Forecast Social Return on Investment (SROI) of supporting the Community Meals Service in Leicestershire

Social Return on Investment (SROI) is a technique that can be used to understand the return on investment and the impacts of a project, organisation or policy. This includes understanding both social impacts as well as financial cost/benefit. We have been working on a SROI evaluation of the LCC Community Meals Service by engaging with all affected stakeholders to understand what changes for them. This work aims to identify the value created by the service, who benefits and how we know.

Assurance Statement

This report has been submitted to an independent assurance assessment carried out by The SROI Network.

The report shows a good understanding of the SROI process and complies with SROI principles. Assurance here does not include verification of stakeholder engagement, data and calculations. It is a principles-based assessment of the final report.

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Whilst every effort has been made to ensure the accuracy of the information contained within this report, neither Leicestershire County Council nor Leicestershire Together can be held responsible for any errors or omission relating to the data contained within the report.

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1. Introduction

Aims and objectives of the report

The aim of this report is to use the principles of Social Return on Investment (SROI) to evaluate the value of Leicestershire County Council's contract with the community meals service in Leicestershire. Social Return on Investment (SROI) is a tool that helps measure the value of the impact of a project or service by considering a range of outcomes for all stakeholders affected by the project. It aims to puts a monetary value on a range of social outcomes, both intended and unintended, so they can be included in the value of a project. It also takes into account what would have happened anyway and who else may have contributed towards the outcomes to ensure that an activities contribution to value is not over-claimed.

Overview of Community Meals Service

The Community Meals Service provides hot meals to elderly residents in Leicestershire 365 days a year. Since the start of a new contract holder on 12th December 2010, the Community Meals Service has offered enhancements such as making a drink and encouraging people to eat as part of the service. The meals are of high nutritional value and a varied menu is offered, promoting choice and flexibility. The meals are subsidised by Leicestershire County Council (LCC); the cost to LCC of a home delivered meal is currently £4.63 and the cost of a lunch club meal is £4.79. The cost to the service user is £3.20.

Those who receive subsidised meals at home are predominantly classified as service users with ‘critical’ or ‘substantial’ eligibility needs - which will have been established through an adult social care assessment. LCC Luncheon clubs are not classed as an assessed service and those who attend a lunch clubs do not have to undergo any assessment process to attend and receive meals at the subsidised prices as the service is regarded as early intervention/preventative care due to the longer term health (physical and mental) benefits the lunch clubs provide and promote. The lunch clubs are run by volunteers and supported by LCC in a variety of ways; but chiefly through the provision of subsidised meals.

Scope and context

This report will evaluate both the community meals service and lunch clubs over a 12 month period, between April 2010 and April 2011, with the aim to forecast the value of the enhanced service using Social Return on Investment (SROI).

2. The context of the Community Meals Service

Policy, political and economic context within which the strategy sits

By 2033 an estimated 23% of the UK population will be aged over 65 and a further 3.2 million aged over 80. One in ten older people in the UK are at risk from malnutrition. Six out of ten older people in hospital are at risk of being malnourished, or their situation getting worse.[1]

The number of older people suffering from malnutrition is set to rise even further and there is an urgent need to address how older people are supported into older age now before the problem gets worse. There are multiple causes of malnutrition that might prevent people from getting to food, such as mobility problems, mental health, difficulty in eating and disease. Research has found many frail, vulnerable and older persons ultimately have to move into residential care and nursing homes because they become ill as a direct result of malnutrition and dehydration - which inevitably is likely to cost the UK taxpayer more than if they were able to stay in their own home.

Good nutrition and hydration and enjoyable mealtimes can dramatically improve the health and wellbeing of older people, as well as increasing their recovery from any illness, trauma or surgery. Meals and the enjoyment of mealtimes affect the quality of life of older and vulnerable people. It is considered important to raise the awareness of the link between nutrition and good health and that malnutrition *can* be prevented.[2]

A recent report on personalisation and the role of community meals made a recommendation to ensure that meals provision and access to food is considered as a core part of social care, and that a review of referral criteria for receiving meals is necessary so that older people do not falling through the gap and becoming malnourished[3]. The report also cited the strong underlying economic arguments for supporting older people to remain independent and in their own homes, and the need for a cost benefit analysis to demonstrate the economic case of supporting community meals services. .

[1] BAPEN website Available from: http://www.bapen.org.uk
[2] Department of Health (2007) Improving Nutritional Care. Department of Health and the Nutrition Summit stakeholder group.
[3] Wilson, L. (2010) Personalisation, Nutrition and the Role of Community Meals A report from a round table discussion on Personalisation and Community Meals Chaired by Baroness Greengross. Available from: http://www.ilcuk.org.uk/files/pdf_pdf_123.pdf

Review of existing evidence

Malnutrition

The most vulnerable group at risk of malnutrition and dehydration includes those with chronic diseases, the elderly, those recently discharged from hospital, and poor or socially isolated individuals. This descriptor encompasses many of the LCC Adult Social Care service users. Although there is no formal economic evaluation of disease-related malnutrition, it is estimated to carry a heavier price tag than the £2bn linked to obesity, as malnourished individuals are more likely to need a longer stay in hospital[4]. Malnutrition is both a cause and consequence of disease; it predisposes to and delays recovery from illness. It is estimated that up to 14% of elderly people not in hospital or care[5] are either malnourished or at risk of malnourishment.

Despite the management and treatment of malnutrition being associated with improved outcomes for patients and decreased costs of care, the problem often goes unrecognised and untreated.

> *"As older people become more socially isolated, physical problems prevent or make it extremely difficult for them to prepare, cook and/or eat meals. A lack of motivation, company, depression and forgetfulness, along with problems linked to dementia, could also contribute to the lack of eating."* NACC (2010)

An ageing population

Life expectancy is relatively high in Leicestershire, and in line with national trends, there is a substantial projected increase in numbers of older people. The 60 and over age group is projected to increase by 39% from 2006 to 2021 in Leicestershire, compared to an increase of 23% in Leicester City.
Inequality in life expectancy exists with the county; a boy born in the most deprived parts of Leicestershire County and Rutland can expect to live for 6.8 years less than a boy born in the most affluent areas. For girls the gap is 5.8 years (LCR, 2008). A national study found that 43% of females were over 85 when they died compared to 24% of males.

However, addressing inequalities should be more than simply narrowing gaps in life expectancy and rather focus on the quality of life experienced by the elderly populations. Logically as the population has now reached levels where there are more people over 50 years of age than under, it makes economic sense to ensure

[4] Green C. Existence, causes and consequences of disease-related malnutrition in the hospital and the community, and clinical and financial benefits of nutritional intervention. Clinical Nutrition 1999;18 (Supplement 2):3-28
[5] Gregory, J., Foster, K., Tyler, H. and Wiseman, M. (1990) The Dietary and Nutritional Survey of British Adults. Office of Population Censuses and Surveys, Her Majesty's Stationary Office, London

that our elderly population stay healthy and well, leading productive and happy lives within society for as long as possible.

> "The good news is that due to better science and healthcare, life expectancy is dramatically increasing. We need to wake up to a new 29 hour day – research shows that for every 24 hours we live, on average we accrue an additional five hours each day. In other words, UK life expectance is currently increasing by 2 or more years every decade, the key issue is how best we make the most our lengthening lives by improving health and wellbeing" Professor Kirkwood, Director, Institute for Ageing & Health, Newcastle University[6]

Wellbeing

A range of research on wellbeing is currently being built on and developed to improve our understanding on what contributes to positive wellbeing. A research study on what contributes to wellbeing of elderly persons was recently published by the Women's Royal Voluntary Service (WRVS)[7]. The study involved talking to 163 older people to gain an understanding of what was important to their lives.

Participants identified a range of factors that affect their *wellbeing*. While issues such as health, personal characteristics and faith featured prominently, the main factor highlighted was *relationships and social contacts* with family and friends and within communities. This highlights an important aspect of wellbeing.

There was also a strong message that wellbeing is about people being able to do what they want to do. This finding highlights that the promotion of *individual sense if control and independence* is a vital component in achieving and sustaining wellbeing at the levels of the individual, the community and society. A related and equally strong message was that older people can really benefit from that 'little bit of help' (as opposed to major interventions /assistance) to achieve a level of autonomy and independence. There was also a call for *practical help and support* in people's own homes by reliable competent and trustworthy people; in particular for help with small jobs about the house and garden and shopping.

The study found that positive aspects of their lives included good relationships and professional attention from GPs, good hospital services and treatment and support from a range of other health services. However, participants identified far more negative aspects of services, especially so for health services. Negative and discriminatory attitudes towards older people within public services were highlighted including lack of respect, empathy, listening, compassion and a neglectful culture.

Key messages from the research which could be included under the heading "T*reating older people with respect and equality" were:*-

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[6] www.ncl.ac.uk/about/changingage
[7] Voices on well-being: A report of research with older people, November 2011, WRVS

- Improve communication
- Build trust
- Give people more time
- Value the whole person

Joseph Rowntree Foundation's *A Better Life* programme[8] reviewed the current literature about what older people value, and carried out in depth qualitative interviews with older people in a variety of settings. They found that the most frequently mentioned themes in the conversations were:

- personal relationships;
- support/good relationships with carers;
- self-determination (involvement in decision-making);
- social interaction;
- good environment (home);
- getting out and about;
- information;
- financial resources.

Other themes included cultural activities, sense of self (self-esteem), self-determination (autonomy and independence), pleasure, physical health (living in an ageing body), other people's time , good environment (contact with nature), safety and security, making a contribution, continuity, mental health (purpose in life and existential balance'), adjusting to change/continuity, technology, humour and physical activities.

The research found that participants in the study wanted and valued different things in their lives, but all expressed common human needs for social, psychological and physical well-being. They valued their close emotional relationships, though some expressed concerns about 'imposing' on family. Many had made new friends as a result of their increasing support needs. Having control over their lives was important but meant different things to different people. Adjusting well to change was also central to psychological well-being, and this might require support. The programme recommends that the findings are used as an aid for researchers exploring quality-of-life issues for older people with high support needs and assessing the impact policies and services have on their well-being.

Carers

There are approximately 5.8 million carers aged over 18 in the UK and the peak age for caring is 50 to 59. More than one in five people aged 50-59 (1.5 million across the UK) are providing some unpaid care. One in four women in this age group is providing some care compared with 18% of men. This compares with 6% of adults

[8] http://www.jrf.org.uk/publications/older-people-high-support-needs-value

aged 18-34, 12.5% aged 35 to 44, and 11.5% aged 65 or over[9]. Carers UK national survey in 2008 highlighted the health risks faced by the UK's six million carers with nearly 21% of carers who are providing more than 50 hours of care per week reporting that they are not in good health - compared with only 11% of the non-carer population. The increased health risks are related to both physical and mental health issues. Recent reports also point to the risk of a 'generation sandwich', where women are giving birth later and living longer so that a 45-50 year old could be caring for both their own children and older parents.

[9] http://www.lsr-online.org/reports/leicestershire_joint_strategic_needs_assessment_jsna_2009_additional_documents

3. The delivery of the Community Meals Service

Summary of the overall delivery strategy

The 2006 Government White paper, 'Our Health, Our Care, Our Say'[10], outlined seven outcomes based on the 'independence, wellbeing and choice' consultation with around 100,000 people.

1. improved health and emotional wellbeing
2. improved quality of life
3. making a positive contribution
4. increased choice and control
5. freedom from discrimination and harassment
6. economic wellbeing
7. maintaining personal dignity and respect

The Community Meals Service has applied these outcomes to their Vision & Purpose.

Through their contract with the meals delivery provider they ensure that customers will:-

- Have choice and control of their menu, including receiving a service free from discrimination offering a variety of cultural diet choices.
- Be encouraged and supported in making a *positive contribution* to the service including the menu.
- Receive a balanced and nutritional diet t*o enhance their quality of life and improve health and wellbeing.*
- Receive a good value service to enhance their *economic well being*
- Receive a service mindful of individual *personal dignity and respect*

The LCC corporate vision and priorities also includes the target to increase the number of older people supported to live at home, which the meals delivery service contributes towards through providing hot meals to people in their own homes and focussing on nutritional value to improve health and wellbeing, so people are well enough to stay in their homes for longer.

Meal Delivery

Between April 2010 and April 2011, 1,416 older people received meals delivered to their homes through the Community Meals Service. On average, services users received 6 meals a week. In total over the 12 months, this equated to 260,385 meals delivered.

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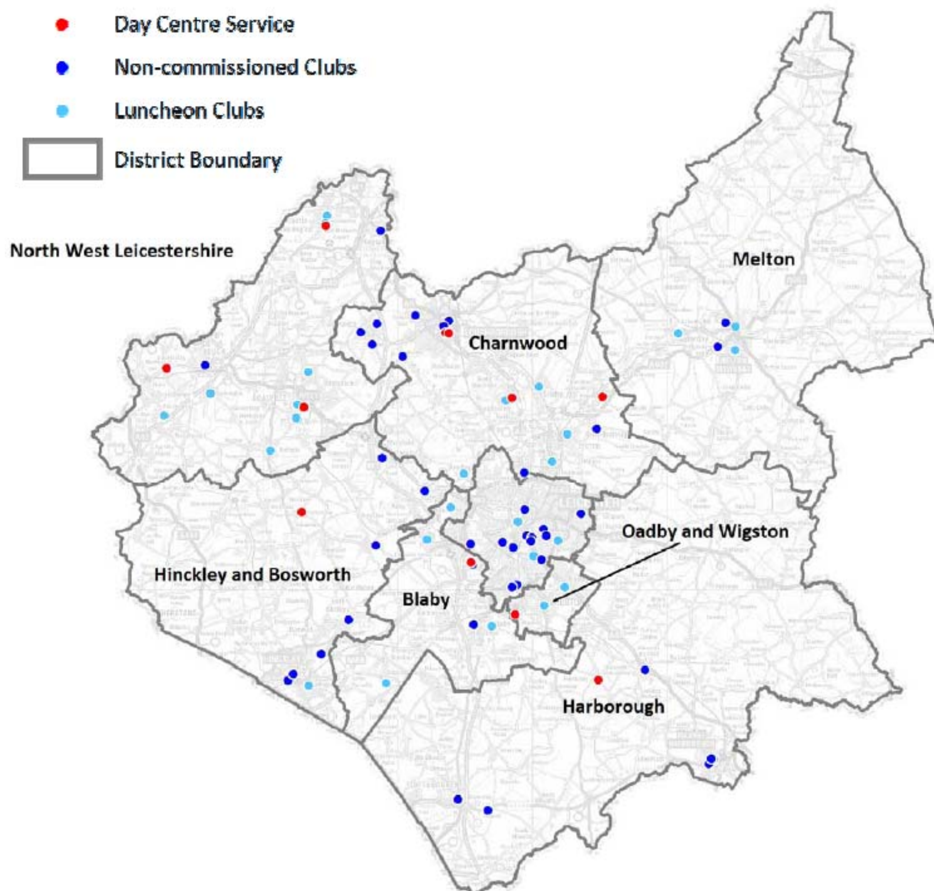
[10] Our health, our care, our say: a new direction for community services, Department of Health, 2006

Those receiving meals were more likely to be female (64%) and aged over 84 (59%). Only 1% was from a BME background (which reflects the older population of the county). 16% lived in the 10% most deprived neighbourhoods in the county and 17% lived in the most deprived 10% for income deprivation affecting older people in the county (See Appendix A).

Lunch clubs

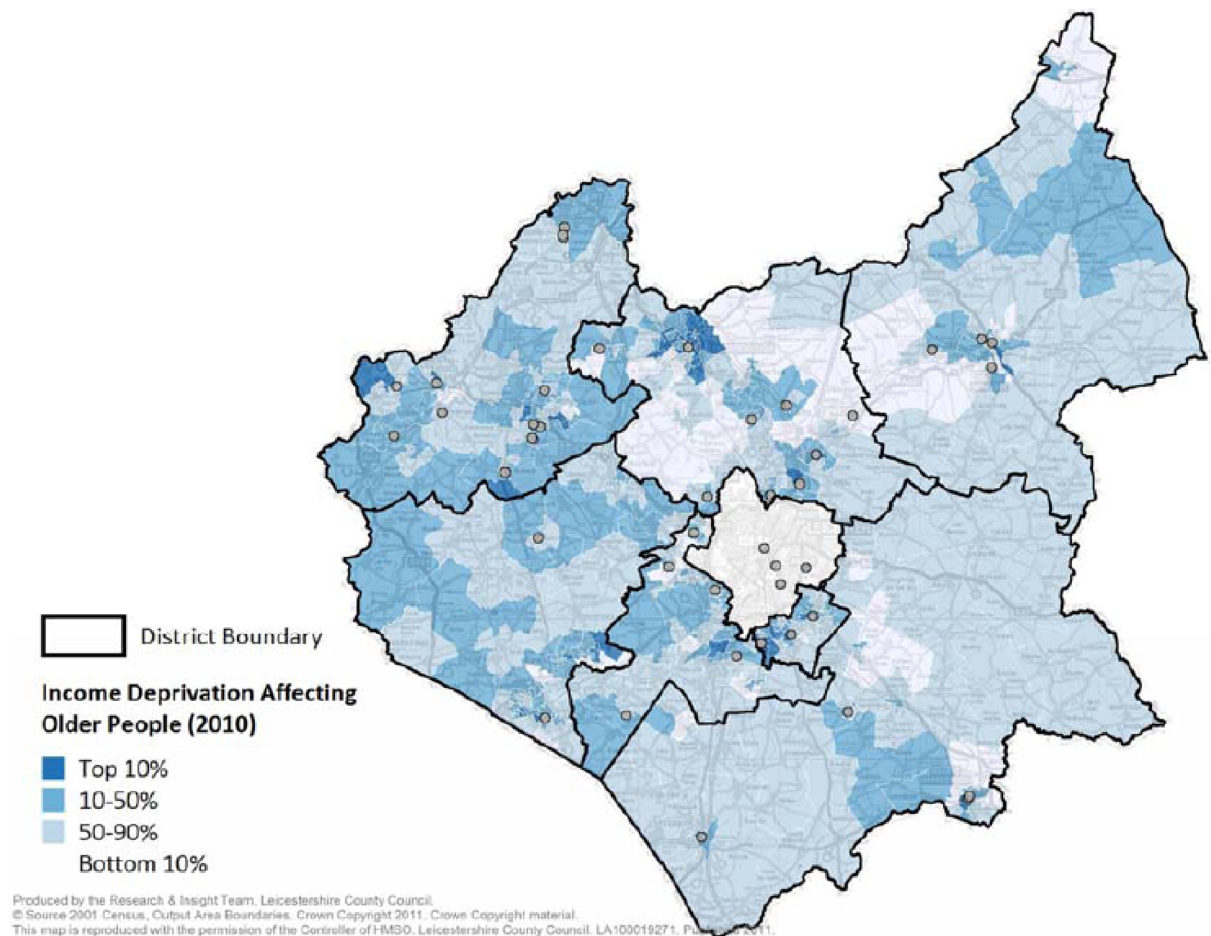
The meals delivery service also provides meals to lunch clubs, which are staffed by volunteers. There are currently 52 commissioned lunch clubs in the county. Less data is held on lunch club attendees, although the maximum capacity for places is 1,416, and most clubs are known to be close to capacity. Mapping of the commissioned and non commissioned lunch clubs can identify how they may potentially meet the needs of communities.



It is considered important that the commissioned lunch clubs are able to ensure that potential gaps in services are filled, particularly for those living in the most deprived areas, where need may be greater. The map below displays information from the

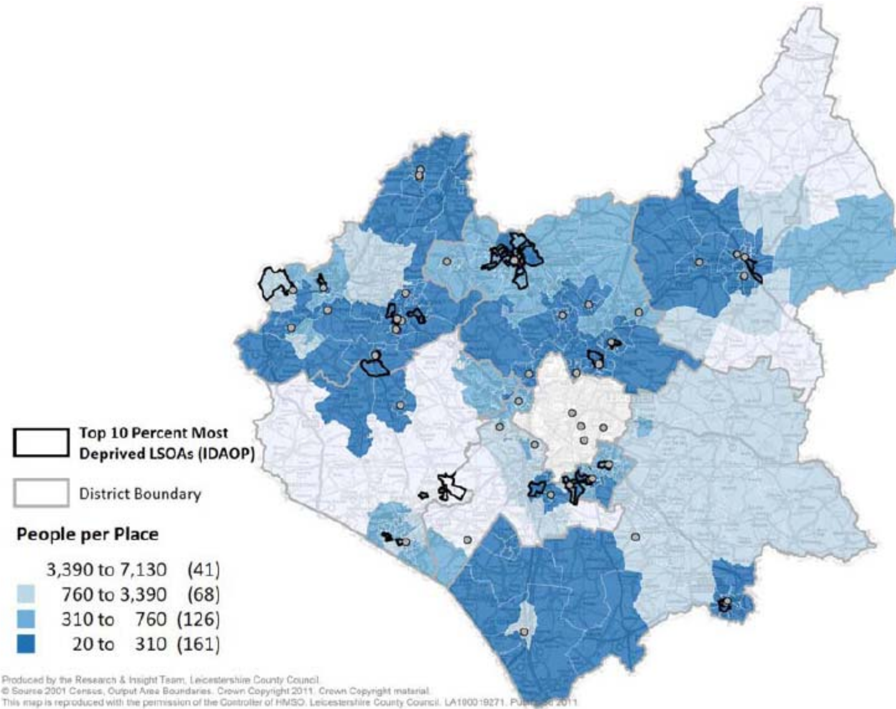
Indices of Deprivation (2010) on income deprivation affecting older people (IDOP). IDOP is classed as "adults aged 60 or over living in Income Support or income based Jobseeker's Allowance or Pension Credit (Guarantee) families" (Communities and Local Government, 2011). Using this measure, areas with the highest level of deprivation are focused in and around Loughborough, Coalville, Melton, Wigston and Market Harborough, with some scattered areas elsewhere in the county. The map also shows the location of commissioned lunch clubs to illustrate how they are targeted towards the more deprived areas.

Figure 2. Income deprivation affecting older people (IDAOP) 2010, County Map



The following map displays the number of people (50+) per potential luncheon club place with the top 10% most deprived LSOAs for income deprivation affecting older people. From the map, we can see that the most deprived neighbourhoods around Coalville and Loughborough are well served in terms of the potential number of luncheon club places, while the most deprived neighbourhoods in Hinckley and Bosworth district have access to considerably fewer places. These areas in particular stand out as potential problem areas in terms of overall coverage, especially the LSOAs in Earl Shilton and Barwell. However, the map in Figure 3 suggests that this area may be served by a non-commissioned lunch club.

Figure 3. People (50+) per luncheon club place with IDAOP 2010, County Map



Looking forward, the meals delivery service wishes to understand the value created (such as improvements to well-being), or avoidance of potential negative impacts (such as more costly care) through LCC supporting the meals delivery service particularly in light of future commissioning structures. The public sector currently faces a number of challenges with cuts to funding. However, population trends indicate that demand for adult social care will rise through the increase in the number of older people. Evidence suggests that although life expectancy is increasing, the average years of life spent in an unhealthy state is also increasing. Many elderly people that live on their own become isolated and afraid.

Prevention and early intervention

Prevention and early intervention are therefore key to the future delivery of care and support. Promoting the independence of older people through a strategic shift to prevention and early intervention can produce better outcomes and greater efficiency for health and social care systems[11]. The LCC strategic shift is away from intervention at the point of crisis to a preventative model centred on maintaining independence through provision of personalised responses focused on 'working with' the person rather than 'doing for' them. This presents challenges in terms of targeting resources on the most vulnerable, while also providing support to those less needy through early intervention. Eligibility criteria to manage demand for social

[11] **Improving care and saving money** Learning the lessons on prevention and early intervention for older people, Department of Health, 2010

care services is expected to drive the need for intervention early, before people reach crisis point. Leicestershire County Council has recently announced that it will be raising the 'Fair Access to Care Services', (FACS) eligibility threshold to 'critical' and 'substantial'. Service users assessed as 'moderate' will not be eligible for services, following an individual review, meaning more people may need support to prevent the deterioration of needs.

Following analysis of the population of Leicestershire, the aims of the Early Intervention and Prevention strategy were understood as:

Supporting independence through:

- Reducing isolation
- Improving quality of life
- Increasing safety
- Enabling older people to live at home
- Offering individuals choice and control over how their needs are met
- Providing the right level of support at the right time

And:

Reducing demand for formal health and social care services through:

- Reducing residential care admissions, including those who self fund
- Reducing the need for nursing care services
- Reducing acute hospital admissions
- Reducing the need for high cost care packages
- Decreasing the amount of time staying within hospital or rehabilitation services
- Decreasing the long term reliance on home and community care
- Identifying advice/ information/support for carers

The Meals Delivery Service fulfils both aims of early intervention and provision of services for the most vulnerable, with the commissioning of lunch clubs particularly aimed towards early intervention. From April 2011, the change in the eligibility threshold for subsidised meals delivery in people's own homes meant that gradually as peoples care plans were reviewed many of those previously eligible for meals services fell out of the system because their needs were assessed as moderate or low (See appendix B for definitions of eligibility levels).

They have 3 options if they are no longer eligible for subsidised meals:

1. Find another provider[12]
2. Buy the hot meals service privately from ICare
3. Buy a frozen service from ICare

[12] however the only other suppliers currently covering all of the county are for frozen services except for some very small local concerns operation in very small areas

In practice, around half of the people who fall out of the subsidised provision often take up the service privately with ICare in one form or another. The lunch clubs continue to be open to all older people, without the need for assessment.

This evaluation was commissioned to explore that value of supporting the Community Meals Service, and understand who benefits and how. It is also important to consider how this change in the eligibility criteria will impact on value and future cost. There are a number of difficulties in measuring value for a meals delivery service. Preventative services do not always provide a quick return on investment meaning that the financial benefits of preventative services may not be felt for many years. However, it is expressed in the LCC prevention strategy[13] that any preventative services should be rooted in the community so they can appropriately support vulnerable adults with less complex needs that do not need the intervention of health or social care professionals. The LCC strategy identifies that, to ensure services for older people are effective, it is importance to involve people in receipt of services, carers, providers and the voluntary sector, make efficient use of current resources, build up the evidence base locally on the cost effectiveness of preventative services to understand what key elements bring benefits and support the wider public health agenda. This evaluation aims to understand the difference that the service makes through forecasting value based on assumptions around preventative interventions and data from service users between April 2010 and April 2011. Although this is an attempt to forecast, value, many of the expected outcomes can be informed through research and engagement with stakeholders. A forecast Social Return on Investment will be applied to understand the expected impact and value of the community meals service and the return for LCC investing in this contact.

[13] NHS Leicestershire County and Rutland and Leicestershire County Council An Early Intervention and Prevention Strategy for Older People, 2011-2014

4. The Social Return on Investment

Social Return on Investment (SROI) is a tool that helps organisations in measuring social impact and economic value they are creating. It can be thought of as a broad approach to cost-benefit analysis which is primarily used by public sector organisations in deciding whether or not the benefits resulting from an intervention justify its costs.

The Green Book, HM Treasury[14]

The SROI process is made up of the following stages
- Talking to stakeholders to identify what social value means to them
- Understanding how that value is created through a set of activities
- Finding appropriate indicators, or 'ways of knowing' that change has taken place
- Putting financial proxies on those indicators that do not lend themselves to monetisation
- Comparing the financial value of the social change created to the financial cost of producing these changes

Measuring Real Value, nef[15]

Stakeholder consultation

A stakeholder is any group that is affected by the service. Initially the following stakeholders were identified by the service with:

- Service users - Meals at home
- Service users - Lunch club
- Volunteers
- Service user's family
- ICare Drivers

Stakeholders were engaged through a number of different methods and asked a series of questions outlined in Appendix C.

Stakeholder Samples

Stakeholder	Population size	Sample consulted	Method
Meals at home	1,416	7	Face to face interviews
Lunch club attendees	1,480	10	Face to face interviews
Volunteers	Approximately 208	9	Face to face interviews or electronic

[14] *The Green Book* (2003) HM Treasury http://www.hm-treasury.gov.uk/data_greenbook_index.htm
[15] *Measuring Real Value: A DIY Guide to Social Return On Investment* (2007) New Economics Foundation

			survey
Service user family members	Unknown	6	Telephone interviews
Drivers	47	1	Interview and observation

Ideally more stakeholders would have been involved in the consultation. However, it was felt that, although numbers were relatively low, the same issues were being repeated within stakeholder groups and saturation was reached even within this small sample. The information gained from this consultation was also collaboration from other sources, for example family members, who were able to articulate the benefits to servicer users. An Older People's Engagement Network was also able to provide feedback from 68 potential and actual service users to confirm the findings and assumptions. This provided triangulation of evidence, along with discussions with the contract manager. As a result of this forecast SROI, an evaluative survey has now been sent to all lunch club users to validate the claims and provide evidence of the actual impact.

ICare drivers were initially considered as stakeholders. One was interviewed although it was difficult to assess the actual difference the service made to them that would not have been accounted for in deadweight or displacement, i.e. the benefits would have occurred to the employee regardless of the service as they would have worked elsewhere, or the benefits have been displaced from other potential employees. Therefore outcomes for the drivers were deemed to not be 'material'. It was noted however that the driver interviewed had previously worked as a carer and found satisfaction in being able to help others through the role of delivering meals and chatting to the service users.

Service users - Meals at home

1,416 older people received meals in their home between April 2010 and April 2011. For 781, they received meals every day. Older people who received meals at home were initially engaged through one to one interviews while meals were being delivered. The service routinely carry out surveys with users, however, there is traditionally a low take up of responses so it felt that informal interviews were more appropriate to gain their views. Seven service uses agreed to answer questions around their needs and the value created by the service. Stakeholders were asked what difference the service made to them:

> "It's excellent, I have no complaints, I get to **choose** what I want and it always varies. They are very **friendly**, they ask if I'm alright. The men take the tops off the puddings. I know they would **help if something was wrong**" (female, age 90)

> "I like the meal. They are all **friendly**, nice people" (female, age 88)

> "It helps a lot, it's very good. It helps my brother too. Because I can't get up anymore" (female, age 85)

Many of the service users talked about not only the delivery of the meal but also the practical help they received from the drivers in terms of support to serve up the meal. Although service users found it difficult to specify what they did differently, they often talked about the company they enjoyed from the drivers and the impact this had on their wellbeing. Due to their age service users were unlikely to take on new activities due to the service, rather the service enabled them to maintain a sense of independence that they may not otherwise have.

> "The girls [drivers] are very good, **it breaks the day up**. I'd go potty if I didn't see anyone. I fractured my pelvis 12 months ago so I can't go out. The girls at the weekend are very nice, they talk to me about their babies. They are very chatty" (female, age 86)
> "We've come to a stage in our lives when it would be dangerous for us to cook for ourselves. We're too old now. It's nice to see a friendly face too" (male, age 95)

The question was then asked "If the service did not exist what impact would this have on your life?"

> "It makes a big difference. I couldn't imagine what I'd do without it" (female, age 89)

> "I can't walk or see so I can't get out. I would have to have a microwave meal but this is much better, it's always at the right temperature and it's nice to have it every day" (female, age 86)

> "I wouldn't know what to do" (female, age 88)

> "I don't know what I'd do without it, I couldn't make it myself. I don't have to worry about getting extras in. It makes a big difference" (female, age 89)

These responses highlight the lack of alternatives for many people. However, some user did mention that without the service they would instead rely on family members to fill this role:

> "My daughter would do something about it. She lives not far away and she comes everyday" (female, age 90)

> "My two daughters do my shopping and I ring the doctor if I have a problem" (female, 88)

Service users were asked if they felt anyone else benefited from the service to ensure that all the stakeholders could be included, and to give an idea of the relative value to these stakeholders as perceived by service users:

> “My daughter has MS and she lives in a home in Twycross, so I don’t get to see her much, only when someone takes me. I have a grandson who lives in Syston who sometimes visits, he’s very happy with the service, it means he doesn’t have to worry” (female, age 89)
>
> “It means my daughter doesn’t have to worry. It gives her a break“ (female, age 90)

A point that was also identified in previous research was that although service users appreciated the company of their family, they also didn’t want to become a ‘burden’ on them.

> “I have a daughter who comes to see me once or twice a week but she’s very busy at the moment. She’s a nurse at the hospital, she’s done really well. She’s very intelligent” (female, age 88)

While some users were able to cite the benefits to family who were still involved in their care, others stated that they did not have any family involvement, meaning that they could be quite lonely. Some had already lost children as well as partners.

> “I lost my daughter to cancer and I have two sons who live in Market Harborough, but no one comes to see me except a carer at weekends” (female, age 86)

Overall the themes that emerged from talking to service users were around **practical help so they could remain to be independent** and **make their own choices**. The **social contact** with a regular driver was also important, particularly for those who did not regularly see family.

Family members

It was harder to gain contact with family members, as they are not routinely consulted with on services for older people. However, ICare were able to pass on contact details of 6 family members whom they had contact with. They were then interviewed over the phone to understand the impact the community meals had on them in their caring role. The interviews highlighted their importance in terms of the impact the service had on them. These stakeholders were also asked what difference the service made to them:

> “They have rang me when mum’s fallen. Any problems they ring me or my brother - they have all our numbers. They have rang me a couple of times when she’s been ill and I’ve gone round. I’ve got **no worries**” (Daughter)

> “He went from fending for himself to not being able to fend for himself - We live too far away to do anything on a regular basis. I can’t be there to put food in the cupboard. [Since he started receiving meals] I **worry less** because firstly, someone is seeing him every day, *for sure*, and secondly because he is getting food every day, *for sure*. He’s been to hospital before when he’s been dehydrated but he’s sworn to me he has two drinks a day, and I’d go round and he has no tea in so I know he hasn’t. He’d say anything if you ask. It’s a big benefit just to know for sure.” (Son, age 64)

> “We know he’s having a hot meal a day. There’s someone checking on him. If they can’t get hold of him they ring me”. (Son, age 46)

> “The **burden is taken away**, I used to spend weekends just doing all their food for the week. It’s a big relief. It takes the pressure off. My granddad didn’t know what he was doing, he didn’t even know if things were defrosted or not, his mind is going. Getting old people to adapt to change is a big issue, they want to cope and it’s really hard for them to accept help. But he loves getting the meals now” (Granddaughter)

> “It means my Dad at 92 can have a hot meal everyday and then he can get himself a sandwich in the evening and that’s ok. I’m relieved that he still has a hot meal. I am reassured that he’s getting a hot meal every day - that’s the word, ‘**reassured**’”(Daughter, aged 64)

> “I pushed for the Meals on Wheels really because we wanted to know she was getting a hot meal every day. It’s really given us **peace of mind**. It’s the same for her son. She’s partially sighted to can’t do things for herself. Her condition is deteriorating but in herself she’s keeping well and I attribute that to the services that come in; Meals on Wheels is part of that. “ (Daughter-in-law)

Family members were asked what they did differently as a result of the service

> “I’ve gone to Fosse park and done some shopping today - I wouldn’t be able to do that if it wasn’t for the service - it would be a big worry” (Daughter)

> “Her son can spend more **quality time** with her now, he goes over and plays the flute, and he doesn’t have to be there at a certain time. Providing she’s getting a meal every day we don’t have to worry” (Daughter-in-law)

Family members were then asked what they would do if the service didn't exist:

> "Without it I don't know what I'd do. I'm full of arthritis and my brother works. It's not 2 minutes down the round, it's a 20 minute journey in the car, about 5 or 6 miles. It's not like it's just round the corner. It's hard when the weather gets bad. Sometimes she goes through a stage of not eating" (Daughter)

> "We'd be scratching our heads, he'd be in a home, but he doesn't want that and **we have no desire to put him in a home**, especially when he doesn't want that, it would be awful. Having a reliable food service is essential. Freezer food wouldn't do the job. He wouldn't think about it. He's bad on his legs and I don't think he'd be able to put food in the mircrowave". (Son, aged 64)

> "We would do it but it would be difficult. He was on about canceling them and we said no don't! It does **free us up** but if we had to we would do it. The onus is on us. It would be up to us to sort it out. He does struggle. We provide him with food at the weekend but we would have to do it every day. " (Son, 46)

> "Oh God, Nightmare! It would be an absolute nightmare. It would have a big impact on my life. I would have to go up everyday day and physically make them something, they can't use the microwave so I'd have to do it every day" (Granddaughter)

> "Golly I don't know, he wouldn't cope well at all. He's tried cooking a couple of times and it's been a disaster, he had to ring me and ask of something was still frozen. And I wouldn't be able to go every day, someone would have to go in, he would get in a right muddle. Safety is really important. He doesn't have to put the oven on - that's so important. His neighbour has frozen food delivered and one day he put a meal on and then he went into a coma. If he was found 20 minutes later the house would have been on fire. It's not safe for older people to heat up their own food. I can't tell you how important it is. I feel my Dad has such as advantage over his neighbour. All he has to do is take the tops off. And if anything happened they would notice that he wasn't well because someone is coming every day and there isn't that risk of fire. They get dementia and they think they're great. They say they know what they're doing but they don't!" (Daughter, aged 64)

> "Without the service it would be devastating to all of us, because we would have to provide the meals. And I don't know how we'd do it. Someone would have to go in and do it for her because I couldn't visit every day, we have to find a balance and Meals on Wheels help us **find that balance**." (Daughter-in-law)

Family members were also asked what the most important thing about the service was, to gain an understanding of how they value different aspects of the service:

> "It gives you freedom and peace of mind. It's peace of mind to know they'll get in touch with me. I need to have peace of mind that she's safe. Without the service our life would be quite miserable" (Daughter)

> "Peace of mind is the main thing. Not having to worry" (Son, aged 64)

> "My health isn't good, I can struggle to get about, I've got arthritis and I'm in and out of hospital and on crutches. It's just nice, there's that contact. We know that he's alright" (Son, aged 46)
> "Just to know they are getting hot food every day. I couldn't trust them [grandparents] otherwise. They can't use a gas cooker, it's too dangerous. We had to take it away, he doesn't know what he's doing. It's the satisfaction of knowing they are ok. It's peace of mind that's most important." (Granddaughter)

> "It's peace of mind really for me. Although I'm not there it's really important. I live a long way away from Dad, 70 miles. It takes an hour and a half to drive. I have high blood pressure and cholesterol problems. I'm on my own but I'm doing my best for me and my Dad. It's only me now. The people around him are old themselves so they have their own problems. Meals on Wheels is a lifesaver. In the cold weather it's a hot meal and in the summer that hot meal still gives them energy that they need. (Daughter, aged 64)

> "The peace of mind is worth everything. I live further away, its half an hour drive, it's not possible for me to go every day." (Daughter-in-law)

Responses were also explored to identify any negative or unintended outcomes:

> "There used to be someone she didn't like; a man who was snappy and didn't have time. He was quite rude but he's gone now"(Daughter)

> "It would be nice if they could stay a few minutes more but I know they're pushed for time. They have to get to 4 or 5 different villages" (Daughter)

Family members were asked if anyone else benefited services. Their responses often included other family members as well as the service user themselves.

> "My wife benefits too. She was having sleepless nights worrying about him at one stage. My wife has serious health problems and back problems, she can't really travel 150 miles. I have some limitations too. Driving is a problem. I need to have rest days" (Son, aged 64)

> "Me and my Dad both benefit [from the service]. And my Grandparents look better now too. They look healthier now they are getting proper food, much better than what they were having" (Granddaughter)

> "You know what it's like with older people, they miss a few meals and they get used to it. They stop eating. With Meals on Wheels they have that routine. She looks very well, she's very alert. It's that routine of eating and enjoying a meal. She looks better now than she did in 2009. She took some persuading at first but now she loves it. I have health problems and so does her son. He's 72. We're all getting on a bit but we have to stay healthy." (Daughter in law)

Some family members also talked about the relationship with community meals staff and the importance of trust:

> "They are very approachable. If there are any problems they are straight onto it. They are friendly and approachable, just little things, like on his birthday I wasn't able to go over as it was in the week and he said don't risk the roads, and he rang me to tell me the driver had said happy birthday to him. Sometimes that friendly contact is important. That little bit of outside contact or bits of information. When I've seen them they are always nice and bright and cheerful." (Daughter, aged 64)

> "They are not like social services at all. I've had so many problems with social services not doing what I've asked, not getting back to me. [With Icare] You've got that trust. There is always someone you know to speak to. You know them and they understand where you're coming from straight away." (Granddaughter)

> "They are very obliging; she's got specific likes and dislikes. Old people get like that as they get older, she's very finicky but they are very good. I liaise with them to make sure that she gets what she likes. They do cartwheels to ensure the meal gets there somehow. We know we can rely on them, and also it's another person calling in so if anything is ever wrong they have rung us up. They have my number, its peace of mind to know she's getting a good meal. The drivers do go above and beyond" (Daughter-in-law)

The responses from the interviews with family members highlight the importance of involving family members in evaluating services. Those interviewed had strong views about services and felt that where a service is having a positive benefit to the service user, this also has a significant impact on family members in terms of both their **freedom** and **peace of mind**.

Lunch Club attendees

LCC commission 52 lunch clubs. Most of these are currently at capacity suggesting that close to approximately 1,450 places are filled[16]. Lunch club attendees were engaged through of number of small focus groups. This allowed users to discuss various aspects of the service. In total 10 people were involved in answering questions around the value of the service. Stakeholders were first asked what difference the service made to them:

> "The company, a meal is ready for you, it's a nice place. You feel well cared for" (female, age 85)
>
> "It brings you out for an hour. I **enjoy talking to people** that I don't [normally] see" (female, age 90)
>
> "You meet people you wouldn't normally see and you can have a good moan. We live 4 doors away from each other but we only see each other here!" (female, age 94)
>
> "You meet other **friends who live in the village**" (female, 72)
>
> "You're with others, you have **a good laugh**. The bus picks us up, I recently hurt my foot so can't get around" (female, age 70)

Lunch club attendees were asked what they did differently as a result of the service:

> "When my husband died I started coming and I've joined one or two more things like the ladies evening. They are very friendly" (female, age 79)
>
> "It's something to talk about to your family at home" (female, age 90)
>
> "I make cakes for the others" (female, age 94)

Lunch club attendees were also asked what they would do if the service did not exist:

> "I'd get my own meal. My family do my shopping" (female, age 85)
>
> "I wouldn't see anyone at all. I have no family here - They live in Coventry and I hardly ever see other people" (female, age 90)

Again, there were some who would rely on families more heavily without the service, whereas for others without the service they would have very little contact with other people.

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[16] Numbers were not given for 4 lunch clubs so a figure of 20 (just under average) was used

Lunch club attendees were also asked what the most important thing about the service was, to gain an understanding of how they value different aspects of the service;

> "Friendship, being with others and **mixing with people**. We've all got families but they have busy lives, they have their own lives. They know where we are and when" (female, age 79)
>
> "The **company** - because I'm on my own" (female, age 90)
>
> "A good gossip, sociable. You meet some nice people every week. It's nicer than going to a restaurant. It's something different. You see all these different groups, and the pictures on the wall that the children have done-It's always changing. It's nice to **feel part of it**" (female, age 71)
>
> "Meeting up with old friends. And the meals are always nice" (female, age 90)

Lunch club attendees were asked if they felt anyone else benefited from the service:

> "Your family know where you're going - that's important to them" (female, age 94)
>
> "The family ring and say 'where are you going today?'" (female, age 79)
>
> "My family persuaded me to come. It's given my daughter a day off." (female, age 90)
>
> "I've stopped being able to get around so my daughter fetches things in for me. She checks to see if I'm alright" (female, age 90)
>
> "The people that run the service. There are no miserable people. A smile is important. If you smile at someone, they smile back." (female, age 71)

The lunch club attendees often talked about the village they lived in, highlighting the importance of that connection, both in terms of knowing what was happening in the community and keeping in touch with old friends and neighbours. They often talked about the fun they had at the club which contributed to their positive wellbeing. In terms of other stakeholders, the lunch club attendees again mentioned their family, as well as the volunteers who helped run the service.

Volunteers

Each lunch club relies on a minimum of 4 volunteers to help run the clubs. This equates to 208 volunteers. Lunch club volunteers are supported by LCC and are from a range of backgrounds. LCC provide a luncheon club guide publication to assist volunteers to run their clubs and offer free food hygiene training to all affiliated. LCC also send out newsletters to all volunteers and guidance and warnings about trading standards issues.

9 Volunteers were interviewed for this report about the value of volunteering. 8 were LCC employees and 1 was associated through the church. Stakeholders were first asked why they decided to volunteer:

> "I decided to volunteer based on my work experience I did with school, I actually worked in a hospital and that made me realise that I really enjoy helping the elderly to socialise etc, so when this opportunity came up, it was perfect for me. I have always wanted to volunteer, however I have so many out of work commitments it's hard to find the time, so when this came up it was perfect as I could do the volunteering that I have always wanted to do and during the working day" (Volunteer)

> "I volunteered because I have always wanted to do some voluntary work, mainly with older people, but I difficult to find the time as I am a single parent and I have old parents to look after too" (Volunteer)

> "A chance to put something back into the community and help a vulnerable group in society" (Volunteer)

Most volunteers decided to get involved because they wanted to do something different and give something back. The support from LCC allowed them the flexibility to do this. For most, this was the only volunteering they did.

Volunteers were then asked what difference volunteering made to them:

> "The main benefits of the lunch club for me, is seeing the ladies enjoying themselves and having a catch up with others in their village, the ladies are always happy to see us and seem to always enjoy themselves" (Volunteer)

> "I do enjoy the time there as it achieves the object of giving something to the community and more importantly witnessing what it does for the people involved who attend the lunch club and what it means to them. It actually helps seeing real people too, we often just work with names on screens. It actually makes you feel good too" (Volunteer)

> "For me, realising that there are real people out there that need perhaps a sense of sometimes a routine, or something to look forward to and a welcome change from a clinical automated helpdesk approach that is too

> prevalent these days. People in general like to see people and talk to people" (Volunteer)

Volunteers were asked what they did differently as a result of volunteering

> “I'm probably a better person because of it, it makes me reflect on issues outside of my normal day to day work “(Volunteer)

> "I have thought if in the future I am not working, I would do something like that" (Volunteer)

> "Not really, but I would consider volunteering for another service" (Volunteer)

Volunteers were also asked what the most important thing about volunteering was, to gain an understanding of how they value different aspects of the service;

> “It’s nice to feel like you’re making a difference and helping to provide a service that is enjoyed by others” (Volunteer)

> "The enjoyment and fun of meeting up and helping others. It is also something different to do and gets us out of our own office environment for a while and so is refreshing" (Volunteer)

Volunteers were asked if they felt anyone else benefited from the service:

> “Their families benefit from knowing their loved ones are having a healthy meal and socialising with friends, which also gives them a break” (Volunteer)

The volunteers were also able to cite cases where they had seen specific unintended benefits to service users as a result of the lunch clubs:

> “One driver came back and said “you know Mavis’s house doesn’t have a lock on the door, the council can’t repair it till next year.” So I rang the niece and she said that didn’t sound right. You have to check it out” (Volunteer)

> “A few years ago we had to make enquiries and in the end we rang the police because only the police can break in. She will still alive but she’d fallen against the door - she wasn’t unconscious but she couldn’t make anyone hear her till later in the day when the police went round. It’s our responsibility, well you feel responsible for them. So you try and find out why they’re not here.” (Volunteer)

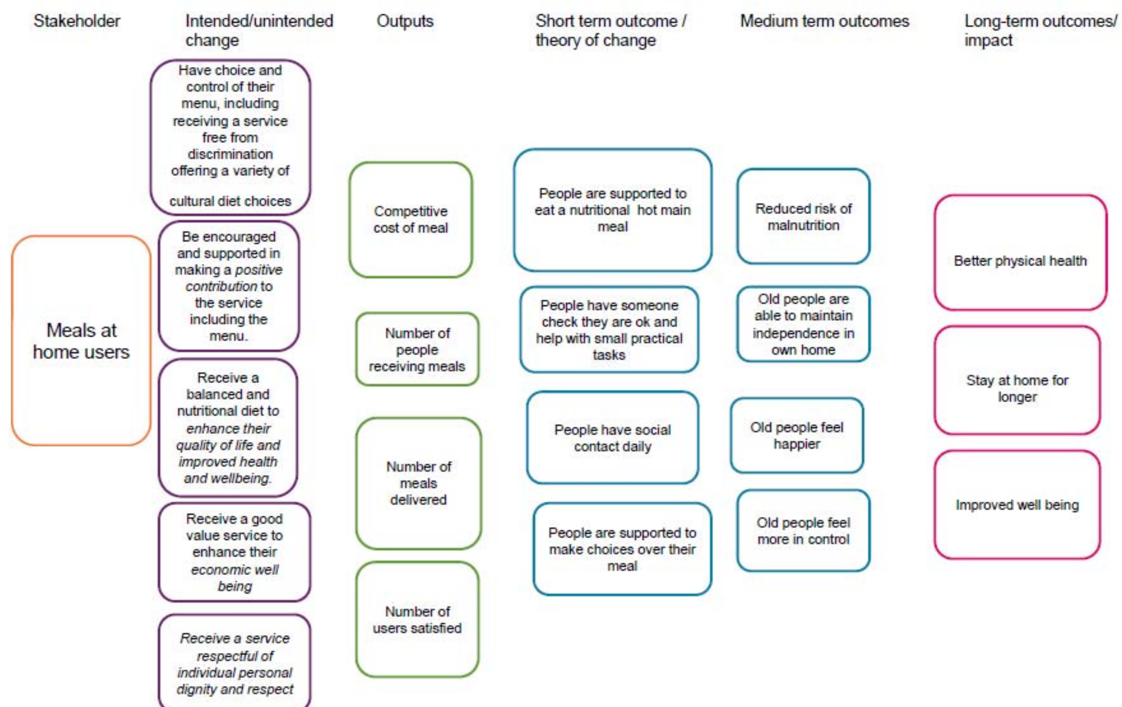
Responses were also explored to identify any negative outcomes

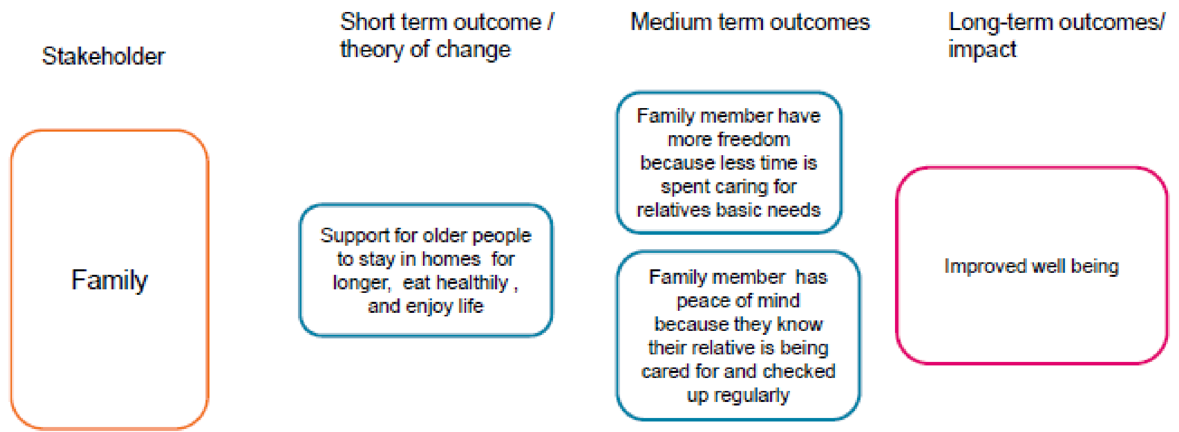
> "This is an opportunity to meet people of their own class and age. We had two couples here - they weren't the right sort of people, not very sociable. After a period of time they said they sharn't be coming again" (Volunteer)

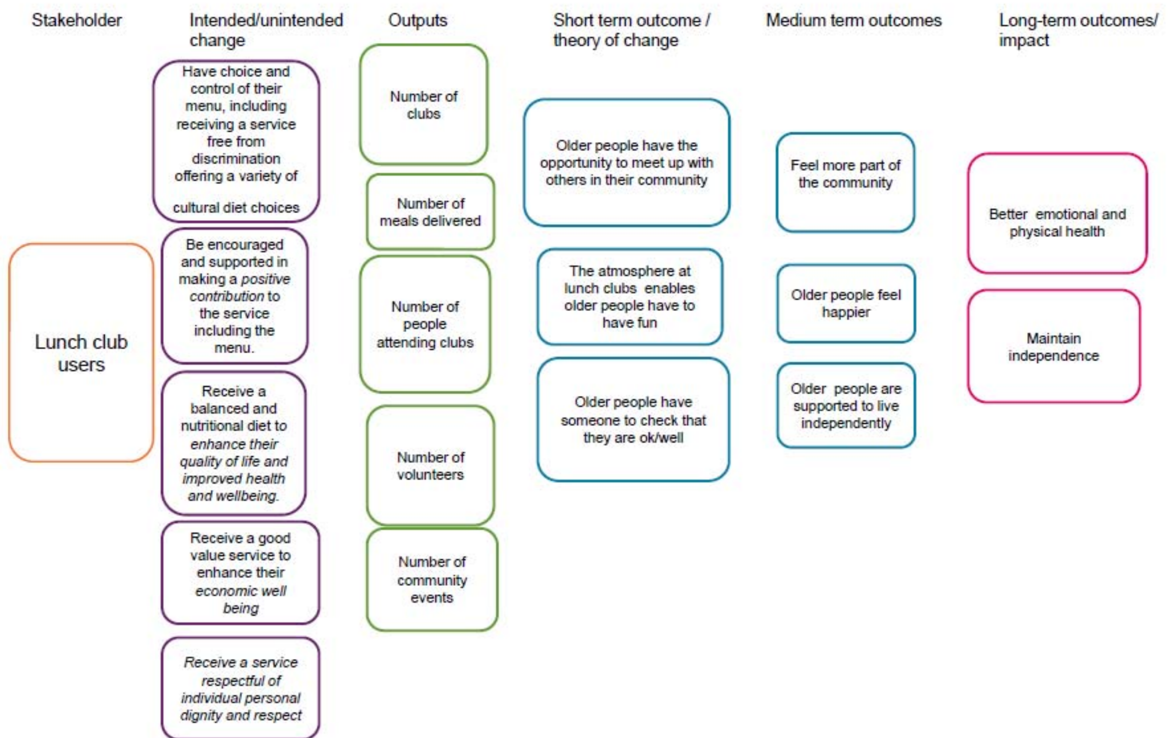
The volunteers generally felt that there was a benefit to them *personally* in volunteering at the lunch clubs on top of the benefit to the users. No additional stakeholders were mentioned.

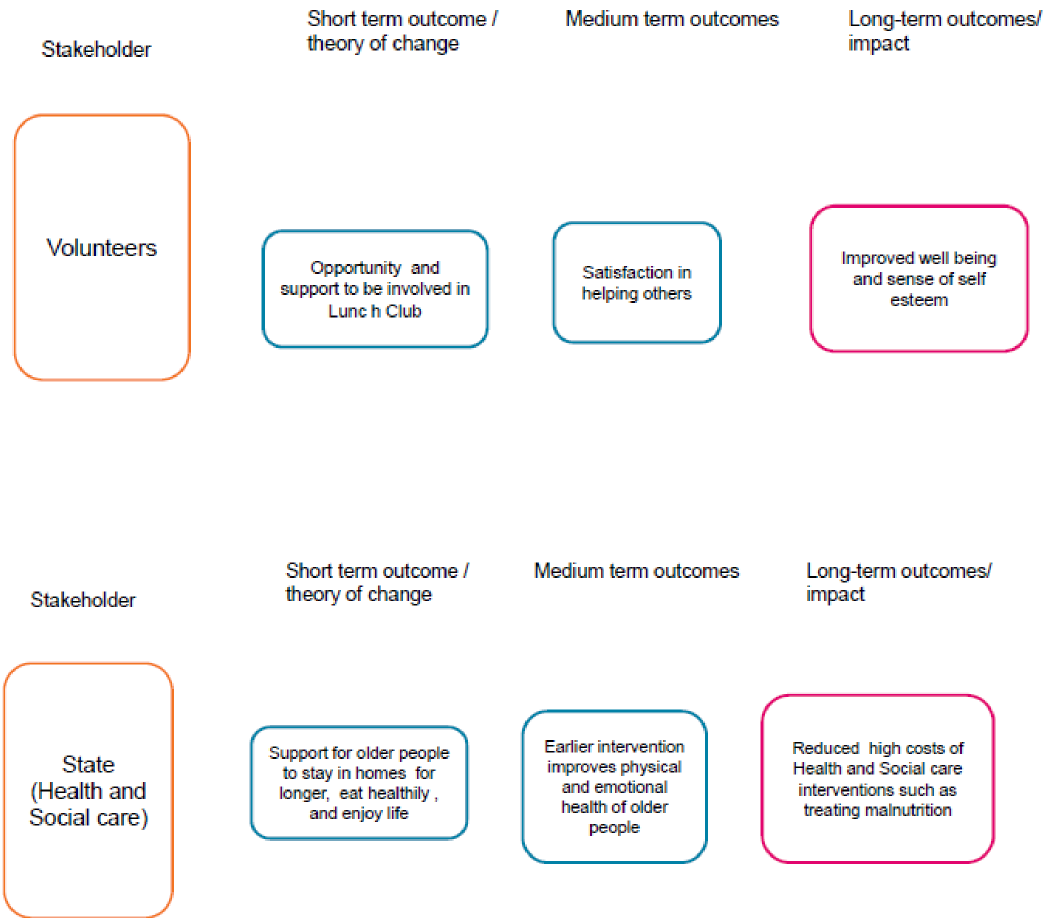
Theory of change

The engagement with stakeholders can be used to develop a theory of change for all stakeholder groups to map out the short, medium and long term outcomes of the service. A theory of change should also include any negative or unintended outcomes. However, the exploration for negative outcomes tended to identify areas where value could be increased rather than there being an actual *negative* impact. Many of the stakeholders also identified changes for other stakeholder groups which can inform and support the theories of change.




Stakeholder
Short term outcome / theory of change
Medium term outcomes
Long-term outcomes/ impact
Family
Support for older people to stay in homes for longer, eat healthily , and enjoy life
Family member have more freedom because less time is spent caring for relatives basic needs
Family member has peace of mind because they know their relative is being cared for and checked up regularly
Improved well being


Stakeholder
Intended/unintended change
Outputs
Short term outcome / theory of change
Medium term outcomes
Long-term outcomes/ impact
Lunch club users
Have choice and control of their menu, including receiving a service free from discrimination offering a variety of cultural diet choices
Be encouraged and supported in making a positive contribution to the service including the menu.
Receive a balanced and nutritional diet to enhance their quality of life and improved health and wellbeing.
Receive a good value service to enhance their economic well being
Receive a service respectful of individual personal dignity and respect
Number of clubs
Number of meals delivered
Number of people attending clubs
Number of volunteers
Number of community events
Older people have the opportunity to meet up with others in their community
The atmosphere at lunch clubs enables older people have to have fun
Older people have someone to check that they are ok/well
Feel more part of the community
Older people feel happier
Older people are supported to live independently
Better emotional and physical health
Maintain independence



Materiality

To ensure that only material outcomes are included, at this stage it is important to identify the outcomes that considered relevant to the service. **Materiality** is defined as *"Information is material if its omission has the potential to affect the readers' or stakeholders' decisions".*

According to SROI Guidance on Materiality, testing for relevance involves identifying whether the outcome is relevant because there are:

- policies that require it or perversely block it and the intervention can deliver it;
- stakeholders who express need for it and the intervention can deliver it;
- peers who do it already and have demonstrated the value of it and the intervention can deliver it;
- social norms that demand it and the intervention can deliver it; and
- financial impacts that make it desirable and the intervention can deliver it.

The outcomes in the theory of change can be tested for relevance by judging each outcome against the criteria for materiality. From the theories of change, the following outcomes were identified as being potentially relevant impacts of the Community Meals service:

Stakeholders	Outcome	Relevance	Relevant?	Longer/shorter term outcomes?
Community Meals (Meals on Wheels) users	Reduction in those at risk of malnutrition/dehydration	Key aim of the service	Y	Research suggests that support to eat nutritional meals does have an impact on malnutrition
	Support to live independently	Key aim of the service	Y	Research suggest that a little bit of help does contribute towards independence
	Friendly social contact on a daily basis	Older people frequently cited the importance of company	Y	This contact is a direct impact of the service. Future monitoring can also test for longer term outcomes
	Feel more in control	Older people said that they were supported to make choices. This importance is reiterated in research	Y	Research suggests that support to make choices helps older people feel more in control
	Receiving a meal	Main objective of the service	Y	Outcome on its own
Family	More freedom	As well as this being cited by family members, service users also acknowledged the increased freedom for family members	Y	The service directly gave family members more time, however not enough evidence was available to make the further link to wellbeing
	Peace of mind	As well as this being cited by family members, service users also acknowledged the decreased worry for family members	Y	The service directly reduced the worry for family members, however not enough evidence was available to make the further link to wellbeing
Lunch club attendees	Feel part of community	Many of the attendees talked about links to the community as a key reason for attending	Y	This engagement with community is a direct impact of the service. Future monitoring can also test for longer term outcomes

	Have fun	Many of the attendees talked about enjoying themselves and having fun as a key reason for attending	Y	While the attendees clearly enjoyed the lunch clubs it was difficult to link this to overall wellbeing
	Support to live independently	Lunch club attendees do not have their needs assessed, therefore it is difficult to quantify the contribution to living independently	N	
	Receiving a meal	Main objective of the service	Y	Outcome on its own
Volunteers	Satisfaction in helping others	All volunteers talked about the satisfaction in helping others as a key reason for volunteering	Y	Volunteers enjoyed helping others at the lunch clubs although it was difficult to link this to overall wellbeing
Drivers	Feel they are making a difference	Not enough evidence of direct impact	N	
LCC	Reduction in intensive support costs	Key aim of the service	Y	Research suggests that a little bit of help does contribute towards independence
NHS	Reduction in those at risk of malnutrition/dehydration or potential hospital admissions	Key aim of the service	Y	Research suggests that support to eat nutritional meals does have an impact on malnutrition

The following outcomes were therefore identified as relevant at this stage:

Stakeholders	Outcome
Community Meals (Meals on Wheels) users	Reduction in those at risk of malnutrition/dehydration
	Support to live independently
	Friendly social contact on a daily basis
	Feel more in control

	Receive a meal from Icare
Family	More freedom
	Peace of mind
Lunch club attendees	Feel part of community
	Have fun
	Receive a meal from Icare
Volunteers	Satisfaction in helping others
LCC	Reduction in intensive support costs
NHS	Reduction in those at risk of malnutrition/dehydration or potential hospital admissions

Measuring impact

Significance will need to be considered at each of the next stages. Significance means that the real or potential scale of the outcome has passed a threshold that means it can potentially influence decisions and actions.

Where quantities of change or values are low, or if deadweight or attribution are high, then the outcomes may not be significant to the supporting function of the meals delivery service. Significance can be considered after quantities of change, values, deadweight and attribution have been determined.

Evidencing outcomes

Data was explored and analysed from a range of sources to calculate the actual change in outcomes. An indicator is a piece of information that helps determine whether or not change has taken place - it allows performance to be measured. The indicators are the *ways of knowing* something has happened or changed. There are often different ways of knowing a change has taken place. A variety of sources were used to estimate baseline and impact. These included:

- Stakeholder interviews
- Social Care database (2010/2011)
- Social Capital Survey (2007)[17] (*For profiling*) (See Appendix D)
- Quarterly survey with those receiving meals at home (2011) (See Appendix D)

The Social Care database keep records of service users with details of their needs in terms of personal information and meal specifications. Notes recorded will include instructions for drivers such as whether they need help to take lids off/serve up food etc, or other regular tasks such as taking bins out. These records can provide

[17] http://www.lsr-online.org/reports/social_capital_survey_2007

information on who is receiving an enhanced service and the type of additional support they receive.

The Social Capital Survey was carried out in 2007 within 20 neighbourhoods in the county, representing different levels if deprivation. Volunteers from a variety of organisations were trained and carried out the house-to-house surveys in 12 of these neighbourhoods. There were 2,296 interviews in total, 359 (15.6%) of whom were over 75. The survey can be used to estimate the frequency that older people see friends, family and neighbours to give an indication of levels of isolation for service users. As the research suggested that social contact was of high importance to older people it is necessary to split the stakeholders into groups to measure and understand the different impacts of increased social contact. The three groups were:

- those who socialise with friends and family less than once a month
- those who socialise more than once a month but less than once a week
- those who socialise with friends and family more than once a week.

The social care database can be used to extract the number of service users who received meals (and therefore had social contact) seven days a week, and estimate the amount of social contact they would have had without ICare, based on the social capital survey proportions. This provides an estimate of the change due to ICare. The total number receiving meals throughout the year was 1416. The total number receiving meals 7 days a week was 781. For outcomes around increased social contact only those receiving daily meals will be considered. For other outcomes the total number of service users will be considered.

The quarterly meals at home survey is disrupted by ICare Staff with those receiving meals at home. The take up is frequently low and support from the ICare driver is often required to complete the survey so the results should be treated with caution. However, it can provide an indication of general satisfaction levels for service users as well as pick up on any issues.

As this is a forecast SROI, some of the outcomes are estimated based on research on impacts from outputs, rather than being able to actually measure the outcome. For an evaluative SROI the actual outcomes would need to measured to be confident that the value was achieved. From the available information, *proxy* indicators can be identified to forecast outcomes, as well as the actual indicators that would be used to show change

Stakeholders	**Outcome**	**Indicator**	**Source**
	what changes? (based on how stakeholders would describe the change)	**How would we measure it?**	**Where did we get the information from?**
Community Meals (Meals on Wheels) users	Reduction in those at risk of malnutrition/dehydration	Reduction in Malnutrition score from assessment (PROXY: Numbers who receive support to eat their meal (approx 15% of those who receive	Malnutrition assessment tool (PROXY: Social care database)

		meals(1416))	
	Support to live independently	Number who live in their own home for longer than expected (baseline) and feel more supported to live independently (PROXY: Number receiving additional practical help (support non meal related e.g. bins taken out) (1%)	Social care database and Survey (PROXY: social care database)
		Number of those who were previously 'quite isolated' who state that they are more likely to see people regularly as a result of service (PROXY: Number receiving daily meals and state that driver is friendly (781) from expected proportion of over 75 who see friends or family less than once a week (19%)	Survey (PROXY: Social care database / Social Capital Survey
	Friendly social contact on a daily basis	Number of those who were previously 'very isolated' who state that they are more likely to see people regularly as a result of service (PROXY: receiving daily meals and state that driver is friendly (781) from expected proportion of over 75s who see friends or family less than once a month (16%)	Survey (PROXY: Social care database / Social Capital Survey
	Feel more in control	Number who state the they feel more in control of their lives as result of the service (PROXY: No. chosen specific needs not on menu (171) and support to make choice (14))	Survey (PROXY: Social care database / Social Capital Survey
	Receiving a meal from Icare	Number of meals delivered from Icare	Social care database
Family	More freedom	Number of family members who stae that they have more freedom as a reasult of the service (PROXY: Family less reliant on daily basis - from expected proportion of daily service users who see family members everyday (14%))	Family survey (PROXY: Social Capital Survey)

	Peace of mind	Number of family members who state that they have ore peacse of mind as a rsult of the service (PROXY: Less stress - from expected proportion of daily service users who see family members at least once a month (62%))	Family survey (PROXY: Social Capital Survey)
Lunch club attendees	Feel part of community	Number who state that they feel more part of their community (PROXY: Feeling more a part of local area from expected proportion of over 75s see neighbours less than once a month (51%))	Survey (PROXY: Social Capital Survey)
	Have fun	Number who state that they have more fun as a result of attending the lunch club (PROXY: Estimation that all attend as they are enjoying themsleves	Survey (PROXY: stakeholder engagement)
	Receiving a meal from Icare	Meal delivered from ICare	Social care database
Volunteers	Satisfaction in helping others	Number of volunteers who feel they are making a difference (PROXY: Estimate = Minimum of 4 per club)	Volunteers Survey (PROXY: Stakeholder engagement)
LCC	Reduction in intensive support costs	Reduction in provision of other adult social care service (PROXY: Numbers receiving additional practical help)	Social Care database
NHS	Reduction in those at risk of malnutrition/dehydration or potential hospital admissions	Reduction in admissions due to malnutition (PROXY: Numbers who receive support to eat their meal (15%))	NHS data (PROXY: Social Care Database)

Considering significance

The quantity of change involved in some of the outcomes, such as support to live independently and reduction in intensive support costs, is low compared to other outcomes. However, these outcomes contributed to some of the key aims of the service, therefore, a judgement can be made to retain these outcomes at this stage.

Valuing benefits

To assess the potential value of outcomes all of the indicators need to be monetised, or expressed in financial terms. When data is unavailable or difficult to obtain, proxies can be used. A proxy is a value that is deemed to be close to the desired indicator, for which data may be unavailable. Proxies should not be seen as conveying a hard and fast value on that outcome but as a way of expressing it in financial terms that ensures it can be included in the analysis. There are three main types of financial proxies:

- Approximations of real transactions or changes in money, for example where an outcome produces a change in income or expenditure for the relevant stakeholder.
- Approximations of value based on potential changes in money for the relevant stakeholder. For example, where the outcome may result in a lower use of resources but this is insufficient to actually affect the budget, these are often valued using unit costs.
- Approximations of value based on what a related market reveals about preference for the outcome (revealed preference), or which are based on surveys of stakeholders preferences for the outcome (stated preference). This approach is often required to value outcomes for groups of stakeholders that are not organisations, such as service users, families and other members of the community.[18]

This section will list the outcomes identified from the theory of change and the values attached.

The main sources of evidence used in this stage are:

- Voices on well-being: A report of research with older people, WRVS, November 2011
- Putting a Price Tag on Friends, Relatives, and Neighbours: Using Surveys of Life Satisfaction to Value Social Relationships, Powdphavee (2007) (See Appendix E)

Stakeholder group: Meals at home

Reduced risk of malnutrition

15% (207) of those who receive meals at home also receive support to eat their meal such as removing lids, cutting food or being prompted or reminded to eat or drink. Without this support these users are likely to be more vulnerable to malnutrition. 16% of females received this additional support compared to 12% of males. These users tend to be between age 75 and 85 and are slightly more likely to have mental health disability than physical disability highlighting the issues of motivation and emotional factors that place older people at risk of malnutrition. The reduced risk of

[18] A guide to Commissioning for Maximum Value, LGA, 2011

malnutrition can improve quality of life – QALY (Quality Adjusted Life Years) is a tool used to measure impacts to quality of life to assess whether treatments are cost effective. A study of the value of reducing the risk of malnutrition from high to low found that quality of life improved by 13% for males and 4% for females[19] (See Appendix F). NICE recommend that between £20,000 and £30,000 is equivalent to one QALY (full quality of life year) for cost benefit purposes, giving a minimum value of £1,450 for males and £800 for females for reducing the risk of malnutrition from high to low. Giving the proportion of females receiving this service (71%) the average value per person is a minimum of £1,330. This value, and the number affected, is likely to be an underestimate as many more service users, not receiving additional support to eat, may also be at risk of malnutrition. Additionally the value of a QALY (£20,000 to £30,000) does not represent the value of quality of life from a patients' perspective. Further research has suggested that this may be as much as £70,000[20].

Support to live independently

1% of those who receive meals at home also receive practical help that is not meal related - this includes taking bins out, bringing in post, taking out refuse or checks that they are wearing their lifeline pendant. While these tasks may appear minimal, such help can make a big difference to retaining a sense of independence and enable service users remain in their own home. Meals drivers are not expected to replace the support of trained carers who undertake skilled, personal, care tasks such as bathing. However, small tasks such as emptying bins are important to and valued by older people. This is evidenced in the VCRS research which highlights 'a little bit of help' as an important contributor to older people's wellbeing. This value may be equivalent to the market value of one hour a week home help (£1,040 a year).

Friendly social contact on a daily basis

The VCRS research found that social contact is the most important driver of positive wellbeing for older people. This finding is supported by most research into wellbeing. When engaging with stakeholders it was found that for many older people it gave them something to look forward to each day. The quality of this interaction is therefore crucial to maximizing the value of the meals delivery service. The Social Capital survey[21] in 2007 asked 2,296 residents in Leicestershire how often they saw friends or family. For those aged over 75 (359) 10% stated that they never saw any friends or family and a further 6% said they saw either friends or family less than once a month. 19% saw friends or family more often but less than once a week. A further 45% saw friends or family at least once a week but not every day. Research by Powdphavee looked at the value of social contact and its contribution to wellbeing to calculate the extra income required to compensate for those who see their friends or relatives only once or twice a week.

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[19] http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3075394/
[20] The social value of a QALY: raising the bar or barring the raise? http://ukpmc.ac.uk/articles/PMC3023672/
[21] Social Capital Survey 2007 http://www.lsr-online.org/reports/social_capital_survey_2007

In order for those who usually see friends or family once or twice a week to have the same level of life satisfaction as those who see their friends or a relative on most days, the additional income required is £15,000 per annum. For those who see friends or family less than once a month £85,000 a year is required to reach the same level of wellbeing as those who see their friends and relatives on most days. In the latest quarterly survey with service users 100% of services users state that the driver is friendly suggesting that this is a positive aspect of the service. If this contact is daily (781 receives meals every day) then it may be realistic to assume that such a person could be regarded as a friend. In interviews stakeholders talked about chatting with the drivers about their lives in similar way to how friends may engage with each other. However, for this value to be realised it may be that more time spent with service users is required to form bonds that have equivalent values to friends. In some interviews with relatives issues were raised about previous negative experiences of this social contact, such as driver not taking time to check they are alright. A system to record such complaints should be clear and monitored.

Feel more in control

12% (171) of those who receive meals at home expressed a specific choice over their meal such as stating which food they don't like or cannot eat. 14 of these are also assisted to make choices, for example, assistance to complete the menu card due to visual impairment. This suggests that the service encourages service users to be in control over decisions that affect them. If the service did not exist then they may be more restricted in their ability to make such choices. It is often important to older people that they feel they still some control over their services and care as they get older. The SROI database recommends using the wage forfeit of becoming self employed as the value of making one's own choices (£1,900 a year)[22].

Receiving a meal from Icare

As the service users are paying for a meal at £3.20, this can be considered the value of the meal to service users.

Stakeholder group: Family members

More freedom

Family members often play a big part in the lives of elderly people. Stakeholders spoke about the freedom the service gave family members because they were not relied upon to such a large extent. The service may free up approximately an hour a day of their time which they can use elsewhere. The social capital survey found that 61% of over 75 saw their family at least once a month suggesting that for 61% of service users a family member benefits from on average 6 hours a week or £312

[22] Survey of Personal Income, annually undertaken by HM Revenue & Customs, Earned Income

hours a year in freed up time. This can be valued at approx £6 an hour (£1,874 a year).

Peace of mind

The stakeholder engagement found that, as well as freedom, the service provided peace of mind for family members who were worried about their elderly relative's wellbeing. This was often considered more important than time and provided a constant reassurance that their relative was being checked upon. As 61% of over 75's see their family at least once a month then it can be estimated that for 61% of service users a family member benefits from increased peace of mind. To achieve the equivalent outcome of peace of mind someone may be prepared to pay for an hour a week counselling. The market value of this is £2,085[23]. This value is slightly above the previous outcome of 'More Freedom' which reinforces the comments from family members who stated that peace of mind was the most important thing to them.

Stakeholder group: Lunch club users

Feel part of community

The stakeholder engagement found that many lunch club users said the club enabled them to meet up with others in the village and feel a sense of community in a setting that was also part of the community. Meeting up with people was often cited as the most important aspect of the lunch club for those who use it with many stating that it gave them something to look forward to ("a good gossip") and then talk about afterwards. The Social Capital Survey and Powdphavee's research on the value of seeing neighbours can again be used here to estimate the value of increased contact with those in their community. 51% of over 75's see neighbours less than once a month. For those who see neighbours less than once a month, in order for them to have the same level of life satisfaction as those who see neighbours once a week they would need have an additional income of £22,000 per annum.

Have fun

Interviews at lunch clubs found that many older people were able to attend and have fun. Events such as Christmas parties also provided the opportunity to enjoy themselves. The friendliness of volunteers helped users to feel welcome and relaxed. The value of fun can be equivalent to an annual spend on games and hobbies (£93 a year)[24].

Receiving a meal from Icare

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[23] From internet searches conducted for this database, the costs of individual psychotherapy and counselling are consistent at £40 per hour.

[24] Family Spending 2009 - A report on the 2008 Living Costs and Food Survey 2008

As the service users are paying for a meal at £3.20, this can be considered the value of the meal to service users.

Stakeholder group: Volunteers

Satisfaction in helping others

In the stakeholder engagement, volunteers stated that the feeling of helping others gave them personal satisfaction. The time they gave up can be accounted for in the inputs, although volunteers also gain a sense of positive wellbeing from being involved. The value used is the average value given to charity a year for each volunteer (£110 a year) as calculated in a poll by Investec Private Bank[25].

Reduction in intensive support costs

The theory of early intervention is that older people are supported to stay in their homes for longer delaying the need for expensive care. Although the wishes of older people vary many do prefer to stay in their own home rather than move into residential care (JSNA). The data shows that only 6 service users stopped receiving meals over the 12 months because they were moving to residential care (less than 1% of all terminated contracts). However, it is difficult to know how many would have moved to residential care without the meals delivery service and therefore how much money is saved. The outcome of those receiving additional support not related to meals (above- 1%) can be used to estimate the cost saving of not needing to provide such care through social services (£5,824 a year).[26]

Less needing treatment for malnutrition

The outcome of reduction in risk of malnutrition is mentioned above. The cost saving to the NHS is equivalent to the additional cost of treating a patient with malnutrition (£1,000 over 6 months)[27]

Discussion on values

The values for social contact used here is taken from Powdphavee's research into how much additional income is required to be 'as happy' as someone with those relationships. Although the most conservative values were used they are much higher than previous market values used in SROIs for activities such as 'joining a social club' or 'money spent of social activities'. Which are typically around £520 a

[25] http://www.thirdsector.co.uk/news/977447/?DCMP=EMC-FundraisingBulletin
[26] Average hours of care per person provided by social services was 7. Average cost per weekday hour is £16 from 'Unit Costs of Health and Social Care' 2009, PSSRU
[27] Guest, J.F. et al (2011) Health economic impact of managing patients following a community-based diagnosis of malnutrition in the UK. Clinical Nutrition, doi:10.1016/j.clnu.2011.02.002

year (Average spend on social activities in a year)[28] rather than £15,000+. This will therefore have a significant impact on the SROI ratio.

Applying values from the Powdphavee's research should perhaps be viewed as the potential value if relationships between service users are staff and considered as important to well-being as relationships with friends, Similarly, applying Powdphavee's research on the value of talking to neighbours for those attending a lunch club considerably inflates the value when compared to using the family spending survey cost of social activities, suggesting that the contribution of talking to neighbours to well-being should be viewed as the potential value.

By using Powdphavee's values, the SROI significantly inflates the value of social contact compared to other outcomes. Although this highlights the potential importance of considering increased value of social contact for those who do not normally see any friends or family it may not be realistic to use these figures without the confidence that well-being is directly affected to the extent implied. However, we can use the research to apply weightings to different types of increased contact. According to Powdphavee, the value of daily social contact for those who previously saw friends and family less than once a month is 5.7 times the value of daily social contact for those who previously saw friends and family more frequently (more than once a month but less than once a week).

If the value of £520 (average spend on social activities in a year) remains for the later group (where there is likely to be less impact of daily contact) than a value of £2,912 may be more realistic for the more isolated group who usually see friends and family less than once a month. Applying this same logic, the value of seeing neighbours may be £764. Based on the engagement with stakeholders these values appear to be more appropriate.

The outcome also assumes that older people receiving meals at home are similar to the over 75s form the Social Capital Survey. Anecdotal evidence from ICare staff suggest that many service users are likely to have less contact with family than expected at their age, hence the need for the service. They estimate that only a third are in regular contact with family or friends (at least once a week). A further third see family less than once a month and the remaining third see family less than once a week bit more than once a month. These figures can be applied in the sensitivity analysis.

Considering significance

The value for outcomes such as having fun, and feeling they are making a difference are low in comparison to other values. However, the numbers involved indicate that they could potentially prove material. By determining the actual impact, the significance of these outcomes can be re-considered.

[28] Family Spending 2009 - A report on the 2008 Living Costs and Food Survey 2008

Not over-claiming

The SROI process also involves assessing how much of the outcomes is a result of the actual project or service. To do this, deadweight displacement, attribution and drop-off rates need to be taken into account. These rates can be agreed with those working on the project, based on their experiences, the needs of service users and wider research.

Deadweight

Deadweight considers what would have happened anyway if the service did not exist. Since the eligibility threshold has been reduced, some people who have no longer been eligible for subsided meals have continued to use ICare privately. ICare estimate that this applies to around 50%. However, it is worth noting that the higher eligibility service users are likely to find it more difficult to pay for the meal without a subsidy. The cost of private meals can be equivalent to over half an older person's pension.

Subsidised meals cost £3.20 * 7 = £22.40 a week
Private non subsidised meals £4.63 * 7 = £32.41 + VAT = £38.89, an increase of £16.54 per week

As the cost of the meal to the service user is included in the input costs, if service users were to use the service privately it would affect who was inputting to the service but not the overall value to each individual. Deadweight should therefore consider whether the outcomes would be achieved without ICare.

It is also understood that for those receiving meals at home, without the LCC contract, ICare would not be able to provide the service in the area. The only other suppliers currently covering all of the county are for frozen services except for some very small local concerns operation in very small areas. It is therefore reasonable to assume that the majority of the outcomes around daily contact, support to eat, practical help and choice would not be realised through alternative meals provision. A small deadweight of 5% can then be used to take account of those who may be able to obtain the same outcomes through local provision or family members.

For the lunch clubs, there are around 50 non-commissioned lunch clubs in Leicestershire, suggesting that if LCC withdrew their commission of clubs there may be similar alternatives that would achieve similar outcomes. However, the commissioned lunch clubs are more targeted towards deprived areas and attendees may not be able to travel further to lunch clubs. The outcomes around belonging to their communities may also depend on the club being within their village to retain established links with friends and neighbours. It is possible that lunch clubs could set up in new deprived areas although it would be difficult to influence this without LCC

support. A deadweight of around 20% was agreed with the Food and Nutrition manager.

As the service users were paying the subsidised cost of £3.20 for a meal from Icare the deadweight for the outcome of receiving a meals was given a value of 0% as they would not receive a meal from Icare without the service. In reality, many would still be likely to eat a meal, perhaps from somewhere else, if Icare did not exist but as their payments to Icare were included in the input costs we can specify that the outcome is to receive meals from this provider.

As the majority of volunteers interviewed did not feel that they would have volunteered without this opportunity, a deadweight of 10% was agreed.

Displacement

Displacement occurs when the project benefits are at the expense of others (e.g. benefits are displaced from elsewhere).

It is unlikely that any displacement occurs through the community meals service as it is well targeted towards those who need it most, with no negative impact on others

Attribution

Attribution considers what share of an outcome is attributable to, or results from, those outside of the service being evaluated. This considers the proportion of the outcome that can be attributed to LCC support and the proportion that should be attributed elsewhere, for example family members.

Many of the family members who were consulted lived a long distance away from the service user so could not usually directly help towards the outcomes although they were often in frequent contact with ICare. All the family members consulted felt that ICare were both competent and reliable, unlike other services they had dealt with. They felt that they could ring ICare if something needed changing and that it was quick and easy to do. A few family members still liked to be around when the meal was delivered and ensure that they were ok. The attribution for service users' outcomes were given was estimated to be 15% as ICare were felt to be primarily responsible for these outcomes but the family were often still involved. This is being tested through the current survey which asks for each outcome whether anyone else is helping them with this change.

The attribution for family members was given a 5% attribution as they often felt they were alone in dealing with the worry or responsibility of caring. Again this can be tested through the current survey which asks for each outcome whether anyone else is helping them with this change.

Those receiving meals at home tended to be more independent and less reliant of family members. The attribution was estimated to be around 5%.

The outcomes for volunteers was given a higher attribution of 20% as it was felt to be more reliant on others (such as the current employer) to support the volunteering.

Drop-off

Drop off refers to the deterioration of an outcome objective over time, such as the number of participants each year who lose the confidence gained as a result of the project.

Due to the vulnerability and age of the service users a duration of just one year was used because the activity would need to be sustained to see any longer terms benefits

Projecting future benefits

When projecting benefits into the future, it is standard SROI practice to discount[29] the value of any future benefits. The HM Treasury discount rate of 3.5 per cent was applied to all future benefits in the model.

[29] Discounting is defined as' *The extent to which the value of a benefit accrued in the future is reduced, to reflect both the social and economic preferences for receiving a sum of money now, rather than receiving the same sum of money in the future.'*

Forecast SROI of supporting the Community Meals Service in Leicestershire

Impact Map

Stage 1		Stage 2			Stage 3								Stage 4				
Stakeholders	**Intended/unintended changes**	**Inputs**		**Outputs**	**The Outcomes (what changes)**								**Deadweight %**	**Displacement %**	**Attribution %**	**Drop off %**	**Impact**
Who will we have an effect on? Who will have an	What do we think will change for them?	What will they invest?	Value £	Summary of activity in numbers	Description	Indicator	Source	Quantity	Duration	Financial Proxy	Value £	Source	What would have happened without	What activity would we displace?	Who else would contribute to the change?	Will the outcome drop off in future years?	Quantity times financial proxy, less deadweight, displacement and attribution
					what changes? (based on how stakeholders would	How would we measure it?	Where did we get the information from?	How much change will there	How long will it last?	What proxy did we use to value the change?	What is the value of the	Where did we get the information from?					
	Those at risk of malnutrition are supported to eat nutritious meals	cost of meals	£833,225.60		Reduction in those at risk of malnutrition/dehydration	Reduction in Malnutrition score from assessment (PROXY: Numbers who receive support to eat their meal (approx 15% of all those who receive meals(1416))	Malnutrition assessment tool (PROXY: Social care database)	207	1	Increase in QALY	1330	Quality of Life research	5%	0%	15%	0%	£222,312.83
	Older people have someone to carry out basic tasks to help them live independently			Total Number who receive meals = 1416	Support to live independently	Number who live in their own home for longer than expected (baseline) and feel more supported to live independently (PROXY: Number receiving additional practical help (support non meal related e.g. bins taken out) (1%)	Social care database and Survey (PROXY: social care database)	9	1	Cost of home help-e.g. cleaner for 1 hr a week (£20) over a year	1040	Estimate	5%	0%	15%	0%	£7,558.20
Community Meals (Meals on Wheels) users	Older people have someone visit regularly to increase their social contact			Numbers receiving **daily meals** = 781	Friendly social contact on a daily basis	Number of those who were previously 'quite isolated' who state that they are more likely to see people regularly as a result of service (PROXY: Number receiving **daily meals** and state that driver is friendly (781) from expected proportion of over 75 who see friends or family less than once a week (19%)	Survey (PROXY: Social care database / Social Capital Survey	148	1	Value of seeing friends or family / contribution to wellbeing	520	Family spending survey and Powdphavee research	5%	0%	15%	0%	£62,145.20
						Number of those who were previously 'very isolated' who state that they are more likely to see people regularly as a result of service (PROXY: receiving **daily meals** and state that driver is friendly (781) from expected proportion of over 75s who see friends or family less than once a month (16%)	Survey (PROXY: Social care database / Social Capital Survey	125	1	Value of seeing friends or family / contribution to wellbeing	2912	Family spending survey and Powdphavee research	5%	0%	15%	0%	£293,930.00
	Older people are supported to make choices over their meal to help them feel more in control				Feel more in control	Number who state the they feel more in control of their lives as result of the service (PROXY: No. chosen specific needs not on menu (171) and support to make choice (14))	Survey (PROXY: Social care database / Social Capital Survey	14	1	Value of autonomy (reduced wages of self employed)	1900	Survey of Personal Income	5%	0%	15%	0%	£21,479.50
					Receiving a meal from Icare	Number of meals delivered from Icare	Social care database	260383	1	Cost of meal to servcie user	£3.20	Community Meals	0%	0%	15%	0%	£708,241.76
	Support from community meals allows family members to have more free time from caring				More freedom	Number of family members who stae that they have more freedom as a reasult of the service (PROXY: Family less reliant on daily basis - from expected proportion of d**aily service users** who see family members everyday (14%))	Family survey (PROXY: Social Capital Survey)	109	1	Value of time	1872	Minimum wage (£6 a hr)	5%	0%	5%	0%	£184,153.32
Family	Support from community meals to have peace of mind				Peace of mind	Number of family members who state that they have ore peacse of mind as a rsult of the service (PROXY: Less stress - from expected proportion of **daily service users** who see family members at least once a month (62%))	Family survey (PROXY: Social Capital Survey)	482	1	One hour a week counseling over a year	2085	Internet searches	5%	0%	5%	0%	£906,985.43
	Older people attend lunch clubs in their neighbourhood and feel more part of their community			Lunch clubs = 52	Feel part of community	Number who state that they feel more part of their community (PROXY: Feeling more a part of local area from expected proportion of over 75s see neighbours less than once a month (51%))	Survey (PROXY: Social Capital Survey)	728	1	Value of talking to neighbours / contribution to wellbeing	764	Family spending survey and Powdphavee research	20%	0%	5%	0%	£422,705.92
	Older people attend lunch clubs in their neighbourhood and have fun	cost of meals	£173,171.20		Have fun	Number who state that they have more fun as a result of attending the lunch club (PROXY: Estimation that all attend as they are enjoying themsleves	Survey (PROXY: stakeholder engagement)	1450	1	Average spend on games and hobbies per annum	93	2009 - A report on the 2008 Living Costs and Food Survey 2008	20%	0%	5%	0%	£102,486.00
Lunch club attendees					Receiving a meal from Icare	Meal delivered from ICare	Social care database	54116	1	Cost of meal to lunch club attendee	£3.20	Community Meals	0%	0%	5%	0%	£164,512.64
Volunteers	Volunteers feel that they are contributing to the service and have increased satisfaction in hepling others	Minimum wage for 1 h	£64,895		Satisfaction in helping others	Number of volunteers who feel they are making a difference (PROXY: Estimate = Minimum of 4 per club)	Volunteers Survey (PROXY: Stakeholder engagement)	208	1	Average amount people give to charity a year	110	Investec Private Bank	10%	0%	20%	0%	£16,473.60
Leicestershire County Council	LCC pay for the contract to allow and suppport the service to be offered at a substidised price leading to a reduction in long term care costs	Contract, support and subsidy	£497,145.17		Reduction in intensive support costs	Reduction in provision of other adult social care service (PROXY: Numbers receiving additional practical help)	Social Care database	9	1	Annual cost of providing home care	5824	Unit Costs of Health and Social Care' 2009, PSSRU	5%	0%	15%	0%	£42,325.92
NHS	The service improves the health of older people reducing costs to the NHS				Reduction in those at risk of malnutrition/dehydration or potential hospital admissions	Reduction in admissions due to malnutrition (PROXY: Numbers who receive support to eat their meal (15%))	NHS data (PROXY: Social Care Database)	207	1	Addition cost of treating patients with malnutrition	1000	Guest, J.F. et al (2011) Health economic impact of managing patients following a	5%	0%	15%	0%	£167,152.50
			1,568,436.97														£3,322,462.81

Considering Significance

The impact of 'support to live independently' is comparably low. This is perhaps expected as the providing people with practical help is not considered to be a key offer of the meals service, and it is also likely that simply providing meals helps people to stay independent. However, the report has taken care not to over-claim impact so only those receiving additional practical help have been counted as being more likely to live independently due to the service. Research does suggest that little things like taking bins out can be very valuable to older people wanting to retain independence in their own home, suggesting if this type of support was offered and recorded more formally as part of the meals delivery service it could potentially maximise value.

The Social Return on Investment ratio

This section will include:
- Cost of delivery
- A figure for total value, and the social return on investment

Cost of delivery

The cost of management and admin to manage the service over a year is approximately £42,000. The cost of subsiding meals is approximately 260,000 x £1.43 for delivered meals and 54,000 x £1.53 for lunch club meals totalling approximately £458,000.

Fig 4. Inputs costs

	unit cost	No. in 10/11	Total cost
Meals delivery subsidy	£1.43	260,383	£372,347.69
Lunch club subsidy	£1.53	54,116	£82,797.48
Manager and admin	£42000	1	£42,000.00
Meals at home service users	£3.20	260383	£833,225.60
Lunch club attendees	£3.20	54116	£173,171.20
Volunteer time	£6	10816	£64,896
			£1,568,438

This gives a total input of just over £1,500,000 a year.

Total value and social return on investment

Total Present Value (PV)	£3,210,109.00
Net Present Value (PV minus the investment)	£1,641,672.03
Social Return £ per £	£2.05

This gives a Social Return of £2.05for every £1 invested in supporting community meals.

34% of the value is achieved through outcomes associated with family members, 21% for lunch club users and 41% for those receiving meals

Stakeholder	TOTAL Value (before discounting)	%
Community Meals (Meals on Wheels) users	£1,315,667.49	41
Family	£1,091,138.75	34
Lunch club attendees	£689,704.56	21
Volunteers	£16,473.60	0.5
LCC	£42,325.92	1.3
NHS	£167,152.50	5.2

The outcomes that created the most value (>£100,000) were:

1. Receiving a meal for service users
2. Peace of mind for the family
3. Feeling part of the community for lunch club attendees
4. Daily contact for those who usually see friends or family less than once a month
5. Reduced risk of malnutrition for those who are supported to eat their meal

Ideally more family members would have been engaged initially and throughout the SROI to verify the value that is created for them through supporting the service. However, most of the other stakeholders did cite the benefits to members of their family which supports their significance.

Sensitivity analysis

The previous discussion on the value of social contact highlighted the difference of using different proxies. If Powdphavee's research into how social contact contributions to wellbeing and the income required to achieve an equivalent level of well-being (e.g. £15,000, £85,000 and £22,000)was applied then the SROI would increase to £16.26 for every £1 invested. This could possibly be viewed as the potential return on investment if quality relationships are formed with others.

If ICare's estimations regarding older people who were in contact with friends and family (i.e. that they were less likely to be contact with family members than most older people) were applied then the SROI increases slightly to ££2.37 per £1 invested because of the increased benefits to service users and reduced benefits to family members,. Using these proportions of value to stakeholders are now:

Stakeholder	TOTAL Value (before discounting) %
Community Meals (Meals on Wheels) users	54%
Family	25%
Lunch club attendees	19%
Volunteers	0.4%
LCC	1.1%
NHS	4.5%

Despite the change in the value to each stakeholder, the overall SROI ratio does not change significantly, suggesting confidence in the ratio of just over £2 for every £1 invested.

Anecdotal evidence from ICare suggested that around 30% of their service users were in regular contact with their family. We could therefore test the impact if, without ICare, the family would provide all of the outcomes anyway. If deadweight for all outcomes increased to 30% then the SROI would be £1.53 for every £1 invested.

ICare also suggested that a further 30% were in some contact with family members. We can therefore test the impact if, for those 60% (including those in regular contact), *half* of the outcomes can be attributed to family members working with ICare to ensure outcomes are delivered. If attribution for all outcomes increased to 30% (half of the 60%) then the SROI would be £1.59 for every £1 invested. As the attribution and deadweight are currently based on estimations from the consultation (in terms of the struggle and isolation family members experienced in caring for elderly relatives that often lived far away) it is important that future evaluations take

into account what would have happened anyway, and who else contributed, through surveys and analysis of adult social care service data.

5. Conclusions and recommendations

This forecast SROI estimates that for every £1 invested in supporting community meals service £2.05 is returned in social value. 34% of the value is achieved through outcomes associated with family members, 21% for lunch club users and 41% for those receiving meals.

The SROI highlights the importance of understanding who else is affected by a service, such as family members, particularly when there is an increase in those who are no longer eligible for a service. The SROI process also identified the potential to increase value by focusing on and understanding the outcomes affected by the quality of social contact, and keeping people linked to their community. These outcomes may potentially yield the most value. New ways of collecting this information may be necessary to understand this value and its contribution to wellbeing in the future. The benefits of supporting the community meals service to other services such as the NHS should also be noted to inform future commissioning plans and joint working. The SROI also highlights the value of supporting volunteers which may not usually be recognised.

The sensitivity analysis highlights the issues that while targeting the service more towards those who do not have family contact results in more value created for the service users, the overall value may not change significantly because fewer family members may be helped to care for their relatives. Contact with family members and carers is therefore important to assess when additional support is required.

The SROI ratio achieved through this evaluation suggests that supporting an enhanced community meals service does result in significant benefits that would not be realised through alternative provisions, such as once a week frozen meal services. This value however relies on satisfaction from meals delivery users, lunch club attendees and family members.

Recommendations

- Include family members/carers in monitoring satisfaction and understanding value
- Ensure there is a clear systems to monitor any complaints / negative outcomes
- Focus on what older people say is important to them (e.g. social contact, practical help with little things) to maximise wellbeing.
- Make use of volunteers, particularly those who may benefit further from experience such as young people and unemployed, to maximise value (Link to Big Society)
- Understand and acknowledge the impacts of lunch clubs on community cohesion.
- Analyse distances from commissioned and non-commissioned lunch clubs to assess access needs of potential users.

- **Consider introducing a Malnutrition assessment tool to evidence impact of healthy meals**
- **Consider collecting and analysing local NHS data on numbers of patients being admitted with malnutrition**

Next stages

A summary of the SROI findings were sent out to around 300 older people in Leicestershire who are members of the Older People's Engagement Network[30] with a short questionnaire asking for comments and their own views on how important different outcomes were. So far, 62 responses have been received. The average age of respondents was 76 and 65% stated that they had a long standing illness or disability. 18% were current meals delivery service users. The following tables shows how they much value the outcomes identified in the SROI:

How important are these things in your life as you get older?

	Very important	Important	Limited importance	Of no importance
Nutritious meals	47	110	3	0
Support to live independently	45	12	2	2
Regular social contact	42	14	4	0
Having control over choices	43	16	2	0
Feeling part of the community	34	20	6	1
Having fun	33	16	7	3

Many of the comments confirmed the importance the benefits cited.

> "The lunch club is a life line and one I wouldn't miss for the world. The food is a bonus. Unfortunately there are not enough of these where I live. The people who run it are all volunteers and give their time freely. They are saints." (Consultation respondent, age 81)
>
> "With the help of good neighbours and friends one can retain independent but benefits such as those quoted on this paper are real help to those who do not have relatives close and cannot get out at all." (Consultation respondent, age 74)
>
> "It's about being valued as a person (not a client)" (Consultation respondent, age 80)
>
> "I like doing my own cooking but living alone and having no family I feel that it is of vital importance to get out and have social contact" (Consultation respondent, age 87)

[30] http://www.communitiesinpartnership.org.uk/olderpeople.html

> "I want to try and keep active and remain in my own home (Consultation respondent, age 83)

Those that cared for elderly relatives also valued the two outcomes identified for them through the SROI of community meals, particularly the importance of peace of mind, and welcomed the consideration of the difference support services made to them as carers.

If you care for an elderly relative, how important are the following to you?

	Very important	Important	Limited importance	Of no importance
Freedom / free time	12	5	0	0
Peace of mind / free from worry	15	1	0	0

> "Support for carers is very important as it is for the cared for person" (Consultation respondent, age 72)
>
> "Having had a sick mother it was wonderful to know she was getting proper meals when I wasn't there" (Consultation respondent, age 70)
>
> "My mother is 93, has dementia but still lives in her own home, courtesy of carers who help me" (Consultation respondent, age 71)
>
> "Was a carer for frail elderly parent. His safety was most important for my peace of mind" (Consultation respondent, age 63)
>
> "I was carer for 30 years to my mother in past time - I never got the help I needed when I needed it. I was always kept waiting sometimes I never got it. I put my poor health now days to that time." (Consultation respondent, age 84)

Many respondents commented that they hoped the Community Meals service would still be available when they needed it themelves.

A new survey has also been compiled to collect regular information on service users and their family members who help care for them to measure the ongoing value of the service and allow those affected to feed into future evaluations (Appendix H).

Appendix A

Data from social care database of those receiving meal April 2010 to April 2011

Gender

Female	64%
Male	36%

Age band

22-64	5%
65-74	7%
75-84	29%
>84	59%

Ethnicity

White	98%
BME	1%

IMD

Top 10%	16%
10-50%	45%
50-90%	33%
Bottom 10%	6%

IDOP[31]

Top 10%	17%
10-50%	44%
50-90%	32%
Bottom 10%	7%

[31] **IDOP – Income Deprivation affecting Older People**

Appendix B

Eligibility Standards

Your need is Eligibility Standards critical when:

- life is, or will be, threatened; and/or
- significant health problems have developed or will develop; and/or
- there is, or will be, little or no choice and control over vital aspects of the immediate environment; and/or
- serious abuse or neglect has occurred or will occur; and/or
- there is, or will be, an inability to carry out vital personal care or domestic routines; and/or
- vital involvement in work, education or learning cannot or will not be sustained; and/or
- vital social support systems and relationships cannot or will not be sustained; and/or
- vital family and other social roles and responsibilities cannot or will not be undertaken.

Your need is substantial when:

- there is, or will be, only partial choice and control over the immediate environment; and/or
- abuse or neglect has occurred or will occur; and/or
- there is, or will be, an inability to carry out the majority of personal care or domestic routines; and/or
- involvement in many aspects of work, education or learning cannot or will not be sustained; and/or
- the majority of social support systems and relationships cannot or will not be sustained; and/or
- the majority of family and other social roles and responsibilities cannot or will not be undertaken.

Your need is moderate when:

- there is, or will be, an inability to carry out several personal care or domestic routines; and/or
- involvement in several aspects of work, education or learning cannot or will not be sustained; and/or
- several social support systems and relationships cannot or will not be sustained; and/or
- several family and other social roles and responsibilities cannot or will not be undertaken.

Your need is low when:

- there is, or will be, an inability to carry out one or two personal care or domestic routines; and/or
- involvement in one or two aspects of work, education or learning cannot or will not be sustained; and/or
- one or two social support systems and relationships cannot or will not sustained; and/or
- one or two family and other social roles and responsibilities cannot or will not be undertaken.

Appendix C

Questions for Stakeholder engagement

1. What services do you receive?

2. What difference does this make to you?

4. What do you do differently as a result of the service (that would not happen without it)?

4. What do you think is the most important aspect of the service to you?

5. If the service did not exist what impact would this have on your life?

6. Do you think the service has any benefits to other people as well as those who receive it? (Give examples)

Appendix D

How often do you socialise with friends, family or neighbours?

Over 75's	Friends or family	%	Family	%	Neighbours	%
every day	63	17.55	52	14.48	31	8.64
at least once a week	160	44.57	132	36.77	82	22.84
at least once a fortnight	37	10.31	37	10.31	28	7.80
once a month	32	8.91	41	11.42	31	8.64
less than once a month	20	5.57	36	10.03	47	13.09
never	37	10.31	41	11.42	135	37.60
unknown	10	2.79	20	5.57	5	1.39

Social Capital Survey, 2007

Would you describe your meals service driver as polite friendly and approachable?

Yes	170
No	0
Total	**170**

ICare Meals at Home Survey, 2010

Appendix E

Value of social contact from '*Putting a Price Tag on Friends, Relatives, and Neighbours: Using Surveys of Life Satisfaction to Value Social Relationships'*, *Powdphavee (2007)*

Notwithstanding statistical significance on the over-time associations between life satisfaction and social relationships variables, one question of interest would be how large are these coefficients in terms of economic significance. Although the equivalent valuation of a move from "seeing friends or relatives less than once a month" to "seeing friends or relatives on most days" of £85,000 a year of extra income is very large, it only applies to a mere 1% of the entire sample. The largest group (of approximately 20% of the representative British sample) contains individuals who moved between "seeing friends or relatives once or twice a week" and "seeing friends or relatives on most days".

Despite the fact that we cannot reject the null hypothesis that the two coefficients in the fixed effects regression are the same, in terms of the discrepancy in the extra income required to compensate those who see their friends or relatives only once or twice a week in order for them to have the same level of life satisfaction as those who see their friends and relatives on most days is still fairly large (i.e. £85,000 - £69,500 = £15,500 per annum). In other words, what these figures imply is that a public policy which encourages people who already see their friends and relatives fairly regularly (e.g. once or twice a week) – or 20% of the entire sample – to see them more often can have an equivalent effect on life satisfaction as a policy that encourages an additional income growth (i.e. either by increased mobility or through increased working hours) of approximately £15,500 per annum. A move from talking to neighbours less than once a month to talking to neighbours once a week is equivalent to approximately £22,000.

Appendix F

Value of reducing risk of malnutrition from '*Risk of malnutrition and health-related quality of life in community-living elderly men and women: The Tromsø study'* Jan-Magnus Kvamme, Jan Abel Olsen Jon Florholmen, and Bjarne K. Jacobsen, 2010[32]

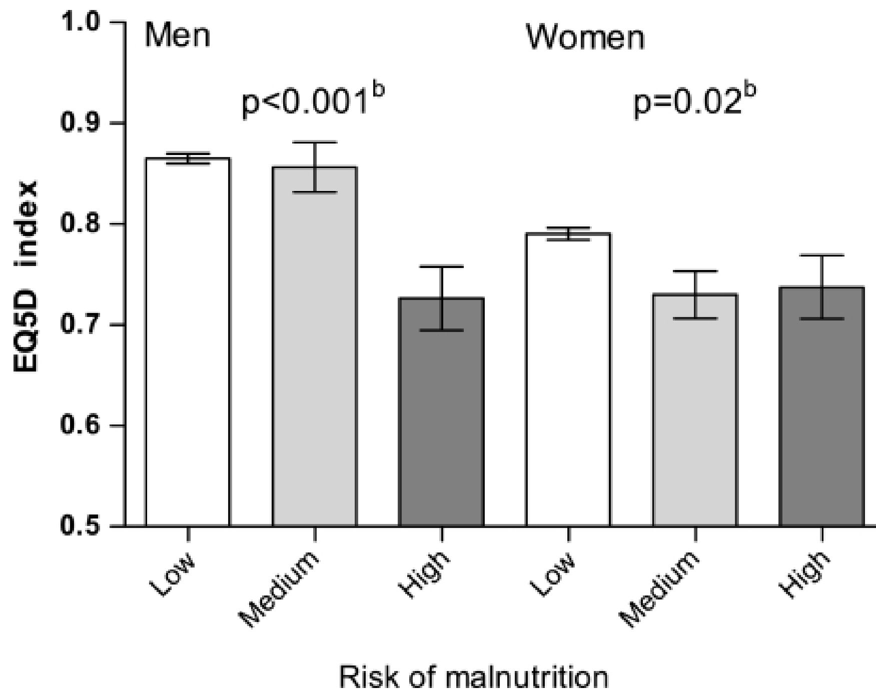
In addition to the indirect health index assigned through a descriptive system, a direct method was used asking subjects to rate their health on a visual analogue scale (VAS) with a maximum score of 100. The endpoints were labelled as "worst imaginable health state" and "best imaginable health state".

When comparing the differences in mean score between the low- and high-risk categories of malnutrition, we found that the effect size for the EQ-5D score for men was 0.85 (large) and for women it was 0.26 (small). Corresponding values for the VAS scale were 0.97 (large) for men and 0.31 (small) for women. When comparing the low- and medium-risk categories of malnutrition, we found the effect size for the difference in EQ-5D score in women to be 0.30 (small), and the other estimated effect sizes were minor.

The strength of the associations between various risk categories of malnutrition and the different EQ-5D dimensions as outcome variables is further described in Table 3. In men, statistically significant associations were found for all of the five dimensions. For men in the high-risk category of malnutrition, the strongest association was found for self-care (odds ratio (OR) = 9.6). The corresponding OR estimates were 4.9 for mobility and 5.3 for usual activities. In women, the associations were strongest for two dimensions: usual activities (OR = 1.7) and anxiety/depression (OR = 2.0 for the medium-risk category).

The Mean difference was 0.13 EQ scores (high risk to low risk) for males. If QALY is £20,000 then minimum value is £2,600. For females difference is 0.04 and value is £800. 64% of users are female so average value is £1,450 (minimum). This is based on cost effective calculations. Other estimates if QALY are much higher.

[32] http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3075394/



Cost to NHS from '*Malnutrition in the community and hospital setting'*, The patients Association, August 2011[33]

The consequences of malnutrition are wide ranging and include vulnerability to infection, delayed wound healing, impaired function of the heart and lungs and decreased muscle strength and depression.

Patients with malnutrition rely on NHS resources more than patients without malnutrition and cost the NHS approximately £1000 per patient over a 6 month period due to increased use of healthcare resources, including:

- *Malnourished patients visit their GP twice as often as those who are well nourished*
- *(regardless of co-morbidities)*
- *Malnourished patients are 3 x more likely to be admitted to hospital*
- *Length of stay in hospital is increased by 3 days where patients are malnourished*
- *Two thirds of people with malnutrition receive no treatment*

[33] http://www.patients-association.com/Portals/0/Public/Files/AdvicePublications/Malnutrition%20in%20the%20community%20and%20hosptial%20settting.pdf

Appendix G

Questions for older people's engagement network

Dear Sir / Madam,

We recently carried out a forecast evaluation of the Community Meals Service in Leicestershire. This included 'meals on wheels' and lunch clubs. A number of service users and family members were consulted with. It was found that for every £1 invested in commissioning the Community Meals Service, at least £3 is expected to be returned in social and financial value. As well as the health benefits of a having hot nutritional meal, the evaluation also identified the importance of the quality of social contact between service users and the drivers delivering meals, and the value of keeping people linked to their communities. There was also significant value to family members of service users through increased 'peace of mind'.

We would like your views on these findings and to understand more about how important different outcomes are to older people.

Community Meals Consultation

A forecast evaluation of the Community Meals Service in Leicestershire identified a range of benefits to service users and families. We would like your views on how much you value these benefits.

Q1. Do any of the following apply to you?

- I attend lunch clubs
- I receive meals on wheels
- I have a relative who attends lunch clubs or receives meals on wheels
- None of the above

Q2. From this list below, how important are these things in your life as you get older?

	Very important	Important	Limited importance	Of no importance
Nutritious meals				
Support to live independently				
Regular social contact				
Having control over choices				
Feeling part of the community				
Having fun				

Comments

Q3. If you care for an elderly relative, how important are the following to you?

	Very important	Important	Limited importance	Of no importance
Freedom / free time				
Peace of mind / free from worry				

Comments

Q4. What is your current age?

Q5. Do you have a long standing illness, disability or infirmity?

- ○ Yes
- ○ No

Comments:

Q6. Any other comments?

Thank you very much for your time

Appendix H

Future survey for service users and family members

Community Meals Services

We would like to know how people are affected by the Community Meals Services. Please complete this short survey.

Q1. What is your current age?

Q2. Do you have any long term illness or disability?

- Yes
- No

Comments:

Q3. Which of the following applies to you?

- I attend lunch clubs or receive meals on wheels (Go to Question 4)
- I have a relative who attends a lunch club or receives meals on wheels (Go to Question 26)
- Neither (Go to Question 50)

Q4. Which Community Meals Service do you access?

- I receive meals on wheels
- I attend a lunch club

Q5. How often do you have Community Meals?

- Less than once a week
- Once a week
- A few times a week (2/3)
- 4-6 times a week
- Every day

Q6. How long have you been accessing Community meals?

Q7. What is good about the Community Meals Service?

Q8. **What is bad about the Community Meals Service?**

Q9. **What difference does the Community Meals Service make to you?**

Q10. **Since you started receiving meals/ attending lunch clubs have you...**

- Eaten more nutritious meals
- Eaten less nutritious meals
- Eaten about the same amount of nutrition

Comments

Q11. **Has any other service or person contributed to this change?**

Q12. **Since you started receiving meals/attending lunch clubs have you...**

- Felt more supported in your own home
- Felt less supported in your own home
- Felt the same level of support

Comments

Q13. **Has any other service or person contributed to this change?**

Q14. **Since you started receiving meals/attending lunch clubs have you...**

- Seen people more frequently
- Seen people less frequently
- Seen people about the same

Comments

Q15. **Has any other service or person contributed to this change?**

Q16. **Since you started receiving meals/attending lunch clubs have you...**

- Felt more control over your choices
- Felt less control over your choices
- Felt the same level of control

Comments

Q17. **Has any other service or person contributed to this change?**

Q18. **Since you started receiving meals/attending lunch clubs have you...**

- Felt more part of the community
- Felt less part of the community
- Felt the same level of involvement in the community

Comments

Q19. **Has any other service or person contributed to this change?**

Q20. **Since you started receiving meals/attending lunch clubs have you...**

- Had more fun
- Had less fun
- Had the same amount of fun

Comments

Q21. **Has any other service or person contributed to this change?**

Q22. Which do you value most in your life right now?

- ◯ Nutritious meals
- ◯ Living independently
- ◯ Social contact / regularly seeing people
- ◯ Having control over choices
- ◯ Feeling part of the community
- ◯ Having fun

Comments

Q23. What impact would it have on you if the Community Meals Service did not exist?

Q24. Does anyone else benefit from the Community Meals Service and how?

Q25. Any other comments?

Q26. Do you have a relative who uses any of the following services? (Please tick all that apply)

- ☐ Receives meals on wheels
- ☐ Attends a lunch club regularly
- ☐ No

Q27. How often do they have meals?

- ◯ Less than once a week
- ◯ Once a week
- ◯ A few times a week (2/3)
- ◯ 4-6 times a week
- ◯ Every day

Q28. How long have they been receiving the service?

Q29. What is their age?

Q30. **How are you related to the service user?**

- Son
- Daughter
- Brother
- Sister
- Niece
- Nephew
- Grandson
- Granddaughter
- Mother
- Father
- Other family relation

Please state

Q31. **Are you the main family member carer to the service user?**

- Yes
- Sometimes / joint
- No

Q32. **How often do you currently see the service user?**

Q33. **Since the service user began receiving meals/ attending lunch clubs have you...**

- ◯ Seen your relative more
- ◯ Seen your relative less
- ◯ Seen your relative the same

Comments

Q34. **Has any other service or person contributed to this change?**

Q35. **Since the service user started receiving meals/attending lunch clubs have you...**

- ◯ Had more responsibility for caring tasks
- ◯ Had less responsibility for caring tasks
- ◯ Had the same level of responsibility

Comments

Q36. **Has any other service or person contributed to this change?**

Q37. **Since the service user started receiving meals/attending lunch clubs have you...**

- ◯ Spent more quality time with your relative
- ◯ Spent less quality time with your relative
- ◯ Spent the same amount of quality time with your relative

Comments

Q38. **Has any other service or person contributed to this change?**

Q39. **Since the service user started receiving meals/attending lunch clubs have you...**

- ◯ Had less to worry about
- ◯ Had more to worry about
- ◯ Worried the same amount

Comments

Q40. **Has any other service or person contributed to this change?**

Q41. What is good about the Community Meals Service?

Q42. What is bad about the Community Meals Service?

Q43. What difference does the Community Meals Service make to you?

Q44. If you have more time now, how do you spend this time?

Q45. **Which do you value most in your life right now?**

- ◯ Freedom / ability to choose how you spend your free time
- ◯ Peace of mind / free from worry

Comments

Q46. **What impact would it have on you if the Community Meals Service did not exist?**

Q47. **Does anyone else benefit from the Community Meals Service and how?**

Q48. **Do you have other caring responsibilities?**

- ◯ Yes
- ◯ No

Comments:

Q49. **Any other comments?**

Q50. **If you care for an elderly relative what do value most?**

- ◯ Freedom / ability to choose how you spend your free time
- ◯ Peace of mind / free from worry

Comments

Q51. **Which of the following do you think you value most in your life as you get older?**

- Nutritious meals
- Living independently
- Social contact / regularly seeing people
- Having control over choices
- Feeling part of the community
- Having fun

Comments

Q52. **What do you feel would be important in a Community Meals Service? (This includes lunch clubs and meals on wheels)**

Q53. **Any other comments?**

Thank you very much for your time. Please click the 'Submit' button below.

DATA PROTECTION

The purpose of this questionnaire is to inform the evaluation of Leicestershire County Council's Community Meals Service. All the information you have provided will be kept completely confidential and used for this evaluation. Data will not be shared with any third party.

Appendix I

Glossary of terms

Attribution
An assessment of how much of the outcome was caused by the contribution of other organisations or people.

Deadweight
A measure of the amount of outcome that would have happened even if the activity had not taken place.

Discounting
The process by which future financial costs and benefits are recalculated to present-day values.

Displacement
An assessment of how much of the outcome has affected outcomes happening elsewhere.

Drop-off
The deterioration of an outcome over time.
Duration How long (usually in years) an outcome lasts after the intervention, such as length of time a participant remains in a new job.

Financial proxy
A monetary approximation of the value of the outcome.

Impact
The overall outcome for stakeholders, taking into account what would have happened anyway, the contribution of others and the length of time the outcomes last.

Impact map
A table that captures how an activity makes a difference: that is, how it uses its resources to provide activities that then lead to particular outcomes for different stakeholders.

Indicator
A piece of information that helps to determine that a change has taken place. It is a sign that can be measured. SROI is concerned with ‘outcome measures’ (such as the increased confidence in people who have been on a course) rather than ‘output measures’ (such as the number of people attending a course).

Inputs

The contributions made by each stakeholder that are necessary for the activity to happen.

Materiality
Information is material if its omission has the potential to affect the readers' or stakeholders' decisions.

Outcome
The changes resulting from an activity. The main types of change from the perspective of stakeholders are unintended (unexpected) and intended (expected), positive and negative change.

Outputs
A way of describing the activity in relation to each stakeholder's inputs in quantitative terms.

Outcome indicator
Well-defined measure of an outcome.

Revealed preference
An approach to approximating the value of an outcome to a stakeholder by inferring the value of an outcome that doesn't have a market price from something that does have a market price.

Scope
The activities, timescale, boundaries and type of SROI analysis.
Sensitivity analysis - an assessment of the extent to which an SROI model is affected by changes to assumptions about variables.

Social return ratio
Total present value of the impact divided by total present value of the investment.

Stakeholders
Groups of people or organisations that affect the activity being analysed or that experience change, whether positive or negative, as a result of the activity.