explore the changes that they feel are taking place. This may be worked alongside consultations for the befriending service as this is specifically aimed at the under 50's.

3. Involving front line staff of public services

In hindsight, another perspective on the benefits to public sector organisations would have been added to the process by involving frontline staff. Consultation focused on getting the views of high-level managers, which was very useful, but consultations would have offered more detailed information on day-to-day changes if the views of people on the ground were also sought.

4. Better understanding of how Care Network supports people to live independently

More knowledge on how Care Network supports customers to remain in their own home and the level of attribution due to Care Network would improve the framework. Each customer's situation appears very different and Care Network brokers providers working across such a broad spectrum so there may be more work needed to break this indicator down further. Questions have been added to the list recommended for inclusion in the database that seeks to find out more about what it is that Care Network does to support independent living, who else is involved and how much attribution customers feel goes to Care Network. Moreover, in this analysis we are aware that from a deadweight perspective, we have only included figures relating to the 65+ age range and that we need to better investigate and understand the extent of impact our services have those under this age range. Care Network is considering recruiting a team of volunteer researchers that will enable more in depth study in the future.

5. Better understanding on the health benefits

More knowledge on the health benefits associated Care Network's services is likely to improve the framework further. Customers taking part in consultations had limited experience of this (only one customer), however, it is still expected that Care Network's services indirectly have an impact on customers' health. Questions have been added to the list recommended for inclusion in the database that seeks to find out more about how Care Network's service helps customers to maintain or improve their health.

6. Protection from effects of criminality

This study measures the effects of customers feeling safer and protected from criminality however it was unable to establish the actual savings created from customers being protected from intimidation, theft or harm from criminals posing as traders. Sufficient information on prevalence and estimates of detriment to customers and public services was not found. The complex nature of this outcome and potential low prevalence (and therefore impact on the final SROI ratio) has resulted in it featuring within the structure of the framework but not within the forecast.

7. Provider prices

An outcome relating to customers receive financial benefit from Care Network providers being more reasonable than other local providers was removed due to contradictory evidence. More investigation on provider price savings is needed before included as an outcome/ indicator.

8. Deadweight for indicators 1a and 10a.

Currently deadweight for indicators 1a. and 10a are based on statistics for adults aged 65+ despite 25% of customers are aged below 65. Finding similar statistics on vulnerable adults going into residential care would provide a more accurate deadweight estimate. Sensitivity analysis shows that by removing this 25% from the proportion that is not deadweight reduces the end SROI ratio by 3p. As this has a low impact and as vulnerable adults are likely to have a similar rate of admission to residential care as people aged 65+ the decision was made to use the 65+ data across all customers.

9. Framework review

A complete review of the framework is recommended after a year's data is inputted, with a particular focus on material significance on already identified outcomes. In our future monitoring and evaluative SROI work will do more to model and understand the chain of events stakeholders' experience. For example the outcomes improving physical health and mental health and wellbeing may be related – but both have an intrinsic value from perspective of customers.

AUDIT TRAIL

Other decisions and assumptions that are important to highlight for future development of the framework:

- A discussion had been held around how distinct the differences were between customers feeling safe as a result of Care Network and the effect of reduced anxiety for customers caused by having confidence in the quality of the provider together with having support to find and deal with any work being carried out. Customers clearly saw a difference between the two and analysing the fact that having one of the outcomes did not necessarily ensure that it led to the other resulted in the decision that these were two separate lower level outcomes/ indicators.
- We had difficulties choosing a financial proxy that reflected the value of providers identifying hazards in customer's homes. We didn't feel it was possible to estimate with any confidence, the incidences or the savings or benefits of preventing potential accidents would have to customers or to public services. We have chosen to use a proxy relating to the cost of identifying the hazard, which may not represent the full value of the change but prevents over claiming.
- We investigated using alternative proxies (including Powd Thavee's work on valuing social relationships) for valuing the benefits of reduced isolation as the current proxy of increase in recreational spending may not represent the full value of the outcome. It was decided to keep with the existing proxy, as alternatives were less recognised by the SROI and carried a greater risk of over claiming.

CONCLUSIONS

The most important task for any Third Sector organisation is to achieve its mission and to make an impact. Impact is all about cause-and-effect. In other words, it is about looking for the changes in outcomes that are created by what an organisation does, or who it does it with – that are directly attributable to these partners.

Focusing on impact will help Care Network evidence how what we do helps create benefits and changes for others. This is particularly important if we can also demonstrate to funders that investing in our activities provides high levels of social value.

However, this isn't just to attract more funding and support, which is obviously so important in the current climate – but it is also to motivate all the Care Network team, our providers and volunteers (whatever their roles) to think about outcomes as part of their day-to-day work.

In conducting this analysis, the challenge was to present the conclusions as part of the body of evidence furthering our understanding of how Care Network services or activities that grow social capital can improve people's independence, health and well-being – and that there is a reasoned economic case for investing in these type of activities.

This report will help us to improve our systems (through the database) on gathering outcomes information from the services or activities that we deliver. By collecting more (and better) information (qualitative and quantitative) it will give us a much 'richer' understanding of what we do and enable us to develop our own 'theory of change'.

We are now undertaking regular engagement with our stakeholders around the outcomes they experience. This will enable us to build a longitudinal study of the impact our services are having on our customers by helping us to better understand the long-term health and well-being improvements experienced by our customers and volunteers and whether these endure over time (or drop off).

From a commissioner/funder perspective by developing greater insight into the impact of our activities, this report should hopefully serve as a catalyst in the shift to more preventative local adult social care and health services. This is a central issue for the public sector in the context of significant budget pressures. It may steer future investment decisions in a different direction by reducing people's use of or dependency on high cost, high value health and social care services by encouraging a commitment to additional expenditure on lower cost interventions.

Commissioners are encouraged to use the different practical guides from Think Local, Act Personal to consider how investment in social capital type activities can help service transformation. By helping commissioners to appreciate the financial value of the wider outcomes being generated by our type of activities – from the perspective of a range of stakeholders - it will help them attach more importance to the value for money from these sort of investments.

CARE NETWORK CUSTOMER QUESTIONNAIRE ANALYSIS

Appendix 1

In January and February 2012, 2120 questionnaires were distributed to all individuals on our database.

403 were returned – a response rate of 19%.

Of customers using Care Network services in 2011/12, this equated to a 24.6% sample.

HEADLINE FIGURES FROM THE QUESTIONNAIRE WERE AS FOLLOWS:

- 401 99.5% that replied said that they value the service provided by Care Network.
- 399 99% said that they would recommend the Care Network service to others.
- 388 96.2% said that when they contacted Care Network, they were directed to the appropriate service and that it met all their needs.
- 337 83.6% said that Care Network had helped them to live independently in their own home.
- 330 81.9% said that Care Network took the worry away from them of getting a job done.
- 95 23.6% said that by using Care Network services, it has helped them to manage a health condition.
- 262 65% said that Care Network services had helped them to maintain their own home.
- 169 41.9% said that Care Network had provided them with support when they needed it most.

WHEN ASKED ABOUT WHAT OTHER SUPPORT WAS IMPORTANT TO THEM:

- 275 68.2% said that family and friends provided them with support to remain independent.
- 24 6% said that a day carer provided them with support to remain independent.
- 42 10.4% said that Adult Social Services provided them with support to remain independent
- 50 12.4% did not answer the question about being provided with support from any agency in supporting them to remain independent

CARE NETWORK FACTOR IN THEIR INDEPENDENCE:

Customers were asked to give a percentage figure on whether Care Network had been a factor in individuals remaining independent respondents to give a percentage figure.

(where 0% = not at all through to 100% = Care Network **alone** had enabled them to live independently)

No answer or 0% = 56 1% to 10% = 43 11% to 20% = 41 21% to 30% = 17

31% to 40% = 14 41% to 50% = 64 51% to 60% = 12 61% to 70% = 12
 71% to 80% = 25 81% to 90% = 14 91% to 99% = 5 100% = 35

The average response rate was 28%.

REGULAR CONTACT:

When asked whether they had regular contact with a Care Network provider, 98 (24.3%) responded yes and 305 (75.7%) responded no.

SAFETY:

365 90.6% said that they feel safer as a result of using Care Network’s services.

When asked how safe they felt using the services of a provider through Care Network respondents were asked to mark on a scale of 1 to 7

(where 1 = very unsafe /vulnerable and 7 = very safe)

1 = 4 2 = 3 3 = 2 4 = 13 5 = 33 6 = 81 7 = 267

66.25% said that they feel **very safe** using a provider through Care Network.

When asked how safe they would feel about using the services of a provider **without** Care Network’s support respondents were asked to mark on a scale of 1 to 7

(where 1 = very unsafe /vulnerable and 7 = very safe)

1 = 102 2 = 72 3 = 72 4 = 53 5 = 28 6 = 17 7 = 34
 No answer given= 25

25.3 % said that they would feel **very unsafe/vulnerable** in using a non-Care Network provider.

STRESS:

When asked whether customers felt less stressed / more relaxed about getting work done as a result of using Care Network’s helpdesk and our quality assured services responses were as follows:

Yes – 386 (95.8%) No – 11 (2.7%) N/A – 6 (1.5%)

When asked how much stress they thought they would feel if they had to get a job done **without** the assistance of Care Network (if we were not there to help) respondents were asked to mark on a scale of 1 to 7 (where 1 = extremely distressed and 7 = no stress at all)

1 = 70 2 = 77 3 = 78 4 = 57 5 = 22 6 = 30 7 = 45
 No answer given = 24

CONFIDENCE IN USING OUR SERVICES:

When asked how confident they would feel about using the services of a provider through Care Network respondents were asked to mark on a scale of 1 to 7

(where 1 not confident at all = and 7 = extremely confident)

1 = 1 2 = 1 3 = 4 4 = 13 5 = 36 6 = 106 7 = 221
No clear answer = 21

54.84% of respondents stated that they would feel extremely confident about using the services of a provider through Care Network.

HEALTH CONDITION:

206 51% said that their general health or a specific health condition had improved as a result of using Care Network's services.

OTHER SERVICES THAT CUSTOMERS WOULD LIKE TO SEE US PROVIDE:

- Advice and guidance = 9
- Car maintenance = 2
- More home maintenance services = 14
- Transport = 1
- Medical care = 3
- Befriending service = 36

WHAT IS IMPORTANT TO CUSTOMERS?

When asked what is important to customers, we collected the following responses:

- Confidence in using service - 93
- Quality assurance checks - 32
- Prompt response - 15
- Ease of contact - 14
- Good price - 8
- Reliable service - 16
- Qualified and experienced tradesmen – 42
- All equally – 153
- None - 30

RESPONSE BREAKDOWN:

Of the 403 responses 402 (99.75%) were from over 50's and 268 (66.5%) were from over 65's.

FUTURE CONSULTATIONS:

205 respondees said that they would like to assist us in improving our existing and future services.