



Sheffield Churches Council for Community Care (S4C)

Social Impact Report

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Real-Improvement

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Executive Summary

Sheffield Churches Council for Community Care (S4C) is a registered charity that has just celebrated its 50th year of operating. It provides a range of services to support older people in the Sheffield area, including friendly visiting to isolated older people, assistance with hospital discharge, loans of high seat and end-of-life chairs, A&E to home transport, and help for relatives (and some patients) choosing a care home. In addition to paid staff, S4C relies on a large number of volunteers – currently 78 including 5 trustees – most of whom support its friendly visiting service.

NB: Throughout this report, the abbreviation S4C refers to Sheffield Churches Council for Community Care – not to be confused with SCC, which is Sheffield City Council.

This report presents the findings of an independent evaluation which assesses the social impact that S4C has on the service users and partner organisations it works with. This social impact assessment not only identifies cost savings to statutory services, but also attributes a financial value to some of the more intangible health and well-being outcomes that S4C achieves. This approach is based on well-established costing and valuation methods, explained in relation to each valuation with further background in Appendix 1.

The report examines each of S4C's services, and considers the outcomes that each achieves for its various stakeholders (this is summarised in the matrix in Section 2). The table below gives an overview of the value achieved by each service in terms of overall social impact.

Service	Beneficiaries	Total Value
GNS Friendly Visiting	Service users, NHS services, Adult Social Care, Volunteers	£526,202
HAC Hospital Discharge	NHS services	£261,860
High Seat and End-of-Life Chairs	Service users, NHS services	£53,340
A&E to Home Service	Service users, NHS services	£6,228
Placement Service	Relatives of service users	£43,008
TOTAL		£890,638

Further details of each service are shown in Sections 3 to 7 of this report, and are aggregated within Section 9.

The report draws a number of conclusions from this analysis, the principal ones being:

- The social impact that S4C achieves is more than three times the total income it receives, and more than four times the value of its contracts with SCC and the NHS.
- Savings achieved for statutory services alone significantly exceed the value of these contracts, even if no account is taken of benefits to service users and others.
- S4C has been highly successful in recruiting volunteers; this greatly benefits service users (mainly through its Good Neighbour Scheme visiting service) and also the volunteers themselves.
- S4C's HAC service has the greatest value in terms of savings to statutory services; GNS friendly visiting generates the greatest value for service users

It is important to stress that all valuation figures quoted in this report are estimates, and that these err on the side of caution to avoid unrealistically over-claiming the results that S4C achieves.

Moreover, the report has not been able to take account of some aspects where there are likely to be

positive outcomes but where evidence is insufficient for valuation purposes. All this means that the true social impact achieved by S4C may well be higher than the figures quoted.

It is also evident that these figures do not fully capture everything that S4C does. In discussions with the consultant, many partner organisations praised S4C for its flexibility, and for the willingness of its staff to “go the extra mile” rather than sticking rigidly to contract requirements. This has helped S4C to strengthen its reputation and maintain a good relationship with its partners. It can also have direct benefits in attracting donations.

Finally, the report makes several recommendations to S4C on how it might further develop its services and funding strategies for the future. These recommendations are listed below, and fully explained in Section 10.

Recommendation 1: S4C should continue its current policy of flexibility and “going the extra mile” in exceptional circumstances, but should prioritise its work on areas that meet one (or both) of two criteria:

- a) work that directly relates to the requirements of its commissioning contract with Sheffield City Council and Sheffield Teaching Hospitals Trust; and/or**
- b) work where service users can recognise significant benefits as coming directly from S4C.**

Recommendation 2: S4C should link its ongoing fundraising strategy to funding sources related to each of its services, using evidence in this report to support this approach.

Recommendation 3: S4C should consider diversifying its funding sources further, including the options of (a) further grant funding and (b) company sponsorship

Recommendation 4: S4C should continue to build its volunteer capacity, including areas of its work beyond the Good Neighbour Scheme

Recommendation 5: S4C should discuss its A&E to home service with STHT, to develop a more systematic use of the service that benefits both STHT in terms of costs and S4C in terms of social value.

Recommendation 6: S4C should consider how it could refine its current data collection to focus more on outcomes as well as activities.

Section 1: Introduction

Background to S4C

NB: Throughout this report, the abbreviation S4C is used for Sheffield Churches Council for Community Care – not to be confused with SCC, which is Sheffield City Council.

S4C is a registered charity, originally formed in 1966 and registered in 1967 as an ecumenical organisation supporting older people in the community. It is now funded primarily through joint contracts with Sheffield City Council and the NHS, supplemented by some smaller grants, donations and fundraising activities. It also makes extensive use of volunteer support.

S4C's activities now fall into a number of categories:

- A Good Neighbour Scheme provides regular friendly visits from volunteers to isolated older people in their own homes - almost all S4C's volunteers are used in this way. The service can also provide emergency sitting services, escort to appointments and short-term shopping, although some of this work is carried out by the HAC team.
- A Hospital Aftercare (HAC) service, which helps to meet the non-medical needs of people being discharged from hospital, or in some cases to avoid admission to hospital
- A supply of high seat chairs and end-of-life chairs, which it loans to people who need this equipment
- An A&E to Home service, which transports people who are discharged direct from A&E and have no other means of getting home
- A Placement Service, which takes people to see possible care homes for their relatives who are about to leave hospital. It can also take patients themselves to do this, or for assessments.

S4C currently employs 10 staff (some part-time) and is supported by 78 volunteers, including five trustees. Except for high seat chairs, end-of-life chairs and some key safes, which S4C owns, the equipment it works with is owned by the other organisations such as the Red Cross and MacMillan Cancer Care, although much of it is stored by S4C.

Conscious of increasing pressures on public sector funding, S4C wishes to understand more about the impact it has on the people and organisations it works with. It plans to use this information both to review its future income strategy and to identify how its impact can be strengthened further. This report aims to provide S4C with information relevant to both purposes.

Evaluation Method

This Social Impact Report is based on an assessment of the outcomes that S4C achieves – the difference it makes to people's lives and to the organisations it works with, rather than simply the numbers of visits, jobs or hours worked. Moreover, it places a financial value on these outcomes, so that S4C can put figures on the overall value of its work.

In some cases, these values are quantifiable cost-savings to the NHS or other public services. Other valuations assess social value, giving a financial equivalent or 'proxy' valuation to intangibles such as

reduced social isolation or improved well-being. The valuations used are explained as they occur in Sections 3 to 7 of the report, and a summary of the methods used is included at Appendix 1.

This evaluation project has involved a series of worksteps, led by the consultant:

1. A half-day introductory workshop was held with a group of staff, volunteers and external representatives.
2. This was followed by further discussions with staff and a review of S4C data.
3. The consultant undertook further data collection, including interviews with volunteers and external representatives (mostly by telephone, but including a face-to-face group of volunteers), together with some external research.
4. This data was then analysed to identify the value achieved for each stakeholder group by each of S4C's services. Each significant outcome was then given a valuation, and from this an overall assessment of S4C's social impact has been derived.
5. The consultant prepared this report, initially in draft form, and then finalised it following discussions with S4C's Chief Executive and Trustees.

This is not a full Social Return on Investment (SROI) analysis as defined by Social Value UK (the level of rigour and detail needed to produce such an SROI report would have been disproportionately costly for a charity of S4C's size). However, it shares a number of principles with SROI analysis:

- It considers outcomes for all stakeholders, not just service users or funders.
- It takes account of possible negative outcomes, and of 'attribution' (i.e. S4C may not be solely responsible for the positive outcomes that its stakeholders experience).
- It assigns financial values to all measurable outcomes, even where these are 'intangibles'.
- It seeks to avoid over-claiming; where estimates or valuation figures are used, these are generally cautious/conservative ones, so that the value of S4C's work is not exaggerated.

The conclusions in Section 9 aggregate these financial values to produce an overall assessment of S4C's social impact over a period of one year. It should be stressed that this social impact figure is an estimate – many approximations have been used and there is no way to produce a precise figure. However, use of the principles above mean it is quite robust, and the "true" figure is more likely to be higher than lower.

Acknowledgements and Thanks

This report has been prepared by Andy Bagley of Real-Improvement. Andy is an experienced management consultant specialising in evaluation and impact measurement for charities and other third sector organisations. He also has some personal experience with the types of services S4C delivers (although not in the Sheffield area) through his own elderly relatives.

Andy would like to express his sincere thanks to everyone who has contributed their time and information to assist this social impact report. This applies to all volunteers and other external contacts who have been interviewed, and particularly to the staff of S4C, who have been extremely helpful and supportive throughout this project.

Section 2: S4C's Key Stakeholders

S4C's work affects many people and organisations, referred to here as its 'stakeholders', in a range of different ways. The Outcomes Matrix below summarises the outcomes that each of S4C's services achieves for each of its main stakeholder groups, and provides the basis for the social impact analysis contained in the following sections of this report. It summarises who benefits and how from each of the services that S4C provides.

Who Benefits	GNS Visiting	HAC Hospital Discharge	HAC High Seat Chairs	HAC End-of-Life Chairs	A&E to Home	Placement Service
Service Users	Friendship & reduced social isolation	Early return home – though may not fully appreciate S4C's role	Greater personal comfort, aids recovery from surgery	Satisfaction and relief of being able to end life at home	Convenient and comfortable way to get home at no charge	May have a better quality of life if placed in a suitable care home
Family (& friends)	Assurance of someone in contact, can reduce stress	May be some peace of mind, although S4C just a part of whole discharge process	Some reassurance although benefits mainly relate to service user, captured above	May be some emotional relief where a partner lives with patient	No effect (family not likely to be involved, or will bring patient back home anyway)	Less 'on their own', reduces time they would spend on looking/researching
NHS services	Reduced need for NHS services	Earlier discharge, reduced bed-blocking	No effect (equipment not supplied by NHS)	Can reduce bed occupancy if patient able to end life at home	Can avoid overnight stay where no other means of transport available	No significant reduction in bed blocking – S4C can discharge anyway
ASC services	Reduced need for ASC services	No effect (ASC services can be re-timed to meet early discharge)	No effect (no significant impact on ASC services)	No effect (no significant impact on ASC services)	No effect (earlier discharge has no significant effect on ASC services)	No effect (ASC not affected by S4C's Placement Service work)
Other agencies (e.g. Red Cross, Support 55)	No effect (other providers only offer paid-for services)	"Cog in machine" but agencies are partners rather than beneficiaries	No effect other than referral (equipment not supplied by NHS)	No effect other than referral (equipment not supplied by NHS)	No effect	No effect
Private/other sector (care homes, home support, suppliers etc.)	May reduce income if users would have paid for their service	No effect on suppliers as S4C does not create extra demand	Effect on sales & refurbishment business probably not significant	Effect on sales & refurbishment business probably not significant	No effect (S4C only used where private taxi is not a practical alternative)	No effect (S4C has no significant effect on filling care home vacancies)
Volunteers	Personal well-being benefits of volunteering	[Included under GNS involvement]	[Included under GNS involvement]	[Included under GNS involvement]	[Included under GNS involvement]	[Included under GNS involvement]

The colour-coding on this chart works as follows:

GREEN	There is a clear positive outcome which can be valued
AMBER	There may be some benefit, or possible negative outcome, but this is speculative and available evidence is not strong enough to place a value on this aspect. This particularly applies to issues such as temporary stress relief or peace of mind for relatives. (For volunteers, all benefits are considered within the GNS Visiting category.)
PINK	There is a negative outcome which can be valued
GREY	There is no significant outcome (in some cases the text within the box explains why)

Sections 3 to 7 analyse all the outcomes highlighted in green above (only), and give these outcomes a financial valuation. Section 9 compiles these valuations into an overall assessment of the social impact that S4C achieves. In reality however, these categories do not capture everything that S4C does, and Section 8 gives some examples of how S4C goes "above and beyond" its remit in many instances.

NHS and ASC Services

Various studies have considered the impact of loneliness on health and social care services – usually combined, hence these two services are considered together in this subsection. The most relevant analysis is *Investing to Tackle Loneliness*, a report produced in June 2015 by Social Impact Ltd and endorsed by the Cabinet Office and NESTA. This shows for example that older people who are lonely are on average:

- 1.8 times more likely to visit their GP;
- 1.6 times more likely to visit A&E;
- 1.3 times more likely to have emergency admissions;
- 3.5 times more likely to enter local authority-funded residential care;
- 3.4 times more likely to suffer depression;
- 1.9 times more likely to develop dementia in the following 15 years;
- two-thirds more likely to be physically inactive, which may lead to a 7% increased likelihood of diabetes, 8% increased likelihood of stroke and 14% increased likelihood of coronary heart disease.

Valuation: This is a cost saving valuation; the above report above quotes a figure of £12,000 over 15 years, with 40% of this occurring in the first five years (i.e. £960 per year over five years). Interventions will reduce loneliness but not eliminate it, hence only a proportion of this figure can be taken for valuation purposes. The report uses figures of 6% to 17%; the higher of these two figures has been used for this valuation, based on the very positive feedback received from service users and others.

This gives an estimated saving of £163.20 per person per year, equivalent to a total of £14,198 for the 87 service users currently receiving GNS visits from S4C.

Volunteers

Whilst a few S4C volunteers do admin work or support other S4C services, the great majority are involved in friendly visiting to support the Good Neighbour Scheme. For this reason, outcomes for volunteers are considered in this section, taking account of all S4C's volunteers, rather than being replicated in later sections.

S4C's volunteers come from a range of different age groups and backgrounds. Some are retired, some are still working and visit out of working hours, and some are students. From interviews however, it is evident that the benefits they perceive have a lot in common.

The strongest benefit, cited by all volunteers, was that of making a difference – giving something back to the community – and the satisfaction they gained from knowing they were doing this. Many volunteers also said they gained from the enjoyment of meeting people, and the friendships they formed with the people they visited.

Other benefits cited by volunteers included:

- Working with S4C – a good and supportive team to work with
- Broadening life experience, seeing and understanding people in new situations
- The flexibility of this type of volunteering

These benefits are consistent with wider research on the benefits of volunteering, and hence form the basis of the valuation shown below.

Valuation: This is a well-being valuation, taken from the HACT Social Value Bank version 3 (May 2016): 'regular volunteering, all age groups, outside London' = £3,199 per year. However, interviews indicate that about half of S4C's volunteers have volunteering roles with other organisations as well, so not all this benefit can be attributed to S4C. Assuming 50% of this value applies to 50% of volunteers, and 100% to the remaining 50%, this gives an average value of 75% of £3,199 = £2,399 per volunteer per year overall.

Taking this as an average applied to all S4C's 78 current volunteers (including trustees), this comes to a total social value of £187,122.

Private/Other Sector

Objective social impact evaluation must consider the possibility of any negative outcomes for stakeholders. In the case of S4C's GNS scheme, this includes the possibility that friendly visiting by volunteers reduces income to organisations which provide something similar as a paid service. This will only apply in a few cases for two reasons:

- a) Few S4C services users can afford the alternative of a paid service;
- b) The relationship with a paid companion is inevitably different from that with a volunteer.

Nevertheless, feedback from volunteers and third parties indicates that a small minority of service users currently use paid companion services (e.g. from Home Instead or Age UK) as well as S4C, and it is reasonable to suppose that this would increase slightly if S4C's volunteers were not available.

Valuation: Based on information gathered, the assumption made is that 10% of S4C's GNS service users would pay for one hour of companion services per week as an alternative. Using a figure of £16 per hour (from Sheffield Directory Care2Care services), this comes to $75 \times 10\% \times £16 = £120$ per week, or £6,240 per year which other providers would gain in the absence of S4C.

Overall

Taking the total benefits for Service Users, NHS & ASC services and volunteers, and deducting the negative effect for private/other sector, this gives a total net social impact for S4C's GNS service of £526,202 per year. (NB: The value for all S4C's volunteers is included in this figure, not just those supporting GNS.)

Section 4: Outcomes – HAC Hospital Discharge

S4C's Hospital Aftercare Team provides a range of non-medical services needed to enable people to return home from hospital, or in some cases to stay at home avoiding hospital admission. This involves a wide variety of tasks, the most common of which are delivering and setting up OT equipment, moving or rearranging furniture, shopping for essentials, and fitting key safes to allow carers access.

This service has been described as “a cog in the machine” of getting someone home from hospital or enabling them to stay at home. Others involved will include OTs and other hospital staff, relatives or carers, and Red Cross (who supply equipment). This means that the person concerned may not fully recognise S4C's role, or may not be able to distinguish this from that of others in the service chain (although S4C always leaves a card). For this reason, this section focuses on S4C's contribution to reducing delayed discharge (“bed-blocking”), and consequent savings to the NHS.

NHS Services

Based on discussions with STHT representatives, discharge could typically be delayed by about three days without the involvement of S4C's hospital discharge service and those it works in partnership with. This is likely to include some cases where the patient is at home but would have to be admitted to hospital admissions without the support of this service. It is not feasible to count such cases separately so the same estimate of hospital stays avoided has been used.

Valuation: This is a cost saving valuation based on the average cost to the NHS of an inpatient stay. Various figures are available for this; the one used here comes from *NHS Reference Costs 2015-16*, published by the Department of Health (December 2016), and the figure for 2015-16 is £306 per bed-day. So, an excess stay of three days would cost £918.

Over the past year S4C has supported 1141 individuals (NB: this is the number of people, not the number of jobs, where several jobs may be needed for the same person), either by assisting hospital discharge or by helping to avoid hospital admission. Using the multiplier of £918 per instance, this results in a total saving to the NHS of £1,047,438.

However, as noted above, S4C is only part of a ‘system’ that achieves this outcome, hence it is reasonable to attribute just a proportion of this saving to its work. The estimate used attributes 25% of this saving to S4C, based on dividing four ways between (a) S4C (b) Red Cross or other equipment suppliers (c) OTs or other health professionals (d) relatives or carers (including Adult Social Care).

This gives a value attributable to S4C of £261,860 over one year.

Section 5: Outcomes – High Seat Chairs and End-of-Life Chairs

This section combines two separate but closely-related services: high seat chairs and end-of-life chairs. S4C has a supply of 20 high seat chairs, which it loans to people who have recently had hospital treatment. The chairs support their recovery after medical treatment such as hip replacement surgery, and most of the 20 are out on loan at any one time. The average loan period is 6-8 weeks.

In addition to its high seat chairs, S4C also has three 'end-of-life' chairs, two of which are electric recliners. These are intended for people receiving palliative care at home, and can for example enable them to sleep downstairs in a chair rather than having to get into bed.

High-Seat Chairs: Service Users

These chairs are not supplied by the NHS or other agencies, so the only beneficiaries are service users themselves, who benefit from greater comfort and a seating posture which aids their recovery.

Valuation: A WTP valuation is appropriate here, and this could be judged from donations that S4C receives from its high seat chair users. However, this will often be constrained by what people can afford, any many cannot donate at all for this reason, so a more realistic valuation would come from (a) the cost of hiring such a chair for 6-8 weeks or (b) the cost of service users purchasing such a chair for themselves.

It turns out that (a) is the cheaper option for a period of eight weeks (based on a purchase cost of £502.80 quoted by S4C), so a figure of £356.40 (cost from Mobility Hire's web site, including delivery and collection) has been used. Figures from S4C's database show 126 jobs to deliver/collect high seat chairs (including end-of-life chairs) over the past year. Dividing pro-rata, this has been taken as 110 loans of high-seat chairs and 16 loans of end-of-life chairs.

110 instances at a cost of £356.40 each gives a total value of £39,204 per year.

End-of-Life Chairs: Service Users

From a service user perspective, the situation in relation to greater comfort is similar to that for high seat chairs, the main difference being the cost of the chair.

Valuation: Using the same principle and valuation sources as above, an eight-week hire costs £654 compared with a purchase cost of £720, so the lower figure has been used. Based on 16 loans per year, the total value is £10,464 per year.

It is likely that end-of-life chairs also have an emotional value to the service user as well, beyond that of its functionality. In a press item identified by S4C, a service user's widow says, "It may sound like 'only a chair' but it meant so much to Terry, and also me and the rest of the family". However, the WTP valuation used above would cover this aspect as well, so no extra value is added in this respect.

End-of-Life Chairs: NHS Services

End-of-life chairs may also affect NHS services in enabling service users to end their lives at home rather than in hospital. However, it would be unrealistic to suppose that they would spend weeks or months in hospital simply for lack of an end-of-life chair at home – in this situation, the NHS would arrange for other suitable NHS equipment to be installed at the person's home.

It is more likely that the transition from hospital to palliative care at home would be made easier by the availability of this kind of chair. The NHS would not then have the potential delay associated with supplying their equipment, and so discharge could be speeded up by a few days. On this basis, the same assumption has been made as for hospital discharge in Section 4 – a reduction of three days.

Valuation: Using the costs quoted in Section 4 for hospital bed-days, 16 instances at £918 per instance comes to £14,688. Again, as in section 4, other support services are likely to be involved too, so attributing 25% of this figure to S4C gives a value of £3,672 per year.

Overall

The total social impact from S4C's high seat and end-of-life chairs service, as calculated above, comes to £53,340 per year.

Section 6: Outcomes – A&E to Home

S4C's A&E to home service is an integral part of its contract with SCC and STHT. The service brings patients home by car, where they are discharged direct from A&E and there is no other suitable means of their getting back. This is a personal service which makes sure people get safely into their own home, that they are settled, have a drink available and a light snack if needed.

STHT's other options for getting people home are (i) family or friends if they are with the patient or can collect them, (ii) private taxi, and (iii) ambulance (this is the only option if the patient cannot get into a car). STHT will normally use S4C only if none of these other options are available (and hence potential savings in hospital transport costs are not included in the calculations below).

S4C data indicates that use of this service has gradually declined in recent years. Feedback from STHT does not indicate any reason for this other than alternative options being more readily available.

Service Users

From patients' perspective, the service is a quick, convenient and comfortable way of getting home. In many ways it is equivalent to a taxi, except of course that no payment is required.

Valuation: This situation is appropriate for a WTP valuation, equivalent to paying for the cost of a taxi to provide a similar service. Rather than a detailed calculation for each journey, an average taxi fare of £20 per journey has been assumed.

For the 36 A&E to home journeys provided by S4C over the past year this comes to £720 in total.

NHS Services

If S4C's A&E discharge service was not available, there would be some instances where the patient could not get home the same day, or could not get home in time for an essential care visit. In these instances, STHT would be forced to keep the patient in hospital overnight, either by admission to a ward or the highly unsatisfactory alternative of a trolley.

Valuation: This is a cost saving valuation. It is impossible for STHT to say what proportion of A&E discharges this situation relates to, so an assumption of 50% has been made.

This means that in 18 cases over the past year, an overnight hospital stay costing £306 (see Section 4) has been avoided, for a total saving of £5,508.

Overall

Taking these two valuations together, the total social impact from S4C's A&E to home service is valued at £6,228 per year.

Section 8: Outcomes – S4C’s Other Work

Not everything that S4C does fits neatly into the categories covered in the previous sections. Several external representatives, when interviewed, emphasised how they valued S4C’s flexibility and its staff’s willingness to go “above and beyond” the strict terms of its contracts to help in unusual situations. The following examples are quoted as case studies, identifying the outcomes achieved for different stakeholders in each case. (Here, valuations are not quoted as each instance is unique.)

Example 1: Enabling Return from Hospital

An elderly person living alone had a fall at home, and ambulance services were unable to gain access as all doors were locked. Eventually the police had to break down the back door so that the person could be taken to hospital, and this door was then boarded up. The door then needed to be repaired before the person could return home, and the person’s family did not feel able to arrange this. The hospital then contacted Sheffield’s Stay Put handyman service, but they could not do the job for two weeks. S4C were able to respond almost immediately, and managed the repair so that the person could return home.

In this case, there were clear benefits to:

- The hospital (NHS), through avoiding what could have been a substantially delayed discharge
- The elderly person themselves, through being able to get home sooner
- Their relatives, through being relieved of the need to assist with the person’s return

Example 2: Alleviating Crisis

A terminally-ill patient had to be urgently admitted to St Luke’s Hospice for the last few days of his life. His wife accompanied him there, but then felt unable to leave his side for any length of time, had no means of transport, and lacked her own personal essentials including medication. Despite this occurring late on a Friday afternoon, S4C responded immediately, collecting the lady from the hospice to pick up the things she needed from home, and then taking her back to the hospice. S4C then maintained contact over the following three to four days, continuing to transport the lady back and forth until her husband died.

Although the period concerned was very short, the emotional value of this service to the lady and her dying husband was immense. Whilst there was no direct impact on NHS or ASC services (who could not have provided an alternative), S4C received sincere letters of thanks both from the patient’s GP and from SCC’s Social Work Department.

Example 3: Palliative Support

S4C provided carried out several tasks to support to an elderly gentleman who was approaching the end of his life, lived alone and had no family. After this, S4C continued to maintain contact, visiting him regularly first at home and later during his last weeks at a nursing home. A letter of thanks received from the gentleman’s solicitor after his death spoke of his regarding S4C as good friends, and confirmed his great appreciation of the emotional and spiritual support that S4C provided. As a result of this, the gentleman bequeathed his estate to S4C to help it carry on its good work.

This example is clearly exceptional, both in terms of the nature of support S4C provided and in how the person concerned regarded this – certainly greater in value than the ‘talks to neighbours regularly’ figure used in Section 3, as evidenced by the value of his bequest.

Example 4: Fixing a Problem

A lady was caring for her husband who had recently been released from hospital, and who was using a pressure-relieving mattress supplied by the hospital’s OT service. Shortly afterwards, she contacted the hospital to query whether the mattress should be “flat”. Of course, it should not be, and the conversation eventually revealed – to the lady’s embarrassment – that she had inadvertently pulled out the plug which kept it inflated. She was not able to fix this, nor would the company who supplied the mattress come out to do this. The hospital OT department therefore contacted S4C, who were able to attend promptly and restore the mattress to its proper condition.

The hospital’s only alternative in this situation would have been to send an OT on a special visit, which would have taken time away from other patients, so there is a cost saving to the NHS here. It also relieved an embarrassing and upsetting situation for the lady concerned, and of course restored the equipment required by her husband.

Example 5: Working with Another Charity

This final example was witnessed by the consultant, when a member of S4C’s HAC team went to help another Sheffield charity, Support 55. One of their clients had mental health issues, and his home had become so full of accumulated items that he was unable to live there, so was sleeping rough. The task was to ‘de-clutter’ the person’s home, assisted by a house clearance company, so that he could live there again.

Unfortunately, in this instance the effort was unsuccessful because the client did not come to his home at the agreed time, so no access to the property could be gained. Even if he had attended though, he was Support 55’s client and may not have fully appreciated S4C’s involvement (although the S4C worker would have been introduced). In effect, the only direct beneficiary would be Support 55, who benefit from additional manpower at no cost.

Section 9: Conclusions – S4C’s Overall Social Impact

Analysis from the previous sections can be compiled in several ways. The following table shows the overall social impact value achieved by each S4C service, taken as the total of each of Sections 3 to 7.

Service	Value
GNS Friendly Visiting	£526,202
HAC Hospital Discharge	£261,860
High Seat and End-of-Life Chairs	£53,340
A&E to Home Service	£6,228
Placement Service	£43,008
TOTAL	£890,638

Alternatively, this can be presented by considering the combined value of all S4C’s services to each of its main stakeholder groups, as shown by the following table.

Stakeholder Group	Value
Service Users	£381,510
Family Members (or friends)	£43,008
NHS and ASC services	£285,238
Volunteers	£187,122
Other Sector (see Section 3)	-£6,240
TOTAL	£890,638

As noted in Section 1, all these are estimates, although they are conservative ones so the true figures could well be higher. There may also be further social impact from areas that this report does not have sufficient evidence to value (see Amber boxes in the matrix in Section 2).

All figures relate to a one-year period, and hence can be compared with S4C’s annual income. As noted earlier, this is not a full SROI analysis, so it does not break down S4C’s costs in relation to providing each service. However, conclusions can still be drawn from this data:

- S4C’s total social impact, based on the figures used for this report, comes to £896,878. This is more than three times its total income for 2016-17 and more than four times the income it receives from its contracts with SCC and STHT.
- The value S4C delivers in savings to STHT and SCC (combined) alone significantly exceeds the value of the contract, even if benefits to service users and others are not considered.
- The greatest value to service users comes from the GNS friendly visiting service. This is also a low-cost service because it is delivered almost entirely by volunteers (the main S4C staff roles are those of recruiting and managing volunteers together with matching/coordinating them with service users).
- The greatest value to statutory services comes from the HAC team’s contribution to reducing delayed discharge.
- This report highlights the different benefits for different stakeholders that S4C achieves. This should support its aim of diversifying its funding sources in the future.

- NHS services appear to derive more value in cost savings from the current contract than SCC's Adult Social Care services. This is the reverse of contract funding arrangements, where most of the funding comes from SCC – although SCC also takes account of benefits to service users.
- The social impact of the A&E to home service is relatively small, and it is not clear why STHT does not make greater use of this service.
- The social value generated by the Placement Service appears to be less than the amount for which it is currently funded (based on 2016-17 budget data) – although it would exceed this figure if placement visits reached the number projected. (This social value takes account only of the value to family/friends, not of any potential value to patients themselves, or to health or social care services.)

Finally, it is clear from the examples in Section 8 that these figures do not tell the full story, and that S4C generates further value from its reputation and the goodwill it generates through “going the extra mile”. Such an approach may be just as important to maintaining future relationships with, and funding from, statutory bodies as the ‘hard data’ presented here. However, it is less clear how giving time to other charities, as in Example 5, benefits S4C.

Section 10: Recommendations for S4C

This section makes recommendations for S4C based on the content and conclusions of this report.

Recommendation 1: S4C should continue its current policy of flexibility and “going the extra mile” in exceptional circumstances, but should prioritise its work on areas that meet one (or both) of two criteria:

a) work that directly relates to the requirements of its commissioning contract with Sheffield City Council and Sheffield Teaching Hospitals Trust; and/or

b) work where service users can recognise significant benefits as coming directly from S4C.

It would be easy to suggest curtailing some S4C’s current activities which go beyond the strict terms of its contact arrangements. However, external partners greatly value S4C’s flexibility, and it can result in tangible returns such as donations or legacies (see Example 3 in Section 8) as well as intangible benefits in the form of goodwill.

This recommendation stresses the need for this activity to be visible to the service user though. Example 5 from Section 8 does not appear to meet these criteria, as there is no reciprocal arrangement with Support 55.

Recommendation 2: S4C should link its ongoing fundraising strategy to funding sources related to each of its services, using evidence in this report to support this approach.

This essentially suggests that

- The GNS service primarily benefits service users themselves, so fundraising from the public (who may be future service users!) should form an important part of the mix. Quotes from service users and case study examples (stories) could be used to support publicity in this context.
- HAC services help substantially to reduce delayed discharge, and hence have a cost-saving effect on STHT. The evidence in this report may be relevant to future discussions with STHT and SCC.
- Other S4C services mainly benefit service users and/or their relatives, so donations to support these services should be encouraged. This does not mean asking for donations up-front, but – for example – a leaflet inviting donations could be included in the Placement Support Information Pack.

Recommendation 3: S4C should consider diversifying its funding sources further, including the options of (a) further grant funding and (b) company sponsorship

As well as maintaining its current contracts and boosting donations from service users and the public, S4C could use the information in this report to pursue other funding options. The main opportunities appear to lie in (a) grant funding from charitable trusts (including lotteries) which support community wellbeing, and (b) sponsorship from private companies who may want to ‘adopt’ a local charity as part of their approach to corporate social responsibility.

Recommendation 4: S4C should continue to build its volunteer capacity, including areas of its work beyond the Good Neighbour Scheme

At present the great majority of S4C's volunteers work in its Good Neighbours Scheme, and this is likely to continue. However, a few volunteers have worked in support of other areas including admin and the HAC team. This appears worth pursuing further as a way of further boosting S4C's resources at minimal cost, as – for example – some HAC jobs which require two people could presumably be done by a staff member and a volunteer. (Any health and safety issues in respect of this work would need to be addressed.)

Generally, although volunteer resources are never “free” (they need to be recruited and managed), the more volunteers that S4C has, the more its social impact will increase.

Recommendation 5: S4C should discuss its A&E to home service with STHT, to develop a more systematic use of the service that benefits both STHT in terms of costs and S4C in terms of social value.

Information given to the consultant indicates that STHT only uses S4C's A&E to home service where an alternative is not available to them. The reasons for this are unclear, given that S4C's service forms part of the overall SCC/STHT contract so that there is no additional ‘call-out fee’ for each use of the service. It is also not clear why use of this service continues to decline – although S4C's resources could quickly be exceeded if STHT made extensive use of this service.

There appears to be scope for discussion on this issue: some greater use of the service would allow S4C to recognise additional social impact if it reduces STHT's transport costs.

Recommendation 6: S4C should consider how it could refine its current data collection to focus more on outcomes as well as activities.

S4C's data collection already includes outcomes in several respects, particularly where feedback (e.g. from GNS service users) asks what difference the service makes. In other areas, its current system focuses on activities (e.g. referrals and jobs) rather than individuals. Given that outcomes relate to people rather than tasks, S4C will find it easier to assess its social impact in the future by recording the number of service users it supports as well as the number of jobs it delivers.

This could then be refined further, for example by counting the number of people helped to return from hospital separately from those supported to continue living at home. This in turn would make any future social impact analysis more robust, as well as more useful still for S4C itself.

Appendix 1: Valuation Methods

There are various ways in which social impact analysis can convert outcomes into financial valuations. This Appendix summarises the four main methods used in this report. Much more detail can be found in *Valuation Techniques for Social Cost-Benefit Analysis*, by Fujiwara and Campbell, published by HM Treasury and DWP in 2011. It should be emphasised that all of these methods are approximations; it is not possible to identify precise costs, as these will vary for every individual situation.

Direct Financial Benefits (Cost Savings)

These are known cost savings or other direct financial benefits. For example, published data is available on the average cost of hospital stays per bed-day, so a cost saving can be calculated if earlier discharge is achieved.

Willingness to Pay (WTP)

This assesses how much a person or organisation might be prepared to pay for a service (or pay to avoid something worse happening) if they had to. An example used in this report is the cost of hiring or buying a special chair rather than receiving one on loan from S4C. This approach does not take account of the person's actual ability to pay in these situations – it is based on what they would pay if they could afford to.

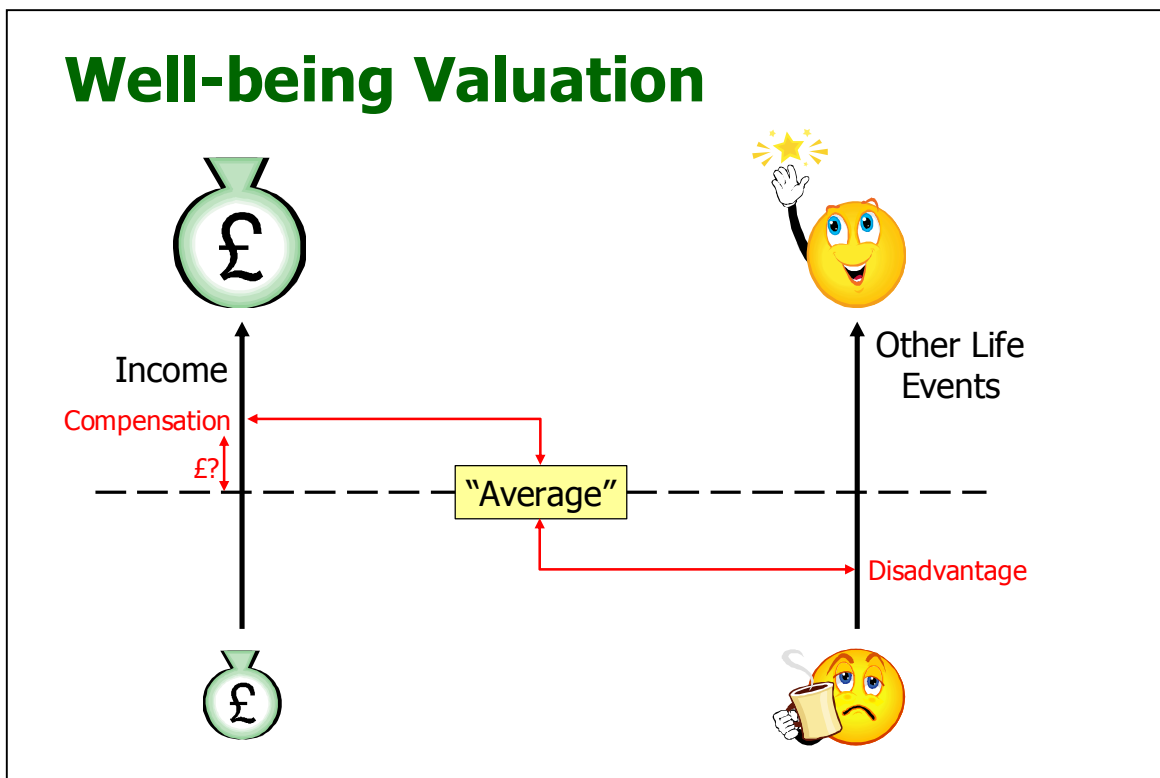
Revealed Preference

This is similar to WTP except that it infers from a person's behaviour how much they value goods or services. A commonly-cited example is the effect on house prices of local schools – how people value a good education for their children is indicated by how much extra they are prepared to pay to live close to a good school. Another example, used in this report, is valuing time: how much people value a service can be inferred from how much time they are prepared to spend on it, or how much time they would have to spend to do it themselves.

Well-Being Valuation (“Life Satisfaction”)

This is the most complex (and possibly contentious) of the valuation methods. It basically asks how much financial compensation someone with a given disadvantage would have to receive to bring their overall life satisfaction back to the same level as someone without that disadvantage.

The diagram on the next page illustrates this principle. It relies on the idea of an ‘average’ level of personal well-being (life satisfaction) for the UK. This is recognised statistical data, collected and published annually by the Office for National Statistics. This level of well-being is dependent partly on a person's income and partly on everything else going on in their life. By applying statistical techniques to data from ONS and other national surveys, it is possible to calculate how much extra income someone with a disadvantage would have to receive to bring their life satisfaction back up to the average. Conversely, the same principle can assess how much income someone with a specific benefit or advantage would have to give up in order to bring their well-being level ‘back to normal’.

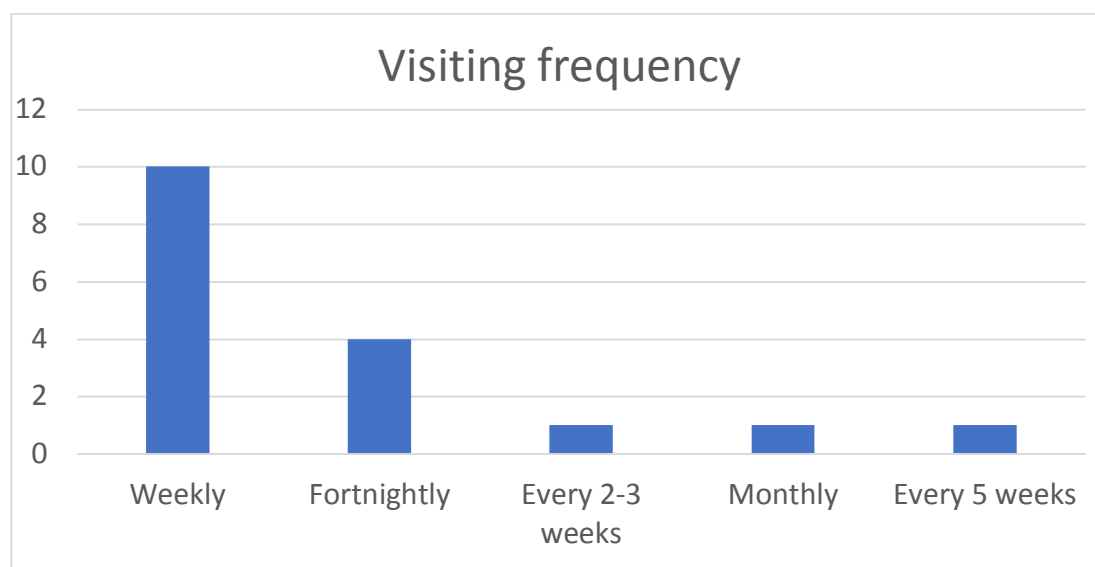


Several data sources are available on well-being valuation. The HACT Social Value Bank, quoted here in the context of GNS volunteers and the people they visit, is one of the most commonly-used.

Appendix 2: Friendly Visiting User Feedback

This Appendix compiles information from a total of seventeen survey forms gathered by S4C's GNS team and volunteer coordinator.

Frequency of visits



Knowing how to contact S4C

Fourteen respondents said they knew how to contact S4C if they needed to. Three said they did not, or were unsure (all of these were reminded of contact details).

Whether the visits made a difference

Thirteen of the feedback forms asked respondents to rate what difference friendly visiting had made to them. Responses were as follows:

Statement	Number of responses
The visiting has not made any difference	0
The visiting has made some difference	2
The visiting has made a big difference	10
Question not answered	1

Other Comments:

The feedback forms also invited other comments, and these are listed below:

- Having been a S4C's volunteer years ago, I am delighted to emphasise Diane's suitability as a visitor. She is a good listener and she herself is interesting, so that a visit is never "hard work".

- I would like to thank you for this service, and Janet is very nice.
- My husband often asks if it is Caroline's week. He looks forward to it. He's taken to it very well. She's a nice lady with just the right touch. Living in the same area helps – we discuss mutual interests locally.
- "If I had a daughter, I'd want her to be like Caroline". Visiting with Caroline is going well. They "put the world to rights" and Carol looks forward to the visits on Saturdays.
- I do see my family but there are big spaces when I don't see people and I'm quite a sociable person so it does mean quite a bit when I see Angela. The visiting goes in a flash and that's a good sign! I'm sure we've become friends.
- Karen's visits are a real pleasure – make me feel better. She has become a friend.
- Rosemary is wonderful and I love her. She brings a bit of "Christianity" with her. We speak freely and about anything. She brings me joy. She is a great person: I have never had a friend like her!
- Having Karen and Jennifer as friends have brought a lot into my life and it's nice to know there's still a lot of good people in this world – and not forgetting Dot.
- We've got to know each other and I look forward to her coming every week. She's very nice and we get on well.
- If you're expecting someone to come it gives you a lift. Visitors are welcome anytime!
- I am really on my own and I have nobody to come, so it is somebody else to chat to. She seems to like coming as well.
- The visiting has completely altered my life. I feel more confident now and am sleeping much better with Pam's influence. It works 100%.
- I really look forward to Ann's visits.
- It's a friendly face. We always have a natter and talk. It makes a difference to my day, otherwise I just sit here and reminisce.
- He is sure a nice lad Afshad, I will miss him very much as he is having exams and it's his final year. He always asks if I need anything so yes, it's made a big difference to me. I hope you can find someone like him.
- I like to chat and that's what I like about an. We can talk about anything, we seem to bounce off each other, and I am always glad to see her and it brightens my day – as some days feel very long and dreary. Thank you!
- Yes, a great difference. I really look forward to seeing Karen. We have a lovely discussion on many topics. I enjoy hearing about her young family which often then brings to mind when my girls were young. There is never any question of forcing our own views to each other. She brightens my day! It would be nice if the visits could be on a three-week rota, but I appreciate how busy the scheme is.

The last two comments on the next page are from relatives:

- Marjorie gets on really well with Becca her visitor. It gives my mum some extra company in the week as apart from family she doesn't really have any other visitors. So I think it does her good to be able to see Becca on a weekly basis. Just wanted to add that Becca is a lovely person and very easy to get along with. So glad that you paired Becca up with my mum so thank you.
- Absolutely, dad really looks forward to seeing Karen and it gives him a lot of joy. Karen is the most lovely lady, nothing is too much trouble for her and she really cheers up our dad when she visits. They chat about all sorts of things and times gone by. I think maybe Karen knows more about our dad's life story than we do. We are also grateful for her kindness.

Appendix 3: Placement Service User Feedback

This Appendix shows the feedback comments collected from service users by S4C's Placements Coordinator

- This service is excellent - I would not have been able to ask some of the questions needed without the help offered. It made what I feared would be a difficult process much much easier.
- Elspeth was really helpful and gently guided me to think about the options available. I felt reassured that I was not on my own through the process. She was sensitive to the anxieties that I had and the Information Pack was full of information about organisations I had never thought of.
- Your service made a difficult and emotional time effortless and almost fun. Your support was perfect and took the stress out of making the decision about the arrangements for my Dad
- It was most helpful to have someone to provide the information and guidance in assisting me to make a suitable choice for my mother at a time when there is so much to sort out
- Extremely helpful in assisting us to find a nursing home for my elderly uncle. Excellent support at difficult time.
- Friendly, pleasant service which did exactly what we needed. We were helped to consider lots of the choices and the positives and negatives of each Home. Really appreciated.
- The gentleman who took us round was easy to talk to and put me at ease. He helped me to ask the right questions and the Information Pack was also really useful.
- Sharon made me feel at ease on the visit to the Care Home and I was very impressed by how smoothly the whole process went. Very much appreciated
- He was helpful and really nice to have someone else with me who wasn't family and was a friendly face.
- This is a service that I didn't know existed, but after my experience, I would highly recommend it to others. It is an invaluable service for older people. Having transport provided made it really easy and it was good to see a number of places to choose from.

Appendix 4: List of Abbreviations

A&E	-	Accident & Emergency
ASC	-	Adult Social Care
CQC	-	Care Quality Commission
DWP	-	Department for Work and Pensions
GNS	-	Good Neighbour Scheme
GP	-	General Practitioner
HAC	-	Hospital After-Care
HACT	-	Housing Associations' Charitable Trust
NESTA	-	National Endowment for Science, Technology and the Arts
NHS	-	National Health Service
ONS	-	Office for National Statistics
OT	-	Occupational Therapist
S4C	-	Sheffield Churches Council for Community Care
SCC	-	Sheffield City Council
SROI	-	Social Return on Investment
STHT	-	Sheffield Teaching Hospitals Trust
UK	-	United Kingdom
WTP	-	Willingness to Pay