Social Return on Investment

Report for WRVS

March 2011
Executive Summary

Introduction

WRVS asked Frontier to carry out a Social Return On Investment (SROI) evaluation of its services for older people. The objective of the project is to better understand the social value that is created by WRVS activities. In particular, the focus of this work is on the hospital-based activities provided by WRVS in Leicester and the community-based activities provided by WRVS in Staffordshire.

Introduction to SROI

An organisation’s Social Return On Investment is the social value created by its activities, where “social value” refers to social, environmental and economic costs and benefits. SROI is an approach that is based on cost-benefit analysis, and places particular emphasis on stakeholder engagement. An SROI assessment can be undertaken for a whole organisation, or for specific activities which it undertakes.

Undertaking an SROI assessment can help organisations to make statements such as “for every £1 spent, we achieve outcomes worth £X”. This is known as the SROI ratio, and captures the effectiveness of the organisation in turning its resources into positive outcomes.

The results of the assessment can be used internally to guide decision-making about how its activities can be refined, developed or extended. The assessment also provides an evidence base describing the value that is created by an organisation, which may be of interest to funders, users, commissioners and other stakeholders.

One of the main challenges of undertaking an SROI assessment is the availability of good evidence, particularly in relation to the outcomes that are achieved as a result of an organisation’s activities.

“SROI has the potential to be an incredibly useful tool for funders and charities in understanding and increasing charity effectiveness. However, it is held back by the low levels of evidence of results in the charity sector... SROI is an approach that demands evidence.” (NPC, 2010)

The calculation of this SROI is the first step in a wider process for WRVS. As such, embedding this approach, transferring the model and learning the lessons from these preliminary results is as important as the results themselves.

The rest of this Executive Summary provides an overview of the analysis of the SROI of WRVS’s services in Leicester and Staffordshire.
Executive Summary (2)

Analysis of WRVS services in Leicester

An SROI can be broken down into seven stages. These stages are described below for the Leicester hospital-based services of WRVS:

1. **Scope** – Frontier’s analysis focused on hospital-based services based at Leicester Royal Infirmary. We considered five services: Meet and Greet, Retail, Community Transport Scheme, Buggies and Clinic Volunteers.

2. **Stakeholders** – the main stakeholders involved in these projects are the service users (which includes hospital visitors and their friends and family), the volunteers providing the services, WRVS staff, and University Hospitals of Leicester NHS Trust (UHL).

3. **Impact map** – the main inputs to the services are both financial (direct costs, staff costs, overheads and expenses) and non-financial (opportunity cost of volunteers’ time and unclaimed expenses). The main outputs are the number of service users and interventions (retail transactions, community transport or buggy journeys, enquiries at meet and greet, and hours provided by volunteers in clinics). The main outcomes are the happiness and general well-being of users and their friends and family, satisfaction for volunteers, reductions in missed hospital appointments, and costs saved by UHL.

4. **Evidence outcomes and Establish impact** – these stages were based on engagement with stakeholders including a site visit to Leicester Royal Infirmary. Service users, volunteers and WRVS staff were all overwhelming positive about the services provided by WRVS. Particularly interesting quotes included:

   “It gets me out of the house”; “I feel I am helping somebody” (Meet and Greet volunteers)

   “they always ask how you are”, “WRVS...is so much nicer [than other cafés in the hospital]”, “we’d miss it if it wasn’t here” (Retail service users)

   “It’s a pleasure, I get to meet all walks of life.” (Retail volunteer)

   “If you walk away and feel you’ve made a difference, that’s a wonderful feeling.” (Buggies volunteer)

5. **Calculate SROI** – described in more detail on the next slide.

6. **Report, embed, use** – further work in Leicester could focus on the hospital-based services provided away from Leicester Royal Infirmary, or the community-based services provided in Leicester and the surrounding areas. It would also be useful to re-visit Leicester once the development of new services has been completed and use this framework to update the analysis.
Executive Summary (3)

The benefits of the WRVS activities in Leicester are estimated to significantly outweigh the costs. The total annual costs are £956,685 and the benefits are almost double this at £1,896,565. This gives a net benefit of £939,880, and an SROI ratio of 1.98. This means that for every £100 of inputs to WRVS services, £198 of social value is created, equivalent to a 98% return in a single year.

Meet and Greet – the estimated SROI varies significantly from between 1.37 to 22.86, reflecting in particular the sensitivity to the estimated number of hospital appointments that would have been otherwise missed in their absence.

WRVS Retail – the estimated SROI ranges from 1.36 to 2.31. Although the scheme is costly, people are seen to be willing to pay for the service and appear to place a high value on it. In addition to this, there are a number of volunteers who highly value their role with WRVS.

Community Transport Scheme – the estimated SROI is low, ranging from 0.92 to 0.94, but it is likely that discussions with service users (which were not appropriate during this piece of work) would provide evidence that this project achieves benefits which are much larger.*

Buggies – the estimated SROI ranges from 1.35 to 7.75. The scheme is not very costly and the benefits are sensitive to the extent to which buggies avoid hospital appointments being missed.

Clinic Volunteers – the estimated SROI for Clinic Volunteers ranges from between 5.60 to 6.61. The SROI depends heavily on the value of a WRVS role to volunteers and the extent to which volunteers are substitutable for paid staff (i.e. whether there is a genuine cost saving to the hospital).

Conservative assumptions

In keeping with best practice we have been conservative in a number of areas in producing these estimates. Perhaps most importantly:

1. The benefits reflect only 1 year of benefit. To the extent that the benefits are longer lasting (without incurring further cost) the ratios would be much higher.

2. The analysis uses average values and so does not fully reflect the fact that a smaller group of people derive very large benefits from WRVS’ services. That is clear from the qualitative evidence.

Notes:

*:- users are undergoing treatment for cancer and it was not appropriate to interview them. As a consequence our analysis does not capture wider benefits they might have expressed in those interviews.

**:- projects with benefits that are particularly sensitive to Frontier assumptions.

***:- these benefits include £1,675,833 in non-financial benefits and £220,731 in financial benefits to University Hospitals of Leicester NHS Trust.

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<thead>
<tr>
<th>Project Name</th>
<th>Costs</th>
<th>Benefits***</th>
<th>B:C ratio</th>
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<tr>
<td>Community Transport Scheme*</td>
<td>£130,236</td>
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<td>Meet and Greet **</td>
<td>£16,699</td>
<td>£202,349</td>
<td>12.12</td>
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<tr>
<td>Buggies **</td>
<td>£18,440</td>
<td>£83,969</td>
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<tr>
<td>Leicester Royal Retail</td>
<td>£782,118</td>
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<td>Clinic Volunteers</td>
<td>£9,191</td>
<td>£56,109</td>
<td>6.10</td>
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<td><strong>Total</strong></td>
<td>£956,685</td>
<td>£1,896,565</td>
<td>1.98</td>
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</tbody>
</table>
Executive Summary (4)

Analysis of WRVS services in Staffordshire

An SROI can be broken down into seven stages. These stages are described below for the Staffordshire community-based services of WRVS:

1. Scope – Frontier’s analysis focused on community-based services based at the Hanley Community Centre (HCC). We considered six (groups of) services: Darby and Joan Clubs, HCC Café, Good Neighbours, HCC Classes, HCC Information Activities and Meals on Wheels.

2. Stakeholders – the main stakeholders involved in these projects are the service users, their friends and family, the volunteers providing the services and WRVS staff.

3. Impact map – the main inputs to the services are both financial (direct costs, staff costs, overheads and expenses) and non-financial (opportunity cost of volunteers’ time and unclaimed expenses). The main outputs are the number of service users and interventions (number of transactions in the café, the numbers of classes/social groups/lunch clubs attended and the number of meals delivered). The main outcomes are the happiness and general well-being of users, improved welfare, peace of mind and respite for friends and family and higher confidence levels, skills and satisfaction received by volunteers.

4. Evidence outcomes and 5. Establish impact – these stages were based on engagement with stakeholders including two site visits to the Hanley Community Centre. Service users, volunteers and WRVS staff were all overwhelming positive about the services provided by WRVS. Particularly interesting quotes included:
   “I feel a lot better going home at the end of the day” (Café service user)
   “I feel more confident around people”; “I really enjoy what I do”; “The benefits outweigh the costs” (Café volunteers)
   “Without the Hanley Centre I’d be lost; and I probably wouldn’t leave the house” (Good Neighbours service user)
   “Using WRVS was one of the best things we’ve done” (Good Neighbours friend/family)

6. Calculate SROI – described in more detail on the next slide.

7. Report, embed, use – further work in Staffordshire could focus on the services provided away from the Hanley Community Centre. It will also be useful to use this framework to assess the impact of the roll-out of volunteer outcome coordinators.
Executive Summary (5)

The benefits of the WRVS activities in Staffordshire are estimated to significantly outweigh the costs. The total annual costs are £285,220 and the benefits are £600,966. This gives a net benefit of £315,746, and an SROI ratio of 2.11. This means that for every £100 of inputs to WRVS services, £211 of social value is created, equivalent to a 111% return in a single year. The projects based at the Hanley Community Centre may be best considered as a group of services, rather than individual projects, due to difficulties in identifying the appropriate allocation of some costs.

Darby and Joan Clubs – the average SROI is estimated to be between 1.31 and 3.08. This range depends heavily on how much users are estimated to value these clubs, and could be improved with better evidence on willingness to pay for these clubs.

Hanley Centre Café – the estimated SROI ranges from 0.82 to 1.65, though this might be reduced by a re-allocation of fixed costs across services.

Good Neighbours – the estimated SROI ranges from 1.61 to 2.19 for Stoke-on-Trent and 3.70 to 5.59 for Winifred Gardens. These are high, although the Stoke-on-Trent figures exclude some of the fixed costs associated with the Hanley Centre. Work could be done to find out more about the benefits to friends and family, which may be quite high.

Hanley Centre Classes – the estimated SROI for these classes is very high, reflecting the low allocation of costs to these projects.

Meals on Wheels – the estimated SROI is 0.99, which is low because the benefits are only those incremental benefits of WRVS’s relatively small role.

Conservative assumptions

In keeping with best practice we have been conservative in a number of areas in producing these estimates. Perhaps most importantly:

1. The benefits reflect only 1 year of benefit. To the extent that the benefits are longer lasting (without incurring further cost) the ratios would be much higher.

2. The analysis uses average values and so does not fully reflect the fact that a smaller group of people derive very large benefits from WRVS’ services. That is clear from the qualitative evidence.

Central estimates – see main report for ranges

<table>
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<th>Project Name</th>
<th>Costs</th>
<th>Benefits</th>
<th>B:C ratio</th>
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<tr>
<td>Darby and Joan Clubs</td>
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<td>Hanley Centre Cafe</td>
<td>£75,046</td>
<td>£92,589</td>
<td>1.23</td>
</tr>
<tr>
<td>Good Neighbours</td>
<td>£62,528</td>
<td>£198,590</td>
<td>3.18</td>
</tr>
<tr>
<td>Hanley Centre Classes</td>
<td>£2,086</td>
<td>£97,291</td>
<td>46.65</td>
</tr>
<tr>
<td>Meals on Wheels</td>
<td>£27,842</td>
<td>£27,592</td>
<td>0.99</td>
</tr>
<tr>
<td>Other activities</td>
<td>£48,538</td>
<td>£33,127</td>
<td>0.68</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>£285,220</strong></td>
<td><strong>£600,966</strong></td>
<td><strong>2.11</strong></td>
</tr>
</tbody>
</table>

Note: other activities includes HCC Reception Area, which has a very high allocation of costs.
Introduction

Objectives and scope

WRVS asked Frontier to carry out a Social Return On Investment (SROI) evaluation of its services for older people. There are several objectives for this work:

- To better understand the social value that is created by WRVS activities.
- To provide an evidence base for strategic planning within WRVS.
- To transfer a framework, approach and knowledge about how WRVS can continue to use this analysis as a tool into the future.

The focus of this work is on the hospital-based activities provided by WRVS in Leicester and the community-based activities provided by WRVS in Staffordshire. However, the approach itself could be used for other WRVS projects, or future incarnations of these same projects.

Background

WRVS is an age positive charity that offers a range of practical services to help and support older people to live well, maintain their independence and play a part in their local community (http://www.wrvs.org.uk).

Frontier Economics is Europe’s leading economic consultancy. With over 100 economists we provide detailed public policy, competition, strategic and regulatory advice to governments, public institutions, third, charitable and private sectors (http://www.frontier-economics.com).

Structure of this report

This report is structured in three sections, with additional material contained in annexes, as follows:

- Section 1 provides an introduction to SROI;
- Section 2 describes Frontier’s SROI analysis of WRVS activities in Leicester and Staffordshire;
- Section 3 suggests ways in which the SROI approach may be extended and embedded within WRVS; and
- Annexes contain additional material relating to the SROI analysis.
- Introduction to SROI
- SROI analysis of WRVS
- Embedding SROI
- Annexes
**Introduction to SROI**

This section considers the following questions:

- **What is Social Return On Investment (SROI)?**
- **How can organisations benefit from assessing SROI?**
- **What are the limitations of SROI?**
- **How do you do an SROI assessment?**

We consider each of these questions in turn.

**What is Social Return On Investment (SROI)?**

An organisation’s Social Return On Investment is the social value created by its activities, where “social value” refers to social, environmental and economic costs and benefits. SROI is an approach that is based on cost-benefit analysis. It places particular emphasis on stakeholder engagement and on understanding the wider social (and, if appropriate, environmental) costs and benefits. An SROI assessment can be undertaken for a whole organisation, or for specific activities which it undertakes.

Undertaking an SROI assessment can help organisations to make statements such as “for every £1 spent, we achieve outcomes worth £X”. This is known as the SROI ratio, and captures the effectiveness of the organisation in turning its resources into positive outcomes.

Although the SROI ratio is expressed in financial terms, it is not just a measure of financial performance.

“SROI is about value, rather than money. Money is simply a common unit and as such is a useful and widely accepted way of conveying value.” (Cabinet Office, 2009)

The costs and benefits of an organisation’s activities can be non-financial as well as financial. For example, an important input to an organisation’s activities may be the hours worked by its staff. If these staff are paid employees, then the cost of their time is a financial cost and can be measured using their wages. If these staff are unpaid volunteers, although the financial cost of their time is zero, it has a non-financial cost. These volunteers could instead be using their time in some other way (e.g. for leisure, for paid work, or other unpaid work). There is an “opportunity cost” of their time. An SROI assessment, and the SROI ratio, must account for both financial and non-financial costs. Similarly, the SROI ratio includes benefits which are financial (e.g. cost savings achieved as a result of the activity) and non-financial (e.g. peace of mind).

Some of the costs and benefits of an organisation’s activities may be very hard to value, or even to measure. For example, a community transport scheme might make its users “feel more involved in their community”. Translating this impact into a number quantitatively would not be straightforward. Undertaking an SROI assessment can involve finding quantitative indicators (or proxies) for the impact of activities. Any such assessment will contain an element of judgement. Alternatively, an SROI could retain the more qualitative statements. An SROI assessment should collect together and combine the best available quantitative and qualitative evidence on an organisation’s activities.
How can organisations benefit from assessing SROI?

Organisations can benefit from undertaking an SROI assessment in a number of ways.

The primary objective of an assessment is to understand the impact of an organisation’s activities. The results of the assessment can be used internally to guide decision-making about how its activities can be refined, developed or extended. Understanding how various activities affect users and wider stakeholders can assist in planning new activities to have the greatest impact.

An organisation may also find that an SROI assessment is of interest to an external audience. The assessment provides an evidence base describing the value that is created by an organisation, which may be of interest to funders, users, commissioners and other stakeholders.

Understanding an organisation’s SROI is a dynamic process rather than just a static assessment. Undertaking an SROI assessment is the first stage, and is intended to raise questions as well as provide answers. In particular, it is likely to help identify the limits of currently available information (discussed more below). Frontier’s SROI assessment of WRVS activities raised a number of suggestions for further evidence collection, analysis and processes to embed SROI. These are included in Section 3 of this report.

In summary, an SROI assessment is an internal tool for strategic decisions and an external tool for communicating results.

What are the limitations of SROI?

SROI is a relatively new approach, which is still being developed and improved. The techniques, standards and applications of SROI are not yet well established. However the principles of SROI are the principles of cost-benefit analysis, which are very well understood. For example, these principles are used by every part of government in evaluating policy, and have been developed in HM Treasury’s “Green Book on Appraisal and Evaluation” (HM Treasury, 2003).

One of the main challenges of undertaking an SROI assessment is the availability of good evidence, particularly in relation to the outcomes that are achieved as a result of an organisation’s activities.

“SROI has the potential to be an incredibly useful tool for funders and charities in understanding and increasing charity effectiveness. However, it is held back by the low levels of evidence of results in the charity sector... SROI is an approach that demands evidence.” (NPC, 2010)

“A lack of good outcomes data is one of the main challenges when doing an SROI for the first time.” (Cabinet Office, 2009)
Introduction to SROI (3)

A recent survey suggests that many organisations in the third sector have not yet successfully overcome this challenge.

“A snapshot of a range of third sector organisations suggests, however, that very few organisations are implementing SROI as yet and, indeed, the majority are not ‘SROI ready’. SROI-readiness mainly involves being able to identify and measure organisational outcomes adequately in a quantitative way.” (Demos, 2010)

A final limitation is that any SROI assessment is necessarily specific to the particular activities being considered. The social value created for users (and other stakeholders) depends on the value that those individuals place on the particular activities. Since different individuals may place a different value on those activities, the social value created by two similar activities may be quite different. This would be the case even if every possible piece of evidence were available. Nevertheless, SROI assessments can still be highly beneficial for the reasons discussed above.

How do you do an SROI assessment?

There are seven main stages of an SROI assessment:

1. Scope – deciding what activities will be included in the SROI assessment, and how it will be undertaken.
2. Stakeholders – identifying the individuals or groups who have a stake in the activities being considered; they might contribute to the activity, benefit from it, or be negatively affected by it.
3. Impact map – understanding the inputs, outputs and outcomes associated with the activities. Inputs are the resources required to provide the activity (e.g. staff costs, materials, overheads); outputs capture what is created or provided by the activity (e.g. meals delivered, journeys completed, a number of attendees, hours of provision); outcomes are the ends or objectives of the activity (e.g. participants’ health and well-being is improved).
4. Evidence outcomes – collecting quantitative and qualitative evidence to describe the outcomes (but also inputs and outputs) identified.

These seven stages are described below:

1. Scope – deciding what activities will be included in the SROI assessment, and how it will be undertaken.
2. Stakeholders – identifying the individuals or groups who have a stake in the activities being considered; they might contribute to the activity, benefit from it, or be negatively affected by it.
3. Impact map – understanding the inputs, outputs and outcomes associated with the activities. Inputs are the resources required to provide the activity (e.g. staff costs, materials, overheads); outputs capture what is created or provided by the activity (e.g. meals delivered, journeys completed, a number of attendees, hours of provision); outcomes are the ends or objectives of the activity (e.g. participants’ health and well-being is improved).
4. Evidence outcomes – collecting quantitative and qualitative evidence to describe the outcomes (but also inputs and outputs) identified.
5. Establish impact – alongside the previous stage, an SROI assessment must evaluate what would have happened in the absence of the activities being considered.

6. Calculate SROI – drawing on the evidence collected, what is the Social Return on Investment of the organisation's activities i.e. what is the social value created by each £1 spent on inputs?

7. Report, embed, use – sharing the findings with interested parties, using the evidence collected to guide development of the activities assessed, and initiating processes to build the organisation’s SROI capability.

Within these seven steps, an SROI assessment should be guided by seven principles (Cabinet Office, 2009):

- Involving stakeholders.
- Understand what changes.
- Value the things that matter.
- Only include what is material.
- Do not over-claim.
- Be transparent.
- Verify the result.

Frontier’s analysis has followed these principles in undertaking this SROI assessment for WRVS.

The rest of this document describes the SROI assessment carried out for WRVS by Frontier, based on each of the above stages.
Introduction to SROI (5)

Further reading


Demos, June 2010, “Measuring social value”, http://www.demos.co.uk


Introduction to SROI

SROI analysis of WRVS

Embedding SROI

Annexes
Analysis of WRVS services in Leicester and Staffordshire

This section describes the SROI assessment of WRVS services in Leicester and Staffordshire. It is structured as follows:

- The first sub-section describes the stakeholders, impact map and common assumptions used for both Leicester and Staffordshire (stages 2, 3 and part of stage 6 of the SROI assessment). These are combined for the two locations for ease of reading.
- The second sub-section describes the scope, evidence collected on outcomes and impact, and the SROI calculations for Leicester (stages 1, 4, 5 and 6 of the SROI assessment).
- The third sub-section describes the scope, evidence collected on outcomes and impact, and the SROI calculations for Staffordshire (stages 1, 4, 5 and 6 of the SROI assessment).

Stakeholders

- **Service users**

  In the case of hospital-based services, service users do not just include hospital-users, but visitors too. These include any café/shop users, those asking for directions from meet and greet, buggy and community transport passengers, and patients in clinics.

  In the case of community-based services, service users are mostly older people. These include people who visit the café, those joining in classes or clubs and those attending Good Neighbours clubs. These people are the direct and intended beneficiaries of WRVS services.

- **Friends and family**

  WRVS services affect friends and family both directly and indirectly. In the case of Retail and Meet and Greet services, friends and family may be direct users. Other services may indirectly benefit friends and family insofar as they provide peace of mind regarding the well-being of direct hospital-users. Many users require a great deal of care, so the Hanley Centre provides respite and peace of mind for friends and family.

- **Volunteers**

  Volunteers are responsible for the running of the services and may work in a number of areas; in hospital, they may work on reception, in shops, provide transport in and outside hospital and work as administrative staff; in community centres, they may work on reception, in a café, in the kitchen or run classes or social groups.
Analysis of WRVS services in Leicester and Staffordshire (2)

● **WRVS paid staff**
WRVS paid staff often coordinate volunteers and oversee activities. Although staff often assume an administrative role, they are very much in contact with WRVS users.

● **Other organisations**
WRVS may have an important effect on other organisations. In the case of hospital-based activities, WRVS may provide benefits in terms of administration, cost reductions or overall atmosphere. They also work closely with volunteers who are recruited and supported by University Hospitals of Leicester NHS Trust (UHL). In the case of community-based services, WRVS may run similar services to other charities.

**Impact map: inputs, outputs and outcomes**
The following impact map was created during discussions with stakeholders including WRVS staff (both “central” and those working locally at the two sites), volunteers, users and friends and family.

The relevant inputs into hospital and community-based services are both financial and non-financial.

- **Financial inputs** include four items. *Direct costs* include the cost of sales, which is only relevant for the retail services. *Staff costs* include the payroll for the wages of the paid members of staff only. *Overheads* include any payments toward the premises, utilities or other such costs. *Expenses*, finally, includes only the cost of volunteers’ expenses which are claimed.

- **Non-financial inputs** include two main items. There is first an *opportunity cost* associated with volunteers’ time. The second is the *cost of unclaimed expenses*. Although WRVS does not bear this cost, it is borne elsewhere.

We gauge the impact by observing a range of measurable, quantitative outputs. We consider data on:

- **The number of service users and their interventions**:
  - For hospital-based projects this includes the number of transactions in retail, community transport or buggy journeys, enquiries at meet and greet or people in a clinic;
  - For community-based projects this includes the number of transactions in the café, the numbers of classes/social groups/lunch clubs attended and the number of meals delivered.
Analysis of WRVS services in Leicester and Staffordshire (3)

In addition to these observable outputs, we also consider how these outputs translate into outcomes, such as:

- better health, happiness and general well-being of users;
- improved welfare, peace of mind and respite for friends and family;
- higher confidence levels, skills and satisfaction for volunteers; and
- any spillover effects onto other stakeholders, such as hospital staff and alternative services.

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<th>Inputs</th>
<th>Outputs</th>
<th>Outcomes</th>
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<td>Financial inputs:</td>
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<td>Direct costs</td>
<td>Retail transactions</td>
<td>Better health and happiness</td>
</tr>
<tr>
<td>Staff costs</td>
<td>Community journeys</td>
<td>General well-being</td>
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<td>Overheads</td>
<td>Buggy journeys</td>
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<td>Expenses</td>
<td>Meet and greet enquiries</td>
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<td>Non-financial inputs:</td>
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<td>Volunteer time</td>
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<td>Class attendances</td>
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<tr>
<td></td>
<td>Meals cooked</td>
<td>Volunteers:</td>
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- Greater confidence
- Practical skills
- Role satisfaction

Other stakeholders:
- Lower burden on hospital staff
- Fewer missed hospital appointments
Calculating the SROI – assumptions used in both Leicester and Staffordshire

A number of assumptions have been used for both Leicester and Staffordshire to calculate the SROI ratio. Throughout our analysis we have been required to estimate the “opportunity cost” of volunteers’ time in order to calculate the true cost of services. We make two assumptions in this respect:

- First, that the opportunity cost of a volunteer’s time is zero if they are over the age of 65. This is due to the high likelihood that these volunteers would otherwise be retired, rather than wage-earners, and that time for leisure is relatively abundant to this group.

- Second, that the cost of time for those younger than 65 is £5.93 i.e. the minimum wage. This reflects what volunteers may be earning if not working at WRVS.

These are useful proxies for the true opportunity cost of volunteers’ time, however a deeper analysis of the profile of volunteers, focusing on how they would use their time if they were not volunteering with WRVS, could refine these proxies.

Our evidence has shown that many of those volunteers over 65 use their free bus pass to come to work. In the absence of better information, we have assumed that half of over 65s use a free bus pass (and therefore have no expenses to claim) and the other half use some other means.

We have also needed to estimate the value to the volunteers of working for WRVS. We assume they would not volunteer unless their net benefits are positive (based on the principle of “revealed preference”). For this reason, we assume an hourly incremental benefit of £2 for those over 65 and £1 for those under 65. This is consistent with qualitative evidence which suggested that those who would otherwise be retired appreciate keeping busy more.

All monetary costs of providing WRVS services locally have been increased by 12% to account for the central/HQ costs associated with supporting these services.

All figures are reported for annual costs and benefits. This is a conservative assumption, as it implies that the social value created by WRVS activities only lasts for as long as stakeholders are involved with the activity. It is entirely possible that some social value would continue to be achieved even after direct involvement with the activity ended. If this were the case (which a longer piece of research could investigate), this would tend to increase the benefits estimated in this analysis.
Analysis of WRVS services in Leicester

The following sections describe the analysis of hospital-based services in Leicester and community-based services in Staffordshire.

Hospital-based services in Leicester

Our analysis of WRVS services in Leicester focussed on the activities in the Leicester Royal Infirmary hospital.

Scope

WRVS is involved in a number of hospital-based projects including:

- **Meet and Greet**

  The Meet and Greet stand is in the hospital entrance, and its volunteers help hospital users find their way around. WRVS volunteers work alongside hospital staff and provide guidance, directions and, if necessary, ushering to their destination.

- **WRVS Retail**

  There are four retail shops at Leicester Royal: Windsor and Balmoral are the two largest cafés, selling refreshments and providing a seating area for their users. Kensington is located in the maternity ward and sells various baby-related products. There is also a small flower shop next to the Balmoral café. These are all run by WRVS volunteers, and are overseen by a paid member of staff.

- **Community Transport Scheme**

  This service provides two-way transport between home and hospital for a group of hospital users. Users are primarily regular hospital visitors, mostly chemotherapy or radiotherapy patients. WRVS volunteers use their own cars to provide this service. This is funded through an annual £100,000 gift from WRVS.

- **Buggies**

  Internal and external buggies provide transport in and around the hospital premises for those with mobility difficulties. Buggy drivers are recruited by UHL, but WRVS works alongside UHL to provide the service (and it is funded by WRVS gifting).

- **Clinic Volunteers**

  Clinic volunteers act as an additional administrative member of hospital staff in various clinics (such as haematology, eye and fracture) and help to maintain the smooth running of the hospital. These volunteers do not interact with hospital users in the same way as other volunteers, but prevent existing staff from being overworked.
Analysis of WRVS services in Leicester (2)

Sources of information

We required a range of data and information on these projects in order to provide an analysis of the SROI for Leicester.

We were provided with data on:
- hours worked by staff and volunteers;
- information about the age profile of volunteers and their average expenses claims;
- till transactions, costs and donations data from Retail; and
- users, interventions and donation data for the Buggy service.

In addition to this, we collected data on:
- general costs and user data on the Community Transport Scheme;
- Meet and Greet users; and
- beneficiaries of the Clinic Volunteers, and their level of activity.

Finally, we interviewed a range of stakeholders and collected qualitative evidence about the incremental impact of WRVS services (see Annexe).

Future developments to WRVS services in Leicester

WRVS is developing the services it provides in Leicester. We understand that in future WRVS could provide:
- a wider community transport scheme;
- a befriending scheme in which volunteers will visit users’ homes;
- an increased presence of volunteers on hospital wards; and
- support for a new dementia centre based at Leicester Royal Infirmary.

This could provide an “end-to-end” service to hospital users, supporting them in preparation for hospital, in getting to and from the hospital, during their stay and also during recovery at home. Frontier’s analysis of WRVS services in Leicester has not included the value that may be achieved by these services. Without stakeholders having any experience of the services, it is not possible to estimate their value. However, the framework developed here can be used to undertake that analysis as evidence emerges.
Evidence outcomes and establish impact

- **Meet and Greet**
  - **Costs**

Meet and Greet is a relatively low cost service, with expenses being the main financial cost at £870. We estimate the total cost of unclaimed expenses at £439, based on average claims and the estimated proportion of volunteers who actually claim. There are also much larger opportunity costs associated with the volunteers’ time, at £15,286.

- **Benefits**

We measure the benefits of Meet and Greet in two ways: the value that users place on having this greeting system in place and the number of hospital appointments that are not missed. Based on observations during a visit to LRI, and qualitative evidence, we estimate that users would place a value of between £0-£1 per interaction with the service, and that between 0%-3% of hospital appointments are saved for users.

There are also non-financial benefits including less stress and panic upon arrival. Of the 30 visitors (in around 25 minutes) who sought assistance on entering the hospital, all were helped to reach their destination: two were shown to a buggy (discussed below); around 10-15 were shown half way down a corridor to their destination; and the others were given directions.

Volunteers benefit from working with WRVS through the opportunities it provides to keep busy and give something back to the local community. This too has been estimated and included in our modelling. (“It gets me out of the house”; “I feel I am helping somebody”)

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**Case study – Meet and Greet volunteer**

A meet and greet volunteer we spoke to sees her role as a way of relieving reception and helping patients and other visitors. She said that if they weren’t there, patients could spend up to 15 minutes waiting if the receptionist was on the phone or had a long queue.

Some visitors have had a bad journey, and are tired. She tries to help them to feel more relaxed and confident once they reach the hospital.

Around 60% of the patients she directs are elderly visitors. She suggests that most patients are able to walk themselves, but around 1 in 20 patients she actually needs to walk with. Some people don’t know it is a voluntary service, and occasionally they will try to pay.
Evidence outcomes and establish impact

- **Retail**
  - **Costs**

Retail at LRI is the highest cost scheme (£782,118/year). The cost of sales are a significant financial cost (£446,641) as well as payroll costs (£91,120), overheads (£45,561) and claimed expenses (£6,091). The rest of these costs include a central cost allocation (£70,730) non-financial opportunity costs of volunteer time (£107,388) and unclaimed expenses (£14,587).

- **Benefits**

We measure the benefits of Retail in two ways: first, we measure people’s willingness to pay for the service itself by looking at transactional data on income. Second, we estimate the additional value people place on the service provided by WRVS, in excess of a “regular” café experience. We estimate this to be between £0-£1 per transaction. This captures the additional non-financial benefits of WRVS, including the friendly staff (“they always ask how you are”) and the emotional support they provide, and the pleasant atmosphere (“WRVS...is so much nicer [than other cafés in the hospital]; ‘we’d miss it if it wasn’t here’).

Volunteers benefit from their work in the retail outlets, as it provides an opportunity for volunteers to interact with, and give something back to the local community. This benefit has been estimated and included in our modelling. (“It’s a pleasure, I get to meet all walks of life.”) Other volunteers may benefit in different ways, for example through gaining work experience or language skills, although we have not estimated the value of these benefits as they apply to a relatively small proportion of volunteers.
Analysis of WRVS services in Leicester (5)

Evidence outcomes and establish impact

- Community Transport Scheme
  - Costs
  The Community Transport Scheme is the second most costly scheme at LRI. Over half of the total costs are volunteer expenses (£63,367) from drivers’ mileage. Expenses are always claimed by Community Transport Scheme drivers, because they are so large. There are also staff costs (estimated to be £20,000) and overheads (£6,633). We have estimated the opportunity costs of drivers’ time as £29,436.
  - Benefits
  We measure the benefits of the Community Transport Scheme in two ways: the value that users place on having this scheme and the number of hospital appointments that are not missed. If patients did not use the CTS, they would be relying either on an expensive taxi, friends and family, or the hospital ambulance (“patients sometimes have to wait for 2 or 3 hours after their appointment, and they never know when the ambulance will turn up”). We have estimated that a taxi is roughly twice the cost of the CTS (80p rather than 40p per mile) and we have assumed that a patient would be willing to pay £20 and £10 for transport from a hospital ambulance and friends and family respectively. These are cost savings, or benefits. The second type of benefit is the cost saving of not missing appointments. We estimate the amount of otherwise missed appointments to be low – between 0% and 1% – due to the nature of the treatments.

There are also non-financial benefits including allowing friends and family spare time, and less time spent waiting for a hospital ambulance. Due to the type of users of this service, it was not appropriate to interview them directly. Instead we spoke to the coordinator and two drivers who gave us information about the scheme. As a consequence our analysis does not include any wider benefits that users might have identified.

Volunteers benefit from working with WRVS, as it gives CTS drivers a real sense of purpose (for some, after they retire), and the sense that they are helping people.

Case study – Community Transport Scheme volunteer

We spoke to one of the Community Transport Scheme volunteer drivers, who works 3 days each week but helps on other days if needed. He started volunteering because he felt a bit lonely at home after taking early retirement. Drivers usually have one patient per day, but can sometimes pick up more than one patient if they live close to each other. It typically takes a driver 3-4 hours to get from their own home, to pick up, to the hospital, to wait (up to an hour), to drop off, and return home. CTS regularly picks people up from Lincoln (a 130-mile round-trip) and have picked people up from Skegness (a 200-mile round-trip) in the past.
Evidence outcomes and establish impact

- Buggies
  - Costs
  
  The Buggies scheme is relatively low cost, with the financial costs being mostly claimed expenses (£2,778) and unclaimed expenses (£84). The rest of the costs are non-financial opportunity costs of the buggy drivers’ time (£15,245). We have not included the cost of running and maintaining the buggies (which are borne by UHL), but we assume these are relatively small.

  - Benefits

  We measure the benefits of the Community Transport Scheme in two ways: the value that users place on the scheme and the value of the hospital appointments that are not otherwise missed. The value is measured by the amount of donations left in the envelopes on a given buggy (around £2,080). We estimate the proportion of hospital treatments that are not missed as between 0% and 10% based on evidence from the site visit. ([without the buggies] it would be a disaster, I don’t know what they’d do”)

  There are also non-financial benefits including less stress and panic upon arrival, particularly for the more elderly patients who are less able to cope. ([the buggy service helps] people with dementia who just don’t know where they are going”)

  Volunteers also benefit from volunteering and this has been estimated. (“If you walk away and feel you’ve made a difference, that’s a wonderful feeling.”)

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**Case study – Buggies user**

We spoke to an elderly gentleman with a broken leg, who was using crutches. Although he could have made it along the corridor to his appointment in the Windsor building, he thought it would have taken around 15 minutes to get there.

Although he had a family member with him, he said that if the buggy had not been there he would have probably missed his appointment.

He was not aware that the buggy was a voluntary service, but when we told him this, he said that he might have contributed £1 or so per journey towards the cost of the service.
Analysis of WRVS services in Leicester (7)

Evidence outcomes and establish impact

- Clinic Volunteers
  - Costs

The Clinic Volunteers are the least costly scheme at LRI, with the only financial costs being their claimed expenses (£1,905). The rest of these costs are non-financial opportunity costs of volunteer time (£7,000) and unclaimed expenses (£58).

- Benefits

Clinic Volunteers yield a different sort of benefit than some of the other schemes. We measure the benefits of Clinic Volunteers by estimating the cost of the equivalent in paid hospital staff. Here, we assume that, in the absence of these volunteers, the hospital would need to employ more staff. This is in line with qualitative evidence – one member of hospital staff said about WRVS volunteers: “what would we do without you?”

There are also non-financial benefits for the volunteers who benefit from doing such work and this has been estimated.
SROI calculation – conservative assumptions

In keeping with best practice, where we have been required to make assumptions to derive the values for each of the services described above we have used conservative assumptions. Two assumptions in particular stand out:

1. **Benefits only received while the activities are undertaken**: we have assumed that the benefits experienced from a WRVS service by an individual last only while they are involved with the service. To the extent that the benefits persist over a longer period (without the need for additional cost) that would increase our estimate of the impact of WRVS. If, for example, the advice received by people visiting a WRVS café serves them well for many years the benefits would be much higher than we have estimated.

2. **We have used average benefits**: our analysis uses proxies in some instances where it has not been possible to derive quantitative values directly. This is most prominent in our estimate of the additional personal benefit of some services. While this may accurately capture the average value, it does not capture the fact that for a smaller number of people there may be a very large value to the service. This is most apparent in the qualitative evidence we collected.

Finally, it is worth noting the one area we have not made conservative assumptions. In assuming that the opportunity cost of the time of volunteers over 65 is zero we have reduced the cost of some WRVS services and, in turn, increased the net benefit.
Analysis of WRVS services in Leicester (9)

Summary of SROI for WRVS services in Leicester

As shown below, the benefits of the WRVS activities in Leicester are estimated to significantly outweigh the costs. The total annual costs are £956,685 and the benefits are almost double this at £1,896,565. This gives a net benefit of £939,880.

As shown on the right, the overall benefit to cost ratio of Leicester schemes is 1.98. Almost all individual projects have an SROI over 1. We find that some of the lower cost schemes tend to have the higher B:C ratios. As mentioned, these are particularly sensitive to our assumptions on missed hospital appointments.

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Costs</th>
<th>Benefits</th>
<th>B:C ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Transport Scheme</td>
<td>£130,236</td>
<td>£120,897</td>
<td>0.93</td>
</tr>
<tr>
<td>Meet and Greet **</td>
<td>£16,699</td>
<td>£202,349</td>
<td>12.12</td>
</tr>
<tr>
<td>Buggies **</td>
<td>£18,440</td>
<td>£83,969</td>
<td>4.55</td>
</tr>
<tr>
<td>Leicester Royal Retail</td>
<td>£782,118</td>
<td>£1,433,241</td>
<td>1.83</td>
</tr>
<tr>
<td>Clinic Volunteers</td>
<td>£9,191</td>
<td>£56,109</td>
<td>6.10</td>
</tr>
<tr>
<td>Total</td>
<td>£956,685</td>
<td>£1,896,565</td>
<td>1.98</td>
</tr>
</tbody>
</table>

Notes:
** - Projects with benefits that are particularly sensitive to Frontier assumptions.
Analysis of WRVS services in Leicester (10)

Summary of benefits by stakeholder in Leicester

- **Community Transport Scheme**
  The benefits of the Community Transport Scheme are shared mainly between the users (and their friends and family), who receive 62% of the benefit, and the volunteer drivers who receive 37% of the benefits. There is also a small benefit to UHL from a small reduction in missed hospital appointments.

- **Meet and Greet**
  The meet and greet service benefits include a reduction in missed hospital appointments, which is received by UHL. Benefits to users and volunteers account for around 32% and 11% of the total benefits respectively.

- **Buggies**
  This buggies service is particularly valuable for UHL, and the reduction in missed appointments is estimated to account for 70% of the benefits. The benefits to users are relatively small in comparison to those of the volunteers.

- **Retail**
  The benefits from the retail shops are mostly received by the users of the service. The benefits to volunteers are small relative to the users, reflecting the large number of users compared to volunteers.

- **Clinic Volunteers**
  The benefits of clinic volunteers are entirely received by UHL and the volunteers themselves, since (at least for the volunteers we spoke to) the role is quite administrative in nature.

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### Project Name | Benefits to Users/F&F | Benefits to Volunteers | Benefits to UHL
--- | --- | --- | ---
Community Transport Scheme | 62% | 37% | 1%
Meet and Greet | 32% | 11% | 57%
Buggies | 2% | 27% | 70%
Leicester Royal Retail | 89% | 11% | 0%
Clinic Volunteers | 0% | 19% | 81%
Total | 75% | 14% | 12%
Analysis of WRVS services in Leicester (11)

SROI calculation and sensitivity analysis

- **Meet and Greet**
  The estimated SROI for Meet and Greet varies significantly from between 1.37 to 22.86. This wide range reflects the sensitivity of our assumption on the number of hospital appointments that would have been otherwise missed in their absence. Given that the number of Meet and Greet service users is so high (around 65,000/year), saving even a small percentage of such hospital appointments (valued at £118 each)* generates significant benefits. In addition, if the value to users themselves is as high as £1 per intervention, this will also create large benefits.

- **Retail**
  The estimated SROI for Retail ranges from between 1.36 to 2.31. Although the scheme is costly, people are seen to be willing to pay for the service and appear to place a high value on it. In addition to this, there are a number of volunteers who highly value their role with WRVS.

- **Community Transport Scheme**
  The estimated SROI for the Community Transport Scheme is low and ranges from between 0.92 to 0.94. The scheme is very costly and many of the benefits, such as saved hospital appointments are very difficult to measure. It is likely that discussions with users (which were not appropriate during this piece of work) would provide evidence that this project achieves benefits which are much larger.***

- **Buggies**
  The estimated SROI for the Buggies ranges from 1.35 to 7.75. The scheme itself is not very costly and the benefits are very sensitive to the extent to which Buggies avoid hospital appointments being missed.

- **Clinic Volunteers**
  The estimated SROI for Clinic Volunteers ranges from between 5.60 to 6.61. The SROI depends heavily on how much volunteers value their work, and the extent to which volunteers are substitutable for paid staff (i.e. whether there is a genuine cost saving to the hospital).

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Benefits (low)</th>
<th>Benefits (high)</th>
<th>B:C (low)</th>
<th>B:C(high)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Transport Scheme</td>
<td>£119,445</td>
<td>£122,348</td>
<td>0.92</td>
<td>0.94</td>
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<tr>
<td>Meet and Greet**</td>
<td>£22,929</td>
<td>£381,769</td>
<td>1.37</td>
<td>22.86</td>
</tr>
<tr>
<td>Buggies**</td>
<td>£24,946</td>
<td>£142,993</td>
<td>1.35</td>
<td>7.75</td>
</tr>
<tr>
<td>Leicester Royal Retail</td>
<td>£1,063,115</td>
<td>£1,803,368</td>
<td>1.36</td>
<td>2.31</td>
</tr>
<tr>
<td>Clinic Volunteers</td>
<td>£51,459</td>
<td>£60,759</td>
<td>5.60</td>
<td>6.61</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>£1,281,894</td>
<td>£2,511,236</td>
<td>1.34</td>
<td>2.62</td>
</tr>
</tbody>
</table>

Notes:
*: based on NHS Reference Cost data which documents the average cost of appointments
**: users were largely people undergoing treatment for cancer and it was not thought appropriate to interview them. As a consequence our analysis does not capture wider benefits they might have expressed in those interviews.
***: Projects with benefits that are particularly sensitive to Frontier assumptions.
Analysis of WRVS services in Leicester (12)

Breakdown of financial and non-financial benefits

The social value created by WRVS services in Leicester includes both financial and non-financial benefits.

- The financial benefits all accrue to University of Leicester Hospitals NHS Trust (UHL). This include the cost savings to from requiring fewer staff, due to the assistance provided by Clinic Volunteers. These savings are estimated to be £45,609. The second source of benefits is a reduction in missed hospital treatments, achieved through the Community Transport Scheme, Meet and Greet and Buggies services. The estimated savings (based on a cost per appointment of £118) to UHL are £175,122.

- The non-financial benefits of WRVS services in Leicester are received by users and their friends and family, and by volunteers. These benefits reflect the value these individuals place on services, or in the case of volunteers their role with WRVS. These are achieved across all WRVS services in Leicester, and are estimated to be £1,675,833.

WRVS “gifting” in Leicester

During discussions with WRVS, we were made aware of an arrangement (referred to as “gifting”) under which WRVS donates the “profits” of its retail services at Leicester Royal Infirmary to UHL. The funds transferred to UHL are used to pay for a number of services, including the Community Transport Scheme, and also for other investment in hospital facilities. The revenues earned by WRVS through its retail operations are already included in our calculations, because they provide a proxy for the benefit received by customers. Including any further benefits from these revenues would therefore be double-counting.

The funds gifted to UHL constitute an input which may then be used (by UHL rather than WRVS) to create further benefits by providing services or facilities to patients. To identify any such benefits would require separate analysis of how UHL spends these funds and their incremental impact.
Analysis of WRVS services in Staffordshire

Community-based services in Staffordshire

Our analysis of WRVS services in Staffordshire focussed on the activities in the Hanley Community Centre.

Scope

WRVS is involved in a number of community-based projects including:

- **Darby and Joan Clubs and other lunch/social clubs**
  
  There are 10 of these lunch/social clubs, which take place once or twice a week in various community centres around Staffordshire.

- **Hanley Centre Café**
  
  This café is the busiest part of the Hanley Community Centre, and is a focal point for older people to meet and socialise with friends.

- **Stoke-on-Trent Good Neighbours Scheme/ Winifred Gardens**
  
  Those who are older and more dependent attend this social club. They receive more care and attention than those at the café, and can participate in other social activities and games.

- **Hanley Community Centre Classes**
  
  There are a number different classes ranging from line dancing, gentle exercise to card-making. There is a small fee for these classes.

- **Hanley Community Centre Information Activities**
  
  WRVS often invite external guests to talk to its users. These guests may talk about fire safety in the home, crime in the area, health issues such as diabetes and stroke, and other issues relevant to older people.

- **Meals on Wheels**
  
  This scheme delivers ready-cooked, hot meals to older people in the community. Although WRVS does not provide or deliver these meals, the kitchen in the Hanley Centre is used to heat them.
Analysis of WRVS services in Staffordshire (2)

Sources of information

We required a range of data and information on these projects in order to provide an analysis of the SROI for Staffordshire.

We were provided with data on:

- information about the age profile of volunteers and their average expenses claims;
- costs for a number of projects (cost of sales, overheads, expenses etc.);
- users, and number of interventions for a number of projects; and
- pricing data for a number of services.

In addition to this, we collected data on:

- willingness to pay for services at the Hanley Community Centre, including Good Neighbours schemes;
- additional data on volunteers (hours worked etc.); and
- till transactions for the Hanley Community Centre Café.

Finally, we interviewed a range of stakeholders and collected qualitative evidence about the incremental impact of WRVS services (see Annexe).

Future developments to WRVS services in Staffordshire

WRVS is developing the services it provides in Staffordshire. A particularly interesting innovation is the use of “volunteer outcome coordinators”. These are volunteers who will meet with older people to discuss their needs and try to understand what outcomes they are interested in achieving (e.g. getting out more, feeling more involved in the community, feeling less isolated). The coordinator will suggest how these outcomes might be achieved, and how WRVS services might support this.

The first outcome coordinators were still being trained while the evidence for this SROI assessment was collected. Although we were able to speak to coordinators about how they envisaged their role, it was not possible to estimate the social value that might be created through this initiative. However it is likely that the role of outcome coordinators could significantly enhance the impact WRVS has on stakeholders in Staffordshire. The framework developed here can be used to establish this impact once the outcome coordinators have been rolled-out.
Evidence outcomes and establish impact

- **Darby and Joan Clubs and other lunch/social clubs**
  - **Costs**

The costs of the Darby and Joan Clubs and other lunch/social clubs appear in our analysis to be mostly "Direct Costs", and we analyse these services together. We are assured that other types of costs exist (Staff, expenses, overheads), but due to the discrete nature of cost reporting, costs are recorded only in aggregate. For this reason, the value of claimed expenses has been estimated using data on volunteer profiles (e.g. average claim, proportion of volunteers who claim and the proportion who are over 65 years old). The total annual monetary costs are around £69,180 of which £1,102 are estimated to be claimed expenses. In addition, there are non-monetary opportunity costs of volunteers’ time and unclaimed expenses.

Note: due to insufficient data on service users and interventions, the Endon & District Friendship club and the Staffordshire Luncheon Clubs are excluded from this analysis.

- **Benefits**

We measure the benefits of these clubs in three ways: first, we consider the incremental benefits to direct service users, which we measure as being between £2-£6 per intervention. Although we were not able to visit any Darby and Joan Clubs, this is broadly consistent with their overall willingness to pay to attend such classes (in terms of an entrance fee and transport). Second, we consider the additional benefits to the friends and family of the user being at such a club. Friends and family may enjoy respite, time to themselves, or peace of mind. We estimate this to be between £2-£4 per intervention. Finally, the volunteers enjoy benefits from the work. These are modelled as discussed above.
Evidence outcomes and establish impact

- **Hanley Community Centre Café**
  - **Costs**

  The Hanley Community Centre Café is a relatively expensive scheme. The main monetary costs are direct costs, which include the cost of sales and amount to £40,920. There are also staff costs (£15,764), overheads (£3,729) and claimed expenses (£57). In addition, there are non-monetary opportunity costs of volunteers’ time and unclaimed expenses. Due to Hanley Centre-specific accounting procedures (discussed later), many overhead costs (for example, heating, electricity) are recorded elsewhere. This leads to an under-reporting of true costs.

  - **Benefits**

    We measure the benefits of the café, again, in three ways. First, we estimate that the benefit to service users ranges between £1-£5 as this is consistent with prices of goods in the café and their willingness to pay to travel to the Hanley Community Centre. (“I feel a lot better going home at the end of the day”) There is a difference between those who can access services at the Hanley Community Centre, and those who cannot (“a lot of them are very lonely”; “people with nothing to get up for in the morning”; who “sit at home and vegetate”)

    Second, we consider the additional benefits to the friends and family of the user being at such a club. Friends and family may enjoy respite, time to themselves, or “peace of mind”. We estimate this to be between £2-£4 per intervention.

    Finally, the volunteers enjoy benefits from the work. (“I feel more confident around people”; “I really enjoy what I do”; “The benefits outweigh the costs”); these are modelled as discussed above.

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**Case study – Café user**

We spoke to a café user who comes to the Hanley Centre twice a week, to meet with friends and then to do some shopping. She travels by bus from Leek, which is 10 miles away from the Hanley Centre. She said there were other people in Leek who were either unable or unwilling to get the bus and who would benefit from having a more local centre.

She told us that the main benefits of the Hanley Centre were that it offered a “place to go and get looked after” and “somewhere for a bit of company”.

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Analysis of WRVS services in Staffordshire (5)

Evidence outcomes and establish impact

- **Stoke-on-Trent Good Neighbours/ Winifred Gardens**
  - **Costs**

Stoke-on-Trent Good Neighbours and Winifred Gardens are two relatively expensive projects, with total costs at £33,552 and £28,977 respectively. Around half and one-third of these costs are the opportunity costs of volunteers’ time and their unclaimed expenses. Direct costs are the largest part of monetary costs, at £6,464 and £10,102 respectively. Unclaimed expenses are high relative to claimed expenses too.

- **Benefits**

The benefits of both schemes are estimated to be very high. We estimate that users benefit from these schemes by between £10-£15 per intervention. This is consistent with the price charged for the service and how much people are willing to pay to come. There appears to be an overwhelming appreciation of the service. (“Without the Hanley Centre I’d be lost; and I probably wouldn’t leave the house”) Because the Good Neighbours schemes last for a long time (around four hours per session) and they receive a lot of care and attention, we estimate the value to the friends and family as being higher than other services, at around £6-£10. (“Using WRVS was one of the best things we’ve done”)

Finally, the volunteers enjoy benefits from the work. (“Gets me out of the house doing something”; “I really enjoy what I do.”) These are modelled as discussed above.

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**Case study – Good Neighbours friend/family**

We spoke to the daughter of a Good Neighbours service user. She shares the care of her mother with her own daughter, with her husband also providing some help. Her mother needs company all day, and either she or her daughter visit every morning and evening.

If WRVS did not exist, her two options would be for her and her daughter to care for her mother (full-time) or to place her in full-time care. WRVS means that these options aren’t an issue yet.

The services provided by WRVS allow her to go shopping, and generally have some time to herself. This provides welcome respite as “it gets quite weary sometimes”.

Her mother has been coming to the Hanley Centre for two years. The decision to find some additional care came when her mother had a fall that broke her wrist at home. She described the decision to use WRVS as “one of the best things we’ve done”.

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Evidence outcomes and establish impact

- **Hanley Community Centre Classes**
  - **Costs**

We include here the costs for the Reception Area, Arts & Heritage, Lifelong Learning, Social Activities and Information Activities. Due to insufficient data on service users and interventions for Healthy Living, this class has been omitted. Total direct monetary costs for these five activities amount to £33,434. Including the central cost allocation, volunteers’ opportunity costs and unclaimed expenses, total costs stand at £50,624.

Here, it must be noted that many of the overheads (for example, heating, electricity) for the entire Hanley Community Centre are captured in the Reception Area item. This includes costs that should be spread over all the services that happen in the Hanley Community Centre. For this reason, services that occur in the Hanley Community Centre are, in general, understating their costs and overstating their SROI. The Reception Area, on the other hand, is an overstatement of their costs and an understatement of its true SROI. It is sensible to view the projects not individually, but as complements to each other. For example, the benefits of the Reception Area include paid staff, whose presence and benefits spill over into other areas of the Hanley Centre; the SROIs of each individual project are perhaps not as insightful as the overall picture.

Note: due to insufficient data on service users and interventions, the Healthy Living classes are excluded from this analysis.

- **Benefits**

We measure the benefits of these classes to the users, friends and family and volunteers. As users do not spend a large amount of time at Reception, we value their benefits of this service as quite low, between £0-£1. Information Activities are estimated to be valued at 50p. The value of other classes – Arts & Heritage, Lifelong Learning and Social Activities – are assumed to be between £2-£4 per intervention. We estimate that friends and family value the Reception area at £1-£2, Information Activities at £2-£4 and the other three classes between £4-£6. There are also, as discussed, benefits to the volunteers.
Analysis of WRVS services in Staffordshire (7)

Evidence outcomes and establish impact

- **Meals on Wheels**
  - **Costs**
    
    The monetary costs of Meals on Wheels are relatively high, at £20,805. This includes £6,858 of direct costs, £12,116 of staff costs, £1,727 of overheads, £104 of claimed expenses and a £2,497 central cost allocation. There are also opportunity costs of volunteers’ time and unclaimed expenses.
  
  - **Benefits**
    
    It is important to ensure that the benefits we measure are the incremental benefits of WRVS’ role in Meals on Wheels; WRVS does not provide, cook or deliver the meals – it is responsible for heating them. For this reason, we estimate that the users benefit by 50p per intervention. We do not suppose there are other incremental benefits of WRVS for this service to friends and family. These user benefits, added to the volunteer benefits (“I’d be sitting at home watching TV”) amount to £27,592.
SROI calculation – conservative assumptions

In keeping with best practice, where we have been required to make assumptions to derive the values for each of the services described above we have used conservative assumptions. Two assumptions in particular stand out:

1. **Benefits only received while the activities are undertaken**: we have assumed that the benefits experienced from a WRVS service by an individual last only while they are involved with the service. To the extent that the benefits persist over a longer period (without the need for additional cost) that would increase our estimate of the impact of WRVS. If, for example, the support received through a class at the Hanley Centre generates benefits for many years (without needing classes over those years) the benefits would be much higher than we have estimated.

2. **We have used average benefits**: our analysis uses proxies in some instances where it has not been possible to derive quantitative values directly. The is most prominent in our estimate of the additional personal benefit of some services. While this may accurately capture the average value, it does not capture the fact that for a smaller number of people there may be a very large value to the service. This is most apparent in the qualitative evidence we collected.

Finally, it is worth noting the one area we have not made conservative assumptions. In assuming that the opportunity cost of the time of volunteers over 65 is zero we have reduced the cost of some WRVS services and, in turn, increased the net benefit.
Analysis of WRVS services in Staffordshire (9)

Summary of SROI for WRVS services in Staffordshire

As shown below, the benefits of the WRVS activities in Staffordshire are estimated to significantly outweigh the costs. The total annual costs are £285,220 and the benefits are £600,966. This gives a net benefit of £315,746.

As shown on the right, the overall benefit to cost ratio of schemes is 2.11. Almost all individual projects have an SROI over 1. A notable exception is Reception Area, which includes a large proportion of the Hanley Centre costs. For this reason, the Hanley Centre projects are perhaps best considered as a group, or collection of services, rather than individual projects. Results are also highly sensitive to users’ and family and friends’ willingness to pay for services.
Analysis of WRVS services in Staffordshire (10)

Summary of benefits by stakeholder in Staffordshire

- **Darby and Joan Clubs**
  
  The benefits of the Darby and Joan Clubs (and other social clubs) are shared between users and their friends and family. The relatively low benefits to volunteers reflect the high ratio of users to volunteers at most of the clubs.

- **Hanley Community Centre Café**
  
  The Café offers benefits to users and their friends and family. The fact that the Café is a “day out” for many users means that the benefits of peace of mind and respite for friends and family outweigh the benefit to users themselves (who may require support from several friends or family each). The benefits to users are low in comparison because of the high ratio of users to volunteers.

- **Stoke-on-Trent Good Neighbours Scheme/ Winifred Gardens**
  
  The Good Neighbours schemes create significant benefits for users, their friends and family, and the volunteers who help provide the service.

- **Hanley Community Centre Classes**
  
  The Hanley Centre Classes are typically not delivered by volunteers, so the benefits are received mainly by participants and their friends and family.

- **Meals on Wheels**
  
  The benefits created by WRVS’s role in the Meals on Wheels service are primarily received by users, although volunteers also benefit.

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Benefits to Users</th>
<th>Benefits to Friends/Family</th>
<th>Benefits to Volunteers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Darby and Joan Clubs</td>
<td>54%</td>
<td>40%</td>
<td>6%</td>
</tr>
<tr>
<td>Hanley Centre Café</td>
<td>34%</td>
<td>56%</td>
<td>10%</td>
</tr>
<tr>
<td>Good Neighbours</td>
<td>52%</td>
<td>33%</td>
<td>15%</td>
</tr>
<tr>
<td>Hanley Centre Classes</td>
<td>37%</td>
<td>62%</td>
<td>1%</td>
</tr>
<tr>
<td>Meals on Wheels</td>
<td>77%</td>
<td>0%</td>
<td>23%</td>
</tr>
<tr>
<td>Other activities</td>
<td>11%</td>
<td>43%</td>
<td>46%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>46%</strong></td>
<td><strong>42%</strong></td>
<td><strong>12%</strong></td>
</tr>
</tbody>
</table>
Analysis of WRVS services in Staffordshire (11)

SROI calculation and sensitivity analysis

- **Darby and Joan Clubs**
The average SROI is estimated to be between 1.31 and 3.05. This range depends heavily on how much users are estimated to value these clubs, and could be improved with better data on such willingness to pay for these clubs.

- **Hanley Community Centre Café**
This SROI is in the range 0.82-1.65. This is a generous estimate, which could be improved by allocating various fixed costs across all services.

- **Stoke-on-Trent Good Neighbours Scheme/ Winifred Gardens**
The SROI for these schemes range between 1.61 and 2.19 for Stoke-on-Trent and 3.70-5.59 for Winifred Gardens. These are high, although the Stoke-on-Trent figures exclude some of the fixed costs associated with the Hanley Centre. Work could be done to find out more about the benefits to friends and family, which may be quite high.

- **Hanley Community Centre Classes**
The estimated SROI for these classes ranges quite widely. This range is sensitive to the estimated values for benefits to the users and their friends and family. They are also sensitive to cost assumptions. As with the café, this is a generous estimate, which would be reduced by re-allocating various fixed costs across all services.

- **Meals on Wheels**
The estimated SROI for Meals on Wheels is around 0.99. This is lower than other projects for the reasons outlined above: the benefits captured are the incremental benefits of WRVS’s relatively small role.

### Project Name Benefits (low) Benefits (high) B:C (low) B:C (high)

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Benefits (low)</th>
<th>Benefits (high)</th>
<th>B:C (low)</th>
<th>B:C (high)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lichfield D&amp;J Club</td>
<td>£7,206</td>
<td>£16,566</td>
<td>1.34</td>
<td>3.07</td>
</tr>
<tr>
<td>Sneyd Green D&amp;J Club</td>
<td>£6,864</td>
<td>£16,224</td>
<td>1.12</td>
<td>2.65</td>
</tr>
<tr>
<td>Staffordshire Luncheon Clubs*</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Fenton D&amp;J Club</td>
<td>£7,084</td>
<td>£16,444</td>
<td>1.29</td>
<td>2.98</td>
</tr>
<tr>
<td>Milton D&amp;J Club</td>
<td>£5,607</td>
<td>£12,159</td>
<td>1.97</td>
<td>4.27</td>
</tr>
<tr>
<td>Abbey Hulton Thursday Club</td>
<td>£10,608</td>
<td>£25,584</td>
<td>1.82</td>
<td>4.38</td>
</tr>
<tr>
<td>Horninglow D&amp;J Club</td>
<td>£3,009</td>
<td>£5,817</td>
<td>1.92</td>
<td>3.71</td>
</tr>
<tr>
<td>Rocester Friendship Club</td>
<td>£7,904</td>
<td>£18,824</td>
<td>0.61</td>
<td>1.46</td>
</tr>
<tr>
<td>Alrewas Over 60s Club</td>
<td>£3,217</td>
<td>£6,337</td>
<td>0.44</td>
<td>0.86</td>
</tr>
<tr>
<td>Smallthorne D&amp;J Club</td>
<td>£21,552</td>
<td>£52,752</td>
<td>2.07</td>
<td>5.08</td>
</tr>
<tr>
<td>Endon &amp; District Friendship Club*</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Norton Canes D&amp;J Club</td>
<td>£17,418</td>
<td>£42,378</td>
<td>1.55</td>
<td>3.76</td>
</tr>
<tr>
<td>Hanley C C Reception Area</td>
<td>£11,549</td>
<td>£21,197</td>
<td>0.27</td>
<td>0.50</td>
</tr>
<tr>
<td>Hanley C C Healthy Living*</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Hanley C C Food Activities</td>
<td>£27,592</td>
<td>£27,592</td>
<td>0.99</td>
<td>0.99</td>
</tr>
<tr>
<td>Hanley C C Arts &amp; Heritage**</td>
<td>£17,664</td>
<td>£29,280</td>
<td>36.63</td>
<td>60.71</td>
</tr>
<tr>
<td>Hanley C C Lifelong Learning</td>
<td>£1,603</td>
<td>£2,467</td>
<td>4.88</td>
<td>7.51</td>
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<tr>
<td>Hanley C C Social Activities**</td>
<td>£53,952</td>
<td>£89,616</td>
<td>42.32</td>
<td>70.30</td>
</tr>
<tr>
<td>Hanley C C Information Activities</td>
<td>£14,427</td>
<td>£19,083</td>
<td>2.29</td>
<td>3.03</td>
</tr>
<tr>
<td>Hanley C C Cafe</td>
<td>£61,389</td>
<td>£123,789</td>
<td>0.82</td>
<td>1.65</td>
</tr>
<tr>
<td>Stoke-on-Trent Good Neighbours</td>
<td>£54,186</td>
<td>£73,608</td>
<td>1.61</td>
<td>2.19</td>
</tr>
<tr>
<td>Winifred Gardens Social Centre</td>
<td>£107,323</td>
<td>£162,079</td>
<td>3.70</td>
<td>5.59</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>£440,136</td>
<td>£761,796</td>
<td>1.54</td>
<td>2.67</td>
</tr>
</tbody>
</table>

**Notes:**
* - Projects with missing service user and intervention data.
** - Projects with benefits that are particularly sensitive to Frontier assumptions.
Frontier Economics

Introduction to SROI
SROI analysis of WRVS
Embedding SROI
Annexes
Embedding SROI in WRVS

This section suggests ways in which Frontier’s SROI assessment can be used by WRVS to enhance its SROI capabilities. This section includes suggestions for:

- extending the analysis in Leicester and Staffordshire;
- replicating the analysis for other areas;
- further evidence that could be collected by WRVS; and
- building a “benefits case” for WRVS services.

This stage of an SROI assessment (stage 7: “report, embed, use”) offers an organisation the opportunity to improve the way in which it delivers its services, understands its stakeholders or makes strategic decisions.

“To be useful, the SROI analysis needs to result in change. Such change might be in how those that invest in your activities understand and support your work, or how those that commission your services describe, specify and manage the contract with you. However, there will also be implications for your organisation.” (Cabinet Office, 2009)

But it is important to note that the SROI approach should always be used flexibly:

“SROI is a process of understanding and valuing impact, and should be used by funders to understand where their impact and that of their grantees is greatest and how they could improve what they do. SROI does not have to be seen as an ‘all or nothing’ approach; charities and funders should use those elements of SROI that are most useful to running their organisations.” (NPC, 2010)

Different organisations can benefit from SROI in different ways. The sub-sections below offer some suggestions for ways in which WRVS could continue to use and embed SROI.
Embedding SROI in WRVS (2)

Extending the analysis in Leicester and Staffordshire

Further work using this framework could extend the analysis undertaken by Frontier in Leicester and Staffordshire by widening the scope of the analysis:

- Further work in Leicester could focus on the hospital-based services provided away from Leicester Royal Infirmary, or the community-based services provided in Leicester and the surrounding areas. It would also be useful to re-visit Leicester once the development of new services has been completed.
- Further work in Staffordshire could focus on the services provided away from the Hanley Community Centre. It will also be useful to see how the impact of WRVS is affected by the roll-out of volunteer outcome coordinators.

In addition, engaging a wider group of stakeholders (such as local authorities or healthcare providers) could provide further insights on the impact WRVS services have on the local area.

Replicating the analysis for other areas

The analysis undertaken for Leicester and Staffordshire could be applied in other geographical areas, and for other types of services provided by WRVS. However, while some inputs to the SROI analysis are transferable to these other areas, some inputs are not:

- Some of the inputs used in the analysis are based on WRVS at an organisational level, and it would be appropriate to transfer these to an analysis of other areas. This includes estimates of the expenses claimed by volunteers, and the proportion of volunteers who actually claim expenses.
- Some of the inputs are specific to the projects delivered in Leicester and in Staffordshire. It would not be appropriate to transfer these assumptions to an analysis of other areas. These are mainly operational details about the services. This includes the number of volunteers and service users, the number of interventions, or the costs of providing those specific services.
- A third category of inputs may be transferable to other areas, but verification would be advisable. This includes the estimated benefits received by different stakeholders as a result of WRVS activities. While these may offer a reasonable guide to the benefits that would be achieved, for a number of reasons the inputs used in this analysis may not be appropriate in other areas. In particular:
  - the benefits received by any stakeholder are individual to that stakeholder (as discussed in Section 1); and
  - the benefits received depend on the relevant counterfactual (i.e. what would happen in the absence of WRVS activities) which may vary between locations or services.
**Embedding SROI in WRVS (3)**

**Further evidence that could be collected by WRVS**

Future SROI assessments could benefit from further evidence collection by WRVS.

WRVS could collect more evidence on inputs to its activities. Particularly valuable would be data on the non-financial costs incurred by WRVS volunteers. This could include data on unclaimed expenses, and more comprehensive data on volunteer hours. To support this collection, WRVS could consider more introducing more formal accounting procedures for these non-financial costs.

WRVS could collect more evidence on outputs from its activities. Existing sources of evidence allow an estimate of the number of service users and service interventions, however more complete and accurate data would allow for a more precise assessment of the SROI achieved.

Most importantly, WRVS could collect more evidence on the outcomes achieved by its activities. This evidence is central to SROI, and could also have much wider value to the organisation.

“... the basic concepts of outcomes evaluation that [SROI] encourages are important for all organisations to achieve.” (Demos, 2010)

Collecting more evidence (both quantitative and qualitative) on the benefits received by stakeholders, and the value they place on WRVS activities, will allow for a much richer SROI assessment to be completed. A regular evidence collection exercise (perhaps once each year) could be very useful in this respect. This exercise should include friends and family, as well as service users. A particular benefit of conducting this research on an ongoing (albeit intermittent) basis would be that it allows an assessment of whether the value created by WRVS is likely to endure over time, or is only achieved while stakeholders are involved with the services. Assessment over time might also offer insights into more long-term benefits to stakeholders (such as possible long-term improvements in users’ health and well-being).

WRVS could also consider embedding evidence collection from volunteers as part of its process for recruiting, training and communicating with volunteers. In particular, investigating one specific question could be very valuable: why do individuals volunteer with WRVS? The qualitative evidence collected by Frontier suggested that individuals volunteer for a range of reasons. Some volunteers value the social aspect of the role, while others felt it was their duty to “give something back” to the community, and others were learning skills that may make them more employable (including vocational catering skills and basic language skills). The value created for these individuals could vary considerably between these groups.
Benefits cases. WRVS may use SROI assessments to build a “benefits case” for local stakeholders. A benefits case is a document designed to describe the social value created by services in a particular local area, and could describe the benefits that accrue to individual stakeholders. Although building such a case was beyond the scope of this work, the sub-sections below illustrate how this could be undertaken in Staffordshire.

Building a “benefits case” for WRVS services – community-based services example

Based on Frontier’s work in Staffordshire, the three main categories of benefits for community-based services could be the following:

- Savings (or additional costs) to the local authority:
  - Largest savings are likely to be in residential and day care – described in more detail later in this section.
  - Smaller savings from being able to more efficiently provide information/public awareness on local services and issues (e.g. from organisations such as the fire service, police, local charities, and community organisations).
  - Small additional costs from higher usage of transport, libraries, and other local council services.
- Savings to other public sector organisations, particularly the NHS – described later in this section.
- Benefits to individuals and wider community – captured in Frontier’s SROI analysis in Staffordshire, described in section 2.

<table>
<thead>
<tr>
<th>Local authority</th>
<th>NHS</th>
<th>Individuals and community</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Largest cost savings:</strong></td>
<td><strong>Reduced primary care activity:</strong></td>
<td><strong>Users:</strong></td>
</tr>
<tr>
<td>• Residential care</td>
<td>• GP visits</td>
<td>• Better health and happiness</td>
</tr>
<tr>
<td>• Day care</td>
<td><strong>Reduced secondary care activity:</strong></td>
<td>• General well-being</td>
</tr>
<tr>
<td><strong>Smaller cost savings:</strong></td>
<td>• Inpatient procedures</td>
<td><strong>Friends and family:</strong></td>
</tr>
<tr>
<td>• Information / public awareness</td>
<td>• Outpatient attendances</td>
<td>• Improved welfare</td>
</tr>
<tr>
<td><strong>Small additional costs:</strong></td>
<td><strong>Reduced mental health services:</strong></td>
<td>• Peace of mind and respite</td>
</tr>
<tr>
<td>• Use of public transport</td>
<td>• Mental health – acute episodes</td>
<td><strong>Volunteers:</strong></td>
</tr>
<tr>
<td>• Use of other public facilities</td>
<td>• Mental health – day care support</td>
<td>• Greater confidence, practical skills</td>
</tr>
<tr>
<td><strong>Users:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Volunteers:</strong></td>
<td><strong>Role satisfaction</strong></td>
<td></td>
</tr>
</tbody>
</table>
Community-based services – savings to public sector organisations

Community-based services may achieve savings for local public sector organisations, particularly the NHS. To the extent that WRVS services are likely to lead to a reduction in the usage of health services, this creates a potential cost saving to the NHS. Some illustrations are given below:

- **Mental health.** The NHS provides day care support to individuals with mental health needs. The cost to the NHS of providing day care for people with mental health problems is £66 per day (PSSRU 2010, table 2.9). For each WRVS service user who would require such services in the absence of WRVS, there is a potential saving to the NHS of £24,090 per year.

- **GP visits.** The average number of GP visits among older people is 8 per year (General Lifestyle Survey 2008, Table 7.18), and the average cost to the NHS per visit is £36 (Unit Costs of Health and Social Care 2009, Table 8.8b; General Lifestyle Survey 2008, Table 7.19). Regular visits to the Hanley Centre, which provide an opportunity for exercise and healthy eating, might reduce the need to visit the GP for minor complaints. If 150 Hanley Centre service users visited their GP on three fewer occasions per year as a result of using WRVS services, this would create a potential saving to the NHS of £16,200 each year.

- **Hospital inpatient visits.** A typical inpatient visit to hospital lasts 2.6 days, and costs the NHS around £1,365 to provide (NHS Reference Cost databases, 2008-09). But for activity recorded as “geriatric medicine”, the average length of stay in hospital is 9.2 days, and each visit costs the NHS around £2,190 to provide. If WRVS services led to 10 fewer inpatient stays of this kind, this would create a benefit to patients and a potential saving to the NHS of around £21,900.

While it was not possible in Frontier’s analysis to prove any reduction in usage of health services, WRVS may be able to build its evidence base in this area using a variety of approaches. A regular survey of users (discussed earlier in this section) might allow WRVS to track changes in its users health and health service usage over time. Alternatively, analysis of existing datasets such as the British Household Panel Survey (and associated academic literature) could allow an assessment of how (non-WRVS-specific) changes in social activity lead to changes in health service usage.
Embedding SROI in WRVS (6)

Benefits to local authority from reduced residential and day care

The largest benefits to other stakeholders are likely to be those to the local authority. Because of the nature of WRVS’s services for older people, it may be reasonable to assume that some users, in the absence of WRVS services, would require some form of residential or day care. This is particularly likely in the case of Good Neighbours, who are among the “highest-need” WRVS users.

The cost of providing residential care is £1,017 per person per week, which is equivalent to over £52,000 per year (PSSRU 2010, table 1.4). The cost of providing day care is much lower, reflecting the lower need of the recipients, and lower infrastructure costs. Day care costs are £108 per person per week, equivalent to more than £5,600 per year (PSSRU, table 1.6, based on 3 sessions per week).

The local authority only pays a proportion of these costs. The Wanless Social Care Review (Kings Fund, 2006) found that across all social care, around 38 per cent of expenditure was funded by local authority social services departments. The table above indicates the possible savings to the local authority in Staffordshire, based on the above cost figures and the Wanless Review’s estimate of the proportion of costs borne by the local authority. These savings vary considerably depending on what proportion of WRVS’s Good Neighbours users (out of 87 at the Hanley Centre and Winifred Gardens) we believe would otherwise receive residential or day care.

Local estimation / other considerations

The illustrative figures described above would need to be refined to contribute to a robust benefits case in Staffordshire. In particular:

- The above figures are based on the “national average cost” of provision, but the saving to the local authority would be a “local marginal price”. The price to the local authority is lower than the cost of provision, and will vary between locations, not least because of varying levels of contribution to these costs by users themselves (under the CRAG rules). And the incremental saving of keeping someone out of residential or social care depends crucially on the available capacity within these services locally.

- Assessment of individual Good Neighbours users would be required to confidently estimate the proportion of users who would otherwise require residential or day care. It would be particularly important to understand not just the health needs of the users but also their likely eligibility for care. A number of users involved in Frontier’s analysis of services mentioned that they started using WRVS precisely because they were not eligible for other care.

- It should also be noted that the benefits to friends and family might be lower than estimated in section 2, if residential or day care were considered to be the likely alternative for users, since the respite achieved by WRVS might in this case be achieved anyway.
Annexe – qualitative evidence – community-based services

In this section, we present in detail the qualitative evidence we collected in our visits to WRVS hospital and community based services. In particular, we describe and summarise the discussions we had with WRVS staff, volunteers, service users and the friends and family of these service users during our visits to the Hanley Centre in Stoke (for community based services) and the Leicester Royal Infirmary (for hospital based services).

Community based services - Overview

During our visit to the Hanley Centre in Stoke, we talked to a wide range of stakeholders, using or helping to provide one or more of the WRVS services run from the centre. The key services offered at the Hanley centre were the café and the Good Neighbours scheme, although there were other activities also taking place at the Hanley Centre on the day we visited, including hairdressing and card-making classes. We have grouped our discussions according to the type of stakeholder we spoke to, rather than by service, although we do distinguish between services where relevant.

Service users (Café)

Café user 1 Has been a member of the WRVS for 22 years. She ran a Darby and Joan club in a nearby village until a few years ago, but now the responsibility for running the club has passed to her friend. The Darby and Joan service provides coffee, cake and activities such as bingo, but more generally offers a place for people to come and meet friends. Other services provided by/from the club include: day trips/parties; raffles; and selling birthday cards.

Now, she comes to the Hanley Centre for a place to meet friends and have a coffee, before going on to pick up some shopping in the nearby supermarket. She comes to the Hanley Centre via Dial-a-Ride (a service not operated by WRVS). This costs £3.50 a journey. If she were forced to come by taxi, this would cost £6.00 a journey. When we asked whether she would still come if she had to by taxi, she said that she would need to think about it, but may not come any more. Currently, she comes to the Hanley Centre twice a week, from 9:00-14:00 on Tuesdays and Fridays. She also goes to the Salvation Army once a week in the nearby town of Leek. She told us that she would like to come to the Hanley Centre more often, but said that this was too costly.
Annexe – qualitative evidence – community-based services (2)

Service users (Café)

*Café user 2* Comes to the Hanley Centre twice a week, for the company and then to do some shopping. She travels by bus from Leek, which is 10 miles away from the Hanley Centre. She said there were other people in Leek who were either unable or unwilling to get the bus and who would benefit from having a more local centre. There used to be a Thursday lunch club in Leek that closed down around 2 years ago. Her description was that the people who used to go to that lunch club have “never been out since”.

When asked to describe the people who are unable to access services such as the Hanley Centre, she described these individuals as:

- “very isolated” and “a lot of them are very lonely”;
- people with “nothing to get up for in the morning”; and
- people who “sit at home and vegetate”

The benefits of the Hanley Centre identified include a “place to go and get looked after” and “somewhere for a bit of company”.

*Café users 3-6* Three friends have been coming to the Hanley centre twice a week for around five years. They only use the café, and don’t attend any of the classes or access other services. They would also go the market, but the Hanley centre is ideal for parking or getting the bus. They used to interact with the Good Neighbours users regularly, but since the Good Neighbours users have had their own room, this has declined.

Although they only use the café, they think the range of services offered at the Hanley Centre is very valuable to particular groups of people. They suggested that the health and happiness of the Good Neighbours group must surely be increased by coming to the Hanley centre.

*Café user 7* Has been coming to the Hanley centre for 27 years. She mainly just uses the café as a way of meeting others and feeling more involved with the community. She pays £4 for a taxi if she can’t get the bus, which is free. She sometimes attends the light exercise class, which is very good value at around £1 per class. She feels healthier as a result of attending.

She visits a specialist hospital which is 35 miles away, around once every two months. She used to pay £120 to a taxi driver for the round trip each time. But since speaking to an Age UK visitor to the Hanley Centre, she has been able to use their community ambulance which costs just £60 for each round trip. The service is also better as the drivers always help her from the ambulance to her appointment, and back to the ambulance.
Annexe – qualitative evidence – community-based services (3)

Service users (Café)

Café users 8-9 They have come every day for around 6 years. They always visit the café, but the main attraction is the dancing classes. They also dance at some other places, but they charge around £5 per class. Lots of these other dance classes are in the evening, which makes them unsuitable. They have made some good friends through the Hanley Centre, and now regularly go on holiday with them. They think their health is better as a result of keeping active. Lots of their friends come to the Hanley centre on the bus, and might not be able to come if the bus wasn’t (i) free and (ii) so conveniently placed. Their friends and family get a lot of “peace of mind” from knowing that their loved ones are being looked after, meeting with friends, and happy.

Café user 10 “This place means everything to me” She has been coming to the Hanley Centre for five years. She gets the bus there, which is free as she has a bus pass. When asked whether she would be willing to pay £5 for a taxi to get there, she said yes, but that it would be “pushing it” as “prices are going up”.

She uses the café, and gets exercise from the classes – the dance class and gentle exercise. She thinks that these types of things help with her health, and thinks she would go to the doctor less as a result. There is an alternative to the Hanley Centre – the Catholic church does something similar – but it is a taxi ride away.

Café user 11

“I feel a lot better going home at the end of the day” having been at the Hanley Centre in the day. She has visitors on other days when she doesn’t come to the Hanley Centre.

She has been coming to the Hanley Centre for around five months. She gets a £12 taxi but would be willing to pay a bit more. She comes mostly for the company, to talk to people her own age.
Annexe – qualitative evidence – community-based services (4)

Service users (Good Neighbours)

Good Neighbour 1 She has been coming to the Hanley Centre for around 5 years, and also sometimes goes to the Winifred Gardens Voluntary Day Centre run by the local council. She has seen a health benefit, from getting out of the house and doing occasional light exercise. She thinks she probably visits the GP and hospital less that she would have to otherwise. “Without the Hanley Centre I’d be lost; and I probably wouldn’t leave the house”

She says there has been a great benefit to her family from not having to care for her 24-hours a day, and being able to do their own thing while knowing she’s looked after. She occasionally attends light exercise and music classes, but wouldn’t do so if they weren’t also at the Hanley Centre.

Good Neighbour 2 “They don’t need to have ‘welcome’ on the mat” She thinks the Hanley Centre is truly fantastic.

She has been coming for two years, 3 days a week. She comes with the Ambulance Voluntary Squad, and pays nothing. She also goes to Fenton Day Care Centre, run by the local council. People come to her house and visit her on other days. She likes coming to the Hanley Centre for the company and to see friends.

Good Neighbour 3 Her carer comes in twice a week (before she comes to the Hanley Centre) in the morning. She comes with the Ambulance Voluntary Squad. She pays £10.75 each time she comes to the HC (£4.25 for the meal and £6.50 for the care).

Good Neighbour 4 Comes 3 days a week, otherwise she would stay at home. She pays £6 for a taxi to come each time.

Good Neighbour 5 Comes twice a week and has done so for the past three years, otherwise would go to his caravan with his wife. He takes the bus to the Hanley Centre, and pays nothing. He would be willing to pay around £10 for a taxi to get there. He has family around so he is not completely isolated outside of WRVS, but he loves coming to the Hanley Centre.

Good Neighbour 6 Comes 3 days a week, and gets picked up by the Ambulance Voluntary Squad.

She had a fall once and went to hospital. When she came out, WRVS picked her up and took her to the Hanley Centre so she wasn’t alone. She has a carer in the morning and in the evening.

Good Neighbour 7 Comes 3 days a week from 10-2, otherwise she stays at home. She pays £7 for a taxi each time she comes. Even though this is a lot, she would be willing to pay more to get to the Hanley Centre.

She likes the Hanley Centre as she gets a nice hot meal. When she’s at home, she would probably eat less well than when at the Hanley Centre.
Annexe – qualitative evidence – community-based services (5)

Friends and family

Of Good Neighbours user  Shares the care of her mother with her daughter, with her husband also there to help. Her mother needs company all day, and her and her daughter visit morning and evening. If WRVS did not exist, her two options would be for her and her daughter to care for her (full-time) or to put her into full-time care. WRVS means that these options aren’t an issue yet.

The services provided by WRVS allow her to go shopping, and generally have some time to herself as “it gets quite weary sometimes”.

Her mum has been coming to the Hanley Centre for two years. The decision to find some additional care came two years ago when she had a fall that broke her wrist at home. She described the decision to use WRVS as “one of the best things we’ve done”.

Volunteers and paid staff

Counter volunteer  Started working for WRVS around 2-3 weeks after she retired in 2003 as a way to “keep the mind and body active”. She works behind the counter at the Hanley Centre for two days a week, from 9:00-15:00. She currently gets the bus into the Hanley Centre.

Previously, she had also worked one day at the week at Douglas Macmillan Hospice (also in Stoke). She has since stopped this as she can no longer get a lift to the hospice, and her journey became far more difficult.

When we asked what she got personally from working at the Hanley Centre, the answers she gave included:

- “really enjoy what I do”
- “just walk out of the door and feel really good”
- that she was “more confident around people”; and
- that she enjoyed working behind the counter as it was sociable, so much so that she counted that Hanley Centre customers as friends.

When we asked whether anything could stop her from working at the Hanley Centre, she couldn’t think of anything, and said that although “you get the occasional moan”, in general the customers were “really grateful” and that “the benefits outweighed the costs” for her.
Annexe – qualitative evidence – community-based services (6)

Volunteers and paid staff

Chef (paid staff)  He took a pay cut when he joined WRVS, after being made redundant from the NHS where he had worked as a chef for 24 years. He is paid by WRVS (along with one assistant chef), but all of the other people in the kitchen are volunteers.

He described the types of volunteer that he sees in his kitchen:

- those who couldn’t work elsewhere, and find it a safe haven – a large proportion of this group typically have learning or behavioural difficulties;

- those who use it as a stepping stone to other work – this group may also include people on 12-week placements referred by the job centre – these people are described as “very annoying” as often they only want to work for a day or so, enough for them to be able to claim benefits.

- those who are mainly looking to do something sociable

He explained that he takes on people with learning disabilities who would not be able to cope with other types of employment. If one of his staff was to work in a café or kitchen, he said that “because of her disability, she couldn’t cope with it, it would make her worse”; “she couldn’t go to a hotel, it would put her back to square one”; and that they would have been “torn apart in the outside world”.

Some volunteers do then move on to work in pub kitchens and other catering professions, but in his view this would not have been possible without having first received the support of WRVS. Volunteers learn basic catering skills by working at WRVS that: “give a baseline to start in catering”; “takes them off the street”; “gives him something to learn”; and “protects them”. There was a clear indication of the benefits to volunteers from the support that the chef provides in our discussion with one kitchen volunteer. This volunteer was cautious when talking alone, but noticeably happier and more communicative when talking within the WRVS environment.

He explained that he was a qualified dietician chef, and went on to describe the diet that older customers would typically have without WRVS. He said that they would either “eat junk”, “not eat” or that “a neighbour might fetch them fish and chips”. He was looking to introduce healthier alternatives on his menu, but at the moment typically served traditional food (roasts, stews etc.) that were hearty and that customers would be unable or unlikely to cook on their own.

One suggestion made was that WRVS could offer a more formal “apprenticeship” scheme, either: (i) just in catering to learn basic skills; or (ii) across the Hanley centre to learn a wider set of skills in catering, retail, admin, social care etc.
**Annexe – qualitative evidence – community-based services (7)**

**Volunteers and paid staff**

**Kitchen worker**  We spoke to a kitchen worker who has been working at the Hanley Centre for six months. She works 4 days a week from 10-3. She has learning difficulties and goes to college once a week to do basic English. She was referred to WRVS to do volunteering by her learning difficulties college. She has since stayed working in the kitchen at the Hanley Centre.

If she was not at the Hanley Centre, she would be “at home, depressed, like [she] was before for the last seven years.” She really enjoys working at the Hanley Centre, and gets a lot of freedom to cook what she likes. She gets the bus to the Hanley Centre, but does not claim back her expenses.

**Good neighbours volunteer 1**  Volunteers at WRVS 3 days a week as it “gets me out of the house doing something”. After her husband died, she moved to Stoke and started afresh and didn’t know anyone. She has since made friends (other volunteers) through WRVS. If she wasn’t volunteering at WRVS she would be volunteering somewhere else.

She enjoys the job of being a carer. As well as Good Neighbours, she also does mentoring and she works in the main (café) room. She prefers it with the Good Neighbours. She pays £3 for the bus each day, and claims it back on expenses, although she says that not all volunteers do claim.

She described the Good Neighbours users as people who live on their own, and have limited social interaction outside of the Hanley Centre.

**Good neighbours volunteer 2**  Started volunteering at WRVS as part of her college course in social care, doing 15 hours a week. She went to WRVS as no one else would take her, despite phoning lots of other places. She values the social aspect of the Hanley centre. After moving to the area, she didn’t know many people, and volunteering has helped her to make new friends. She enjoyed volunteering at WRVS so much that she will continue to do it, although not as part of her college course (which she will no longer do).

She does not claim back her bus fare. “You can claim back your expenses, I think, but I don’t bother, I don’t mind.” She has aspirations to work on the more organisational side of WRVS, instead of just volunteering, and already tries to think of more activities to do so that the users don’t get bored.
Volunteers and paid staff

Receptionist  Works only once a week on Friday morning. She is retired, and spends most of her time volunteering at various places. She has been doing this for years. If she were not volunteering at WRVS, she would be volunteering elsewhere. “I just can’t do nothing, I have to keep busy.”

Meals on wheels driver  The driver volunteers twice a week, and is also retired. When he is not volunteering, he spends his days at home doing nothing and watching TV.

Good Neighbours care worker  She is a paid member of staff and works Mon-Fri from 9-5. She has been working there for eight years. She thinks that if she did not work at WRVS, she would be working in care somewhere else, but certainly has no intention of leaving WRVS. She enjoys her time doing care work for the elderly.

Centre manager (paid staff)  Runs the Hanley Centre on a day-to-day basis (and is paid staff).

He described the benefits of the Good Neighbours scheme. The Hanley Centre Good Neighbours scheme costs around £13 per day, including lunch, compared to around £30 per day for some other local schemes.

Good Neighbours users are mostly referred by social services. Sometimes they come in themselves, or are brought in by a relative. The Hanley Centre allows families and carers to take a break or even a holiday. He gave an example of one lady who managed to take a holiday for the first time in 3-4 years. Another Good Neighbours user was reluctant to visit the RNIB, even though her sight is very poor. As a result of encouragement and support from Hanley Centre staff she has since been making good use of the RNIB’s services.

Often users of the Hanley Centre don’t have the confidence to use other health services without WRVS. There are some organisations that come in to the Hanley Centre to provide health check-ups (BMI, cholesterol and blood tests), and the WRVS staff and volunteers encourage visitors to make use of these services. The fire brigade also occasionally visit the centre to advise on fire safety. They have said that they couldn’t afford the time to go door-to-door, but coming to the Hanley centre is an ideal way to speak to a large number of people at one time.
Annexe – qualitative evidence – hospital-based services

Hospital based services - Overview

The hospital based services that we covered during our visit to the Leicester Royal Infirmary included:

- four retail outlets (three cafés (Balmoral, Windsor, Kensington) plus a flower/gift shop);
- a meet and greet service at reception;
- a buggy transport service;
- WRVS volunteers assisting in various departments (e.g. fracture clinic, blood service, eye clinic); and
- a Community Transport Service (“CTS”).

As with the community services provided by WRVS, we spoke to a combination of service users, paid staff, volunteers and the friends and families of service users to understand that value of the services offered by WRVS to each stakeholder group.

Service users (café)

Customer 1  White female, 60s. She thought that WRVS was cheaper than Costa and that the WRVS product compares well. WRVS staff are always friendly. She was aware of WRVS, but not the other services provided at Leicester Royal.

Customer 2  White male, 40s/50s. Aware of WRVS and the sort of services they offer. He thought that WRVS staff were friendlier than Starbucks/Costa. He would definitely pay more than current prices – and would be willing to pay more than for Costa, because the service is better.

“[WRVS] is dirt cheap... and so much nicer”.

“They always ask how you are”.

“The trolley service is an absolute godsend [to older people on wards]”.

Annexe – qualitative evidence – hospital-based services (2)

Service users (café)

Customer 3  Black male, 50s. He was only using the café, and to him it was just like any other café. He thought the service was good, and friendly enough. He was not aware of WRVS.

Customer 4  White female, 30s. She is aware of WRVS. She thinks the product and range is similar to Costa. She thought that the staff were very friendly: “I’ve never had any bad service”, “they do it for nothing, so you don’t expect much, but they’re very good”.

Customers 5+6  Couple, 70s. They come every 3 months for an appointment. “It’s always our first stop”, “we’d miss it if it wasn’t here”. They thought that WRVS offered a good range, had friendly staff, compares well on price with alternatives. “I can’t fault it”.

Service users (meet and greet)

We did not speak directly to users of the meet and greet service at Leicester Royal Infirmary. We did however observe the service provided by WRVS at the Balmoral reception desk.

During the period of our observation of around 25 minutes, we saw:

- 120 visitors come through and not ask for help
- 30 visitors come through and speak to either WRVS or to the hospital receptionist.

There was clear evidence of the link between hospital receptionist and WRVS volunteers, and the impression we got was that they worked together rather than providing different services. Of the 30 visitors who sought assistance:

- most were given directions;
- 2 used a buggy; and
- 10-15 were walked half way down a corridor and shown in the right direction.
Annexe – qualitative evidence – hospital-based services (3)

Service users (buggies)

We noted three occasions where a visitor to the hospital used the buggy service, in the brief period in which we observed.

**Buggy user 1** An elderly gentleman with a broken leg, who had crutches and could have made it along the corridor to his appointment in the Windsor building, but it would have taken he estimated around 15 minutes to get there. Although he had a family member with him, he said that if the buggy had not been there he would have probably missed his appointment. He was not aware that the buggy was a voluntary service, but when told said that he might have contributed £1 or so per journey towards the cost of the service.

**Buggy user 2** An elderly lady who was visibly out of breath and moving very slowly on a walking frame when offered a journey on the buggy. She did not need to travel very far to her appointment at all.

**Buggy user 3** Another elderly lady who was slightly more mobile, but used the buggy service to get to her appointment in the Windsor building. She said that she would have missed her appointment had it not been for the buggy. Again, she did not know it was a voluntary service, but would again have been willing to contribute £1 a journey had she known.
Annexe – qualitative evidence – hospital-based services (4)

Volunteers (gift shop and café)

**Café volunteer 1** A volunteer in the flower/gift shop. She does a 4-hour shift, 2-3 days a week, and has done for 6 years. She began volunteering after she was made redundant, and found WRVS through Voluntary Action Leicestershire.

She enjoys the work because it is sociable. It takes 1 hour and costs £2.50 to get in, which she claims, but it is free for her to get the bus home (off-peak). She probably wouldn't come if she had to pay £5 to get the bus, because she couldn't afford it.

The flower/gift shop has few regular customers, but some do stay to chat, and lots leave their change as a donation. If she left, she would work for another charity, or do paid work.

**Café volunteers 2-3** Volunteer 2 is 77 and has volunteered at WRVS for 17 years. She volunteers 3-4 mornings a week and walks to work. She feels she is giving something back to the hospital which cared for her family.

Volunteer 3 has volunteered for 15 months, after a year of being retired she wanted to do something day-to-day. She gets a 45 minute bus costing £1.10, which takes 20 minutes and is free on the way home. She doesn't claim her expenses.

Both get a great deal of satisfaction from volunteering. Paid staff also definitely benefit from the support of volunteers. They try to give good service, taking food to customers, especially if they are not very mobile, and are always willing to have a chat with customers. They estimate that around 1 in 3 customers will want to chat, the others will just pay and leave.

**Café volunteer 4** Volunteer in Windsor café. They get lots of elderly people here who, some of whom are on their own, although most people come with someone else. She helps by directing people if they are lost, and by talking to people if they look upset.

She thinks about 40% of people put money in their donation box, a lot of 1ps but also the occasional 50p. It varies a lot by how busy it is.

**Café volunteer 5** Has been volunteering for nine years. She comes in on a Thursday from 9-12. She works in the small WRVS shop in the maternity ward. She does not claim her expenses from WRVS even though she knows she could.

She has always volunteered because she enjoys it and enjoys getting to know people. She says people often put money in the donation box. People are very generous in maternity.
Annexe – qualitative evidence – hospital-based services (5)

Paid staff (gift shop and café)

Paid café staff 1 had previously worked for 10 years in the Army Cadet Force, doing two days a week of voluntary work and five days paid work. This was a bit much. She also previously volunteered at a hospital in Brighton, and then continued this in Leicester when she moved. She works Mon-Fri 7-2 but often stays till 3 to cover absence or busy periods. There is a good team, lovely volunteers and she loves the people. She says she’d be “stuck in a rut” if she did not work here. “Everything is different every day.”

About 1 in 5 customers need some help, and she helps out those who are lost. About ¾ of people leave change for the donation box. She estimated they get about £15 in the box over about 10 days.

She also talked to us briefly about the mix of volunteers. She estimated that 75% of volunteers have bus passes. There are two or three people who have come to learn English and build their skills and confidence. There are perhaps three people who volunteer who have learning difficulties.

Paid café staff 2 had previously volunteered for two years, but is now paid by WRVS and has been in this role for around two years. She used to provide one-to-one support in a school for a boy. She worked part-time but wanted to do more. She also used to work in an old people’s home. She works 7-1 every day. “It’s a pleasure, I get to meet all walks of life.”

She says she would leave the till (if appropriate) to show the elderly to an appointment. She often directs people to reception so that they can find out directions there. Some people have been taken ill in the café, so they would lock away their belongings for them while they are ill in A&E. She says people are very appreciative of the service and some people even put in £5 into the donation box. Occasionally she chats with the customers, and estimates she chats with less than 1 in 5 customers. The overwhelming majority of café customers are service users, although they are sometimes joined by their carers. She estimates that about 2 in 5 are regular visitors.

She says she would work if she was not paid, and would probably do the same hours, maybe a few less. Most of the volunteers are retired, although they do have lots of med students in the summer.
Annexe – qualitative evidence – hospital-based services (6)

Volunteers (Community transport service)

CTS coordinator has volunteered for 9 years. She oversees 23 drivers, each doing 3-4 days each on average. There are usually 10-15 drivers working on any day. Each driver will usually provide transport for 1 patient per day. The aim of the Community Transport Service (“CTS”) is to provide a door-to-door, return trip service for radiography and chemotherapy patients. For radiography patients, the driver will stay at hospital during the 20-40 minute appointment, then will take the patient straight home. For chemotherapy patients, the driver will go home during the all-day appointment, but will then usually also pick up the patient to do the return leg (unless it is a long journey, in which case a different driver may do the return leg).

CTS picks up patients from Derbyshire, Lincolnshire, Warwickshire, Leicestershire – quite a wide area. CTS operates Mon-Fri, apart from occasional weekend services. Occasionally CTS provide travel to non-cancer patients, but only if it is agreed with ULH and only if they have spare capacity. CTS provides around 50-60 trips per week, around 200 per month. They have around 10 radiography patients plus 40-50 chemotherapy patients at any one time. Radiography patients come every day for 6-12 weeks, chemotherapy patients come all day but less frequently. There is some rationing of which patients receive the service. Those who are very weak typically travel on the ULH ambulance service, while those who are quite mobile are usually expected to get public transport.

In 22 years, the service has grown and now tends to do more of the longer distance journeys. Swift Taxis also has a contract with ULH but their rates are very high. ULH limits the expenses CTS can claim, thereby limiting the number of journeys they can offer. CTS can only take on as many (radiography) patients as minimum driver availability (e.g. if CTS has 20 drivers on Monday and 10 on Tuesday, they can only accept 10 patients if they need to come both days).
Annexe – qualitative evidence – hospital-based services (7)

Volunteers (Community transport service)

**CTS driver** works 3 days each week (usually Mon-Wed) but helps on other days if needed. Driving for CTS is very flexible, so he can commit to whatever he’s happy with (days, distances). Drivers usually have one patient per day, but can sometimes pick up more than one patient if they live close to each other. It typically takes a driver 3-4 hours to get from their own home, to pick up, to the hospital, to wait (up to an hour), to drop off, and return home.

Alternatives for patients include the UHL ambulance service, relying on friends and family, and getting taxis. The ambulance service is very inflexible. They usually give patients a big window for pickup (e.g. “any time between 8.00 and 12.00”) and for taking them home (“patients sometimes have to wait for 2 or 3 hours after their appointment, and they never know when the ambulance will turn up”), and the uncertainty doesn’t help patients’ peace of mind.

Drivers receive lots of thanks from customers, and CTS receives a large pile of thank you cards and Christmas cards each year. He found out about CTS from a friend who’d driven for 17 years. He’s done it for 3 years and his wife has also driven for CTS for 18 months. He is under 60, but most drivers are over 60 and some over 70. One driver has been involved for 18 years. Steve started driving because he felt a bit lonely at home after taking early retirement.

His car mileage has increased from 10k to around 18k per year. If he wasn’t driving, he’d probably be at home looking for something to do. A 3-hour shift of his time was previously worth £50, but he probably wouldn’t go back to paid work.

Some other CTS schemes in Leicestershire charge for the service. The charge includes a flat fee of £6 and a variable fee of around 30p per mile. Taxis can be very expensive, particularly for patients coming longer distances, and particularly when waiting time (up to an hour) is included. CTS regularly picks people up from Lincoln (a 130-mile round-trip) and have picked people up from Skegness (200 miles) in the past.

Volunteers (clinics)

**Clinic volunteer 1** volunteers in the fracture clinic. She has been volunteering for 12 years. She does not talk to patients. She is there as an “extra” member of staff and deals with admin. She wanted to do more to do with the running of the hospital.

They get over a hundred patients in the morning (from 8-1pm). They had 86 that morning. She takes work off the staff, otherwise they would be overworked. They say things like “what would we do without you?”
Annexe – qualitative evidence – hospital-based services (8)

Volunteers (clinics)

Clinic volunteer 2 is a nurse in the hospital’s blood test centre, which is located close to the Balmoral shop and café. WRVS help the staff by bringing them tea and coffee when it’s busy. They also regularly step in to help patients when they faint after having blood taken. WRVS volunteers look after patients in the café either when waiting or recovering, which takes pressure off staff.

This provides peace of mind and comfort for staff and patients. Around 75% of blood test centres patients make use of WRVS in some way – they have around 150-200 patients per day.

Volunteers (buggy driver)

Buggy driver drives the buggies round the hospital. He (like all buggy drivers) is a UHL volunteer rather than a WRVS volunteer. He also helps out in children’s outpatients as he loves working with children. He has a business background, and is now retired, but is also a school governor in addition to his volunteering.

He does it because he “comes off with a glow” after having helped someone, “loves helping people” and “wants to give something back”. “If you walk away and feel you’ve made a difference, that’s a wonderful feeling.” He drives to the hospital and claims about 40p in expenses per mile from UHL. He would still do it if expenses weren’t reimbursed.

When people are lost, they are pointed in the right direction by the meet and greet volunteers. Some patients are offered the buggy service by the meet and greet volunteers, although others may seek out the buggies directly. Of his passengers, he estimates around 90% are older (the remainder include those with sight problems). The older population includes “people with dementia who just don’t know where they are going”.

Most of his buggy journeys go to the Windsor ward, two long corridors away. A journey to the Windsor ward takes about 5-6 minutes on a buggy. When asked what it would be like without the buggies, he said, “it would be a disaster, I don’t know what they’d do.” The other option is to wait for a wheelchair to be brought by a porter (which he said could take up to an hour).

He estimates that none of his passengers would make it to the Windsor ward in under 15 minutes if he wasn’t there, and went on to suggest that 90% of the people he transports would then miss their appointments. However, he did also say that people seemed to cope before the buggies were introduced. When we asked him to explain how both statements could be true, he said that they must have just arrived a bit earlier.

They get good feedback, but most people think the buggy is an NHS service. Those who do recognise it is a voluntary service can leave a donation in a discreet envelope if they wish. He estimates that around 5-10% of people actually do. He said that they would typically get around £20 per week placed in this envelope, maybe more.
Annexe – qualitative evidence – hospital-based services (9)

Volunteers (Meet and greet)

Both meet and greet volunteers we spoke to saw their roles as a way of relieving reception and reducing the time patients spend queuing at reception. They said that if they weren’t there, patients could spend up to 15 minutes waiting if the receptionist was on the phone or had a long queue.

**Meet and greet volunteer 1** saw her role as a meet and greeter to help patients who had had a bad journey, and were often tired to feel more relaxed and confident once they had reached the hospital. She said that around 60% of the patients she directed were elderly. She estimated that around 1/20 patients she actually needed to walk with, but that the remainder she simply directed.

She said that some people didn’t know it was a voluntary service, and had tried to pay, but that this was rare for the meet and greeters (i.e. it had happened for only three people in 12 months).

If she had not been working at the WRVS, she said she would have worked at the local hospice. It cost her nothing to get the bus in.

**Meet and greet volunteer 2** had previously worked in the hospital, but now he has retired he wants to “give something back” and says that working here “gets him out of the house”. He works for two days from 11-4, but “feels he is helping somebody”.

Given that he knows the hospital extremely well, he is very well placed to direct people who have never been before to the right wards. Often this is just providing directions, rarely walking with visitors to their appointment. Eric also said he sometimes waits outside until a patient’s transport (taxi) arrived, rather than letting patients wait in the cold themselves.

He walks in when he volunteers, but said that if he had to drive, it would cost him £6 a day to park his car. In this case, he would probably claim back the expenses from WRVS. He had considered the Red Cross as another voluntary option in the absence of WRVS.
### Project/ Group | Assumption subject | Value of assumption | Justification | Relevant source
--- | --- | --- | --- | ---
Volunteers | "Cost" of time for over 65s | £0.00 | Assume all over 65s are retired and would otherwise not be employed | 
Volunteers | "Cost" of time for under 65s | £5.93 | Minimum wage assumed | 
Volunteers | Value of WRVS role for over 65s per hour | £2.00 | Opportunity cost (£0) plus an incremental benefit (£2) | 
Volunteers | Value of WRVS role for 22-65s per hour | £6.93 | Opportunity cost (£5.93) plus an incremental benefit (£1) | 
Volunteers | Over 65s with expenses | 50% | Assumption that half of over 65s use a free bus pass, and rest use other transport | 
Volunteers | Meet and Greet, Buggies and Clinic Volunteers have similar expenses to WRVS “retail” average | Average yearly claim £178.95 | These volunteers work in hospital so are classed as retail | Email from Angela Tipping [28/2/11]
Hospital | Cost to NHS of providing an outpatient appointment | £113.50 | NHS Reference cost database 08-09 | 
Hospital | Proportion of appointments otherwise missed | 0% - 1% for chemo/ radiotherapy (i.e. Community Transport Scheme) | Frontier assumption - unlikely to miss such appointments | 
| | | 0% - 10% for Buggy users | Frontier assumption | 
| | | 0% - 3% for Meet and Greet users | Frontier assumption | 
Community Transport Scheme | Staff costs | £20,000 | Frontier assumption based on 1 full-time coordinator | 
Community Transport Scheme | Management charge | £10,000 | Frontier assumption | 
Community Transport Scheme | Cost of a taxi as an alternative | 80p per mile | Frontier assumption | 
Community Transport Scheme | Proportion of users who would take alternatives | 40% taxi | Frontier assumption | 
| | | 40% hospital ambulance | Frontier assumption | 
| | | 20% friends and family | Frontier assumption | 
Community Transport Scheme | The "cost" (e.g. hassle, inconvenience) of having to take the ambulance or rely on friends/family, instead of taxi | Would pay £20 for using the hospital ambulance instead | Frontier assumption | 
| | | Would pay £10 for travelling with friends and family instead | Frontier assumption | 
Community Transport Scheme | Driver-hours per round-trip | 4 | Qualitative evidence from site visit |
### Annexe – Leicester modelling assumptions I (cont.)

<table>
<thead>
<tr>
<th>Project/ Group</th>
<th>Assumption subject</th>
<th>Value of assumption</th>
<th>Justification</th>
<th>Relevant source</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Meet and Greet</strong></td>
<td>Proportion of all volunteers who claim expenses</td>
<td>50%</td>
<td>Frontier observation from site visit</td>
<td>Phone call with Joanne Edwards [7/2/11]</td>
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<tr>
<td><strong>Meet and Greet</strong></td>
<td>Daily volunteer hours</td>
<td>2 people working at any time, for 7 hours/day</td>
<td>Frontier observation from site visit</td>
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<tr>
<td><strong>LRI Retail</strong></td>
<td>Number of volunteer hours</td>
<td>4 in Balmoral, 3 in Windsor, 1 in Kensington, 1 or 2 in Flowershop</td>
<td>Frontier observation from site visit</td>
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<tr>
<td><strong>Buggies</strong></td>
<td>Number of volunteer hours</td>
<td>Based on 2 drivers at all times, 7 hours/day</td>
<td>Frontier observation from site visit</td>
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<tr>
<td><strong>Buggies</strong></td>
<td>Weekly donations</td>
<td>£20</td>
<td>Interview with Monty (buggy driver) from site visit</td>
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<tr>
<td><strong>Clinic volunteers</strong></td>
<td>Number of clinics in which they volunteer</td>
<td>3: haematology, fracture, eye</td>
<td>Frontier observation from site visit</td>
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<tr>
<td><strong>Clinic volunteers</strong></td>
<td>Opening hours of clinics</td>
<td>8am-5pm, 5 days per week</td>
<td>Frontier estimate based on site visit</td>
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<tr>
<td><strong>Clinic volunteers</strong></td>
<td>Patients per day</td>
<td>200</td>
<td>Frontier assumption based on interview from site visit</td>
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<tr>
<td><strong>Clinic volunteers</strong></td>
<td>LRI would pay for full-time band 2 staff for 3 clinics in absence of volunteers</td>
<td>A band 2 staff costing £13,656- £16,753 for each clinic</td>
<td>Assumption that hospital would hire extra staff, not that existing staff would be overworked in WRVS’ absence</td>
<td><a href="http://www.nhscareers.nhs.uk/details/Default.aspx?id=765">http://www.nhscareers.nhs.uk/details/Default.aspx?id=765</a></td>
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## Annexe – Leicester modelling assumptions II

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<tr>
<th>Project Name</th>
<th>Annual claimed expenses (pounds)</th>
<th>Volunteer hours per year</th>
<th>Service interventions per year</th>
<th>Benefit to users (low) per intervention</th>
<th>Benefit to users (high) per intervention</th>
<th>Proportion gaining work-related skills (e.g. language, experience)</th>
<th>Proportion of volunteers over 65</th>
<th>Total benefit** to all family/friends (low) per intervention</th>
<th>Total benefit** to all family/friends (high) per intervention</th>
<th>Proportion of volunteers over 65</th>
<th>Annual donation (pounds)</th>
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<tbody>
<tr>
<td>Community Transport Scheme</td>
<td>£83,367</td>
<td>9,840</td>
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<td>50%</td>
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<td>Meet and Greet</td>
<td>£1,739</td>
<td>5,110</td>
<td>64,773</td>
<td>£0.00</td>
<td>£1.00</td>
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<td>50%</td>
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<td>Buggies</td>
<td>£2,778</td>
<td>5,096</td>
<td>10,004</td>
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<td>Leicester Royal Retail</td>
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<td>35,898</td>
<td>370,126</td>
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<td>Clinic Volunteers</td>
<td>£1,905</td>
<td>2,340</td>
<td>156,000</td>
<td>£0.00</td>
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<td>Project/ Group</td>
<td>Assumption subject</td>
<td>Value of assumption</td>
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<td>Volunteers</td>
<td>“Cost of time” for over 65s</td>
<td>£0.00</td>
<td>Assume all over 65s are retired and would otherwise not be employed</td>
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<td>Volunteers</td>
<td>“Cost of time” for under 65s</td>
<td>£5.93</td>
<td>Minimum wage assumed</td>
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<td>Volunteers</td>
<td>Value of WRVS role for over 65s per hour</td>
<td>£2.00</td>
<td>Opportunity cost (£2) plus an incremental benefit (£2)</td>
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<td>Volunteers</td>
<td>Value of WRVS role for 22-65s per hour</td>
<td>£6.93</td>
<td>Opportunity cost (£5.93) plus an incremental benefit (£1)</td>
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<td>Volunteers</td>
<td>Over 65s with expenses</td>
<td>50%</td>
<td>Assumption that half of over 65s use a free bus pass, and rest use other transport</td>
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<td>Volunteers</td>
<td>Proportion of volunteers who claim</td>
<td>16%</td>
<td>Based on expense data for community workers</td>
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<td>Expenses</td>
<td>Average annual claim</td>
<td>£177.57</td>
<td>Based on expense data for community workers</td>
<td>“Frontier Economics figures 11 02 11.xls” emailed from Angela Tipping [11/2/11]</td>
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<td>Expenses</td>
<td>Hanley C C Café annual claim</td>
<td>£225.00</td>
<td>Based on one volunteer claiming £18.73 per month</td>
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<td>Costs</td>
<td>Direct costs</td>
<td></td>
<td>Frontier assumption based on best evidence</td>
<td>Phone call with Lynn Hensman [4/2/11]</td>
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<td>Costs</td>
<td>Staff Costs</td>
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<td>Frontier assumption based on best evidence</td>
<td>Phone call with Lynn Hensman [4/2/11]</td>
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<td>Costs</td>
<td>Expenses</td>
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<td>Frontier assumption based on best evidence</td>
<td>Phone call with Lynn Hensman [4/2/11]</td>
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<tr>
<td>Darby and Joan Clubs, Winifred Gardens and Staffs Luncheon Clubs</td>
<td>Number of volunteers per year</td>
<td>See figures in table below</td>
<td>Assume latest data on volunteer profiles from Karl Demian is correct</td>
<td>“KD Staffs Hub.xls” emailed from Karl Demian [23/2/11]</td>
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<tr>
<td>Darby and Joan Clubs</td>
<td>Annual volunteer hours worked</td>
<td>Based on 6 hours per week on average - see below</td>
<td>Assume data from Nigel Edwards is correct</td>
<td>Email from Nigel Edwards [23/12/11]</td>
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<td>Winifred Gardens</td>
<td>Annual volunteer hours worked</td>
<td>Based on 120 hours per month - see below</td>
<td>Assume data from Nigel Edwards is correct</td>
<td>Email from Nigel Edwards [23/12/11]</td>
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<tr>
<td>Staffs Luncheon Clubs</td>
<td>Annual volunteer hours worked</td>
<td>Based on 10 hours per week - see below</td>
<td>Assume data from Nigel Edwards is correct</td>
<td>Email from Nigel Edwards [23/12/11]</td>
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<tr>
<td>Hanley Community Centre (Reception Area)</td>
<td>Number of volunteers per year</td>
<td>10</td>
<td>Based on January data. Assume that these volunteers are the same for each month</td>
<td>“RAD JAN 11.xls” emailed from Nigel Edwards [15/2/11]</td>
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<td>Hanley Community Centre (Reception Area)</td>
<td>Annual volunteer hours worked</td>
<td>1272</td>
<td>Based on 106 hours worked per month</td>
<td>“RAD JAN 11.xls” emailed from Nigel Edwards [15/2/11]</td>
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<td>Hanley Community Centre (Reception Area)</td>
<td>Number of service interventions</td>
<td>4824</td>
<td>Based on 402 service users per month</td>
<td>“W Midlands 5 year projections Nov 2010 Master1.xls” emailed from Kerris Vizard [18/1/11]</td>
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<tr>
<td>Hanley C C Healthy Living</td>
<td>Number of volunteers per year</td>
<td>2</td>
<td>Based on January data. Assume that these volunteers are the same for each month</td>
<td>“RAD JAN 11.xls” emailed from Nigel Edwards [15/2/11]</td>
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<td>Hanley C C Healthy Living</td>
<td>Annual volunteer hours worked</td>
<td>1176</td>
<td>Based on 98 hours worked per month</td>
<td>“RAD JAN 11.xls” emailed from Nigel Edwards [15/2/11]</td>
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<td>Hanley C C Healthy Living</td>
<td>Number of service interventions</td>
<td>13560</td>
<td>Based on service users attending half of the “gentle exercises”, “yoga” and “line, sequence &amp; ballroom dance” classes, and users attending all gardening classes</td>
<td>“RAD JAN 11.xls” emailed from Nigel Edwards [15/2/11]</td>
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Annexe – Staffordshire modelling assumptions I (cont.)

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<tr>
<th>Project/Group</th>
<th>Assumption subject</th>
<th>Value of assumption</th>
<th>Justification</th>
<th>Relevant source</th>
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<tr>
<td><strong>Hanley C C Food Activities</strong></td>
<td>Number of volunteers per year</td>
<td>5</td>
<td>Based on January data. Assume that these volunteers are the same for each month</td>
<td><em>RAD JAN 11.xls</em> emailed from Nigel Edwards [15/2/11]</td>
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<td>Annual volunteer hours worked</td>
<td>1464</td>
<td>Based on 122 hours worked per month</td>
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<td>Number of service interventions</td>
<td>42684</td>
<td>Based on 355/7 users each month having one meal</td>
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<td><strong>Hanley C C Arts &amp; Heritage</strong></td>
<td>Number of volunteers per year</td>
<td>2</td>
<td>Based on January data. Assume that these volunteers are the same for each month</td>
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<td>Annual volunteer hours worked</td>
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<td>Based on 10 hours worked per month</td>
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<td>Number of service interventions</td>
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<td>Based on service users attending half of the &quot;art classes&quot; and &quot;reminiscence groups&quot; each month</td>
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<td><strong>Hanley C C Lifelong Learning</strong></td>
<td>Number of volunteers per year</td>
<td>1</td>
<td>Assumption based on small number of users and sessions</td>
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<td>Annual volunteer hours worked</td>
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<td>Based on 6 hours worked per month</td>
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<td>Number of service interventions</td>
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<td>Based on all users attending all sessions per month</td>
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<td><strong>Hanley C C Social Activities</strong></td>
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<td>4</td>
<td>Based on January data. Assume that these volunteers are the same for each month</td>
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<td>Number of service interventions</td>
<td>8916</td>
<td>Based on service users attending all &quot;bingo&quot;, half of the &quot;tea dances&quot; and half of the &quot;games&quot;</td>
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<td><strong>Hanley C C Information Activities</strong></td>
<td>Number of volunteers per year</td>
<td>6</td>
<td>Based on January data. Assume that these volunteers are the same for each month</td>
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<td>Annual volunteer hours worked</td>
<td>2016</td>
<td>Based on 168 hours worked monthly</td>
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<td>Number of service interventions</td>
<td>2328</td>
<td>Based on service users attending half of the &quot;active signposting&quot;, &quot;advice surgeries&quot; and &quot;info points&quot;</td>
<td><em>RAD JAN 11.xls</em> emailed from Nigel Edwards [15/2/11]</td>
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<td><strong>Hanley C C Cafe</strong></td>
<td>Number of volunteers per year</td>
<td>14</td>
<td>Figure from Nigel Edwards</td>
<td>Phone call with Nigel Edwards [3/3/11]</td>
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<td>Annual volunteer hours worked</td>
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<td>Based on 148 hours worked monthly</td>
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<td>Number of service interventions</td>
<td>16120</td>
<td>Based on an average of 62 transactions per day</td>
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<td><strong>Stoke-on-Trent Good Neighbours Scheme</strong></td>
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<td>9</td>
<td>Based on January data. Assume that these volunteers are the same for each month</td>
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<td>Annual volunteer hours worked</td>
<td>Based on 260.5 hours per month - see below</td>
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<td>&quot;RAD JAN 11.xls&quot; emailed from Nigel Edwards [15/2/11]</td>
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<td>Number of service interventions</td>
<td>2160</td>
<td>Based on 180 users per month</td>
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### Annexe – Staffordshire modelling assumptions II

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Annual claimed expenses</th>
<th>Number of volunteers</th>
<th>Annual volunteer hours</th>
<th>Annual Service Users</th>
<th>Annual Interventions</th>
<th>Benefit to user (low) per intervention</th>
<th>Benefit to user (high) per intervention</th>
<th>Proportion of vols. gaining work-related skills</th>
<th>Proportion of volunteers over 65</th>
<th>Value to family/friends per user per hour (low)</th>
<th>Value to family/friends per user per hour (high)</th>
<th>Value to family/friends per user per hour (high) Value to family/friends per user per hour (high)</th>
<th>Value to family/friends per user per hour (high) Value to family/friends per user per hour (high)</th>
<th>Length of an “intervention”</th>
</tr>
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Annexe – SROI model details

This annexe describes the spreadsheet model used by Frontier to undertake the SROI analysis of WRVS services in Leicester and Staffordshire. This annexe provides an overview of each of the sheets in the model, how users can navigate around the model, and how users can refine the model in light of new evidence. The names of different sheets in the model are given in bold.

The first sheet is the Control Panel, which shows:

- the headline SROI figures for each site, including high and low scenarios;
- the relative breakdown of benefits that accrue to service users, friends and family, and volunteers;
- a graphical representation of the costs, benefits and net benefits.

This sheet has links to each site’s detailed analysis, the main WRVS-wide assumptions and to a site-specific sheet. It also links to the Model Overview at the top.

The figures and the graphs are automatically updated when inputs and assumptions are changed (in other sheets of the model). Graphs can then be copied, and figures quoted from this sheet.
Annexe – SROI model details (2)

The second sheet is the **Model Overview** which shows the structure of the rest of the model, including links to each sheet. This is organised in such a way that each site has an assumptions sheet with links to sheets on each project. In the case of Leicester, each project has one sheet each. For Staffordshire, there are specific sheets for volunteer data, monetary costs and service user data, followed by sheets on a number of Hanley Centre projects.

This **Model Overview** can be accessed by clicking on the button which appears at the top of each sheet. From here, the user can skip to any sheet of the model.
Annexe – SROI model details (3)

The third sheet provides the **Detailed Analysis**. This gives all the relevant figures that have been used in the SROI calculations. It is split by Leicester and Staffordshire and includes, for each site:

- monetary and non-monetary costs. Monetary costs include direct costs, staff costs overheads, claimed expenses and a central cost allocation. Non-monetary costs include unclaimed expenses and opportunity costs of volunteer time;
- financial and non-financial benefits. Financial benefits include cost savings that arise from free WRVS services. Non-financial benefits represent the value that service users, friends and family, and volunteers place on WRVS services;
- a project-by-project summary of costs and high/low/average benefits and corresponding SROI values for the projects and overall sites.

This sheet is where the calculations are made. For this reason, this sheet should *not* be overwritten with assumptions or inputs. New columns (cost/benefit items) can be added, but calculations must then be edited accordingly.
The fourth sheet gives the **Main Assumptions**. This summarises three types of assumptions that have been used in making the SROI calculations:

- **WRVS-wide assumptions.** These include assumptions regarding volunteers, and include average expense claims, opportunity costs of their time, and hourly benefits;
- **Leicester-specific assumptions.** These include volunteer profiles and assumptions made about the likelihood of missing hospital appointments in the absence of WRVS services;
- **Staffordshire-specific assumptions.** These also include volunteer data and assumptions made about the length of time service users spend on various WRVS projects.

This sheet contains some of the inputs for the calculations in the **Detailed Analysis**. Therefore, the user can overwrite these assumptions in response to new evidence or refined data. This will automatically update the **Detailed Analysis** and, consequently, the headline figures in the **Control Panel**.
Annexe – SROI model details (5)

Sheets 5-10 provide all the information on Leicester projects. Leicester Assumptions shows links to all data on projects that run out of Leicester Royal Infirmary.

Sheets 11-23 provide all the information on Staffordshire projects. Staffordshire Assumptions shows links to sheets on volunteer data, monetary costs, service user data, as well as individual Hanley Centre projects. Again, in these sheets, data can be viewed or updated. This will update figures in the Detailed Analysis and in the Control Panel.

Each sheet has a link back to Home, which takes the user back to the Control Panel, and a link to the Model Overview.

Similarly to the Main Assumptions sheet, the user can overwrite the data in these sheets in light of new evidence or refined data. Data must be inputted in the same format to ensure the calculations still hold.
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