

Measures of Outcomes Final Report Recommendations

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Project Brief

The team was provided with the following research question around which to shape the project:

*What **measures of outcomes** are possible beyond simple financial calculations that will make different investments **comparable**, particularly where budgets are shared with other organisations?*

The Council shared two current areas of their work to which this question could be applied.

- [Innovate and Cultivate](#) Grants (Innovate up to £10k and Cultivate up to £50k) where external providers bid for the money to deliver services on behalf of the council.
 - The scheme is relatively new with only one round awarded so far.
 - The scheme aims to support a range of 'key outcomes' that cover everything from supporting older people to live well independently through to ensuring a safer environment for residents in Cambridgeshire. Consequently, applications may be addressing very different issues, making it difficult to evaluate and compare very different proposals.
- Multi-agency referrals – where several agency stakeholder agencies (e.g. Council, NHS, emergency services) work together to address challenges in the community
 - In these cases, it is difficult to understand the discrete impact of each different service (e.g. police, social services, public health) working together to deliver a programme.
 - Apportioning relative costs and delivery of benefits is a challenge. An inability to show the benefits of this joint working can inadvertently diminish the case for doing so.

Project Approach

Initial meetings with Councillors and staff provided further insights into the rationale for setting this question and the specific contexts to which it applied.

From these conversations, some key points and themes were captured:

- A desire to understand what research already exists on measuring value-for-money in social outcomes.
- Understanding how to best measure inputs against outcomes.
- Challenges around demonstrating the value of preventative actions – showing how the Council can save money through this route of action is particularly challenging. Given the number of additional variables that affect people's lives, disaggregation of these to show that the Council-funded intervention did cause a difference is difficult to demonstrate conclusively.
- Challenges around measurement of outcomes that affect individuals and the issues with using self-assessment in evaluation. How can you design evaluations to take account of the variability that comes about from self-assessment?
- They are seeking help to make better decisions and judgements on how to spend money.
- In particular how to make sure that the decision-making process enables more informed decisions when comparing different projects that are applying for funding.
- This could include improving understanding on what questions the Council/Councillors need to ask of applications or what kinds of people they should be looking for to deliver these services? Or what could work as a framework to support decision making?

Based on these conversations, the group decided that focusing on the Innovate and Cultivate Fund, instead of considering multi-agency referrals would be the best approach. Given that the scheme is only in its first year, there is an opportunity to review and consider how the first round of grant holders are considering and measuring their own impacts (across a range of projects). Combining this with insights from the literature would then give us an opportunity to see whether we could make a set of recommendations that are focused around the Innovate and Cultivate Fund that could be considered for future iterations of this scheme.

Our project consists of a literature review on the issue of evaluating impacts in complex settings drawing on the experiences of organisations similar to the Council, such as those that work in the areas of social care and health. Alongside this we conducted interviews with five of the current Innovate and Cultivate Grant holders. The current grant holders that were interviewed run projects that cut across the different key outcomes that the Council is looking to achieve, helping to provide insights from the

perspectives of different service providers operating across the spectrum of outcomes that the Council is looking to achieve. These interviews aimed to understand the different approaches in measuring impact across grant holders that were addressing different key outcomes and therefore may consider different methodologies to measure and demonstrate outcomes.

Background to Innovate & Cultivate Fund

The [Innovate & Cultivate Fund](#) is a Cambridgeshire County Council fund that is open to voluntary, community and social enterprise sector organisations that can put forward proposals for projects that deliver the Council's seven key outcomes for residents:

1. Older people live well independently.
2. People with disabilities live well independently.
3. Adults and children at risk of harm are kept safe.
4. Places that work with children help them to reach their potential.
5. The Cambridgeshire economy prospers to the benefit of all residents.
6. People live in a safe environment.
7. People lead a healthy lifestyle and stay healthy for longer.

Within these outcomes, the fund also lists two priority areas of service; vulnerable adults and older people and children and families.

In the first round of funding, a total of 12 grants were awarded and the next round of funding is currently open for applications (deadline of 1 November 2018).

As part of the application process applicants must outline which of the Council's target outcomes their project will help to deliver and to identify the direct beneficiaries of the project and which high cost Council services these people use. These answers help to support the additional evaluation of the project application by Council staff to consider potential achievable savings for the Council and return on investment.

Successful projects are required to complete project monitoring forms with the support of a Service Lead County Council Officer, enabling the tracking of outcomes across different projects.

Literature Review

Context

One of the stated aims of the Innovate and Cultivate Fund is:

“...to redirect Council funding from high cost front-line services towards support and services that are delivered within, and by, local communities”.

This is reflective of a wider shift towards preventative services in health and social care, linked to the recognition that health and social care services are unsustainable in their current configuration, due to the ageing population and the growing number of people with long-term conditions. It is hoped that preventative services will improve the health, wellbeing and quality of life of individuals overall, and that investing early should reduce and delay the need for crisis intervention later, including admissions to hospital and residential and domiciliary care.

The [Care Act 2014](#) states that local authorities must provide services which prevent or delay the need for care and support, working together with partners in health, welfare, housing and employment services. There is an increased emphasis on the role that civil society can play in this. [Glasby et al. \(2015\)](#) suggest that activities that individuals take part in (including paid and voluntary work and maintaining friends and family) are beneficial to people's wellbeing and that local community resources are often central to the establishment and supportive networks. They commend this “whole-system, asset-based, person-centred and locally permissive approach” (ibid, p.94) that underlies the increased focus on prevention in social care.

However, [Glasby et al. \(2011\)](#) also suggest that we need to become smarter in measuring relevant impacts, so that we can measure improvements in quality of life and delay in resource usage. They also suggest that: “we need to have greater patience over when these can be achieved, to avoid quick fixes being favoured over those that may make more difference but work over longer timespans.”

Approaches in the Literature

Different approaches to evaluation are outlined in the literature.

'there is a daunting amount of information [on impact measurement] in circulation. There is a proliferation of tools and providers in the field of impact measurement and an acknowledged lack of coordination among providers of impact measurement support. According to New Philanthropy Capital's report Inspiring impact there are over 1,000 different methods available. There also appears to be general consensus amongst funders that there is a shortage of low-cost, 'off the shelf' tools and systems.' ([BIG Lottery Fund](#))

The first approach, the Wellbeing Valuation Approach, uses principles from economics to quantify average outcomes from different activities:

Approach 1: The Wellbeing Valuation Approach- ([Trotter et al., 2014](#))

The Housing Association's Charitable Trust ([HACT](#)) and [Simetrica](#) (an organisation that offer social impact analysis and policy evaluation) created the **Social Value Bank**– which puts a value on the social impact of different activities. Organisations can then use these values to estimate the social impact of their own activities.

It is based on principles of **Wellbeing Valuation** – a method for placing values on things that don't have a market value through being bought and sold. Wellbeing Valuation works by analysing existing datasets that contain data on both wellbeing and life circumstances: [The British Household Panel Survey](#), [Understanding Society](#), [The Crime Survey for England and Wales](#) and [The Taking Part survey](#). These datasets include people's responses to wellbeing questions, and also questions on a large number of aspects and circumstances of their lives, such as employment status, marital status, health status, whether they volunteer, whether they play sports, whether they live in a safe area.

- They use statistical analysis to calculate the impact of a specific aspect of life on wellbeing (after adjusting to take into account of all other factors that might impact on individuals' satisfaction levels). For example, they might find that, on average, volunteering once a week leads to a 3% increase in people's life satisfaction.
- They then calculate the amount of money that would induce the same percentage increase in life satisfaction (based on data on the amount that extra income increases life satisfaction). For example, analysis might show that £5,000 extra per year would induce a 3% change in life satisfaction for the average person.
- They then state that the uplift in life satisfaction caused by volunteering is worth on average around £5,000 per year. This is the Wellbeing Value for that activity.

They claim that the values are extremely robust due to the vastness of the datasets that are used, and the methods in which they are derived.

The Social Value Bank is an excel document that provides the social value of many different outcomes. Some examples are below:

“

- *Access to internet* - £2,413
- *Frequent mild exercise* - £3,537
- *Talks to neighbours regularly* - £4,511
- *Relief from depression/anxiety* - £36,766

“

Method of applying to individual activities

The core process is to count the number of people who achieve the outcomes that relate to your activity and multiply them by the values for each outcome



There are different types of values within the Social Value Bank, and these need to be understood to apply them correctly. See the Value Calculator for more details on individual values. The values fall into two broad categories:

“

Activity values are those where the social value is obtained by the person **simply undertaking an activity**. An example of an activity value might be the ‘frequent mild exercise’ value: if we run an exercise club we can count that amount of social value for each person who shows up regularly.

Outcome values are values that can be applied when we have **evidence that something has changed for someone**. For some outcomes records may be enough (e.g. number of people moved into employment) for others, you need to ask participants questions before and after the activity.

“

Particular care should be taken not to over-claim. The framework includes the option to apply an average measure of deadweight, i.e. the people whose wellbeing would have improved even without your activity.

Example: Dads’ and lads’ football training

Twenty people attended the football training every week: one can apply the football activity value x 20.

Surveys revealed that 7 of the lads moved into feeling they could rely on their family: one can apply outcome value for ‘can rely on family’ x 7

“

<i>Associated outcome/value</i>	<i>Average person value</i>	<i>Number of participants</i>	<i>Total value</i>	<i>Total minus deadweight</i>
<i>Can rely on family</i>	£6,784	7	£75,983	£61,546
<i>Football</i>	£3,101	20	£62, 011	£50,229
<i>TOTAL</i>				£111,775

“

Advantages of this method

The main advantage of Wellbeing Valuation over other sets of values that have been used in the past to measure social value is that these new values are methodologically consistent and robust. The consistency in the way that the values have been derived means that when examining values for different types of outcomes you are still comparing like with like.

The Wellbeing Valuation approach improves on other methods that rely on asking people how much they think their life would be better or worse in the absence or presence of a particular change (for example by asking them how much they would, in theory, be willing to pay for an outcome). By using data on self-reported wellbeing and life circumstances we have information on people's actual experiences and so the values are based on how they impact people's lives as they live them.

Limitations

Wellbeing Valuation does not seek to value each individual's experience of your intervention (e.g. employment training, keep fit) but instead represents the experience of the average person. These values come from vast datasets considering the experience of thousands of individuals making them extremely robust. While one individual's experience could be revealing, it could also be misleading as one individual's experience may not be 'typical'. Average values are also very useful in planning activities.

While the survey datasets are extensive, the approach remains limited by the questions asked within the available survey datasets e.g. the British Household Panel Survey.

To reduce complexity when applying the values, they have all been calculated as simple binary values. This means that each value represents a move between two situations. For some questions, there are naturally only two answers, e.g. “Are you employed? – yes or no.” However, some have multiple options e.g. “1. Excellent”, “2. Good”, “3. Fair”, “4. Poor”. For these types of questions, the answers have been grouped into ‘valuable’ and ‘not valuable’. In the above example, 3 and 4 might be ‘not valuable’ and 1 and 2 ‘valuable’.

Social impact is an important factor to take into account when making many decisions, but clearly other factors inform decisions. A robust understanding of the social impact is important but should not generally be treated as a blind decision-making tool on its own.

Approach 2: The ‘Human, Systemic’ Approach - ([Knight et al., 2017](#))

In the report ‘A Whole New World: Funding and Commissioning in Complexity’, Knight et al suggest that the outcomes-focused approach to funding is misguided and counter-productive, because people’s lives are complex:

“in complex environments, making funding and performance management choices on the basis of outcome-metrics produces a paradox: when funders make choices on that basis, it makes producing real outcomes in people’s lives more difficult ([Lowe and Wilson 2015](#)). In the public sector world, studies of Outcomes Based Commissioning show that it only succeeds in generating improvements in narrow silos, and fails to generate a broad range of positive, real-world outcomes, as defined by people themselves ([Tomkinson, 2016](#)).”

They drew on a body of literature on complexity theory. They interviewed public sector and charity sector commissioning bodies that are offering “complexity friendly” alternatives to these outcomes-focused models – saying these organisations are offering a new paradigm, because it involves a whole new way of thinking, beyond trying to measure impact:

“It changes the type of question which it is appropriate to ask. As an example, previously the question ‘how can organisations demonstrate their impact?’ was crucial. But from a complexity-friendly perspective, this is not the right question to ask, as complexity theory says that it is impossible to reliably attribute impact to the actions of organisations working in complex systems. Instead, other questions become important for funders, such as ‘how do we know which organisations we should trust with our resources?’

Flexible in approach to outcomes:

This method of funding uses a more flexible approach to outcomes. In part, this flexibility is in recognition that outcomes are created by the system as a whole, not by particular interventions.

“Conversations about outcomes between funder and fundee help the funder to check that there is a shared purpose for the work. But funders do not seek to hold organisations accountable for producing outcomes; rather, they see it as a joint endeavour among a whole

network of actors and an opportunity for learning and improvement in the round. This allows funded organisations the flexibility to define the outcomes they feel are important, through dialogue with those they serve, and to redefine them in response to changing aspirations and contexts.”

Recognise interdependence

Funders using this approach recognise and respond to the interdependence that links individuals, organisations and system structures together. They acknowledge and seek to work across sectors, silos and groups, building relationships and investing in capacity to enable effective feedback loops, knowledge sharing, trust and honesty.

The culture of complexity-friendly funding rests on flexibility, listening, long-term thinking and creating an environment of trust by investing time and resource in developing the kind of culture which enables frank relationships.

They stress that relationships should be strong and honest, and the importance of co-production (i.e. developing funding programmes with those who have relevant expertise and real, lived experience).

“Where relationships are strong and honest, organisations can focus their energy on effecting change rather than reporting or competing. This reinforces the move away from a transactional ‘demonstrating impact’ mentality, which hides challenges and realities, towards one where evaluation is viewed as a way to measure an organisation’s own progress and success, as a learning tool. This, in turn, improves adaptation and flexibility, ultimately leading to funding which is holistic and increasingly responsive to need.”

Relational funding

It should be about more than who can fill the form in the best and is important to build relationships with applicants.

“Funders should seek to get to know the organisations as early as possible, and create mechanisms to maintain these relationships and ongoing dialogue.”

Of the charity organisations who are trying to work in this new way some don’t even have written applications. Others do but support this with meeting them face-to-face:

“Those that do accept applications in the main seek to keep application paperwork to a minimum. A few still require more extensive written applications but seek to balance these with a range of other relationship building processes, so that the paperwork forms only part of the knowledge upon which to make a judgement”

This is harder in public sector, as more constrained about how can spend money, but still possible to some extent. Those public sector organisations who had made the most progress used the following techniques:

- Co-production – in which commissioners, delivery organisations and those with lived experience work together to create commissions
- Creating networks of commissioned organisations – building relationships between themselves and those they fund, and between the funded organisations themselves
- Pooled budgets – where funding from a number of different budget streams is brought together into one pot – typically joint health and social care budgets
- Consortia commissioning processes – in which commissions are given to groups of delivery organisations, rather than to single organisations.

Positive error culture – long term funding could help with this

“Providing long-term flexible resources, not tied to achieving particular outcome targets or other success criteria, also enables the positive error culture necessary for complex systems to adapt and improve. Freeing organisations from having to meet success targets enables those organisations to be more honest about the real challenges of their work.”

Funding network infrastructure

Commissioning should facilitate conversation and collaboration across networks, building a network of organisations working in common cause, who are able to nurture, support and challenge one another.

“I really want us to get to a place where funding can be more about learning and more about honesty, more about ‘none of us know the answers so let’s work towards them together’. Let’s constantly

iterate, adapt and learn, as opposed to how it was in the past where we were a funder and it was very compliance focused.”

“This quote demonstrates a key shift for charitable funders – from accountability to learning – in the way monitoring and evaluation is conducted. This is based on supporting reflective practice, helping organisations to focus on understanding the changes they are making, and trusting them beyond metrics collected on paper. Some funders have developed a two-way reporting process, accepting and giving feedback equally. Others are experimenting with new forms of evaluation, including developmental evaluations which seek to learn from emerging evidence and shift approaches – both in the evaluation and in the initiative itself. Some funders were changing their evaluation relationships to employ “learning partners” (Charitable Funder) whose role is to hold up a mirror to help those undertaking change to reflect on whether their cultures and processes are enabling them to achieve their desired purpose.”

Funding based on perceived trustworthiness of organisations

PROCESSES	CULTURES	RELATIONSHIPS	ACHIEVEMENTS
Appropriate governance	Desire to work in collaboration	Networks – who they are connected to	Track record
Learning organisations	Understanding the complexity of issues, people and systems	How they work with others	Doing interesting things
Management competence	Walking the talk		Doing work we value

Why are people choosing to work in this way?

It's more realistic:

“Wishing the world were simple, so that interventions could be more easily controlled, is understandable, but inappropriate. Acknowledging the reality – the messy, complex systems we live and work in – is the first step to making changes. Doing so not only begins to “recognise the human element,” (Charitable Funder) but becomes “more about the citizens” (Public Sector Commissioner), ultimately resulting in funding that provides what is truly needed.”

Better outcomes for people:

“The approach described by funders seeks to view the ‘whole’ person, their needs and opportunities. Looking at an individual ‘in the round’ requires a variety of different interventions which, when linked together, enable a systemic, joined-up response. Those interviewed believed this made better outcomes far more likely.”

Creating a community:

“Funders identified that working in this way helps to create a ‘community’ of people who trust one another and enables people to learn from one another’s perspectives and work together better.”

Challenges

One of the most significant challenges in implementing complexity-friendly ways of working is that doing so challenges current notions of accountability.

“One of the most significant challenges in implementing complexity-friendly ways of working is that doing so challenges current notions of accountability. In particular, it challenges the idea that an intervention (project, organisation or programme) can be held accountable for the impact it makes in the world.”

Competition or collaboration:

“To respond effectively to complexity requires a move away from competition between providers and grantees towards more effective collaboration. Funders and providers, both, need to look beyond their own organisation’s immediate interests and goals. This can be hard, especially when the prevailing paradigm is one of competing for contracts and grants. Interviewees noted that competitive funding environments can create suspicion and mistrust between providers. It takes significant work to build positive trusting relationships when this has been the starting point.”

Conclusions

“Complexity-friendly funding is not linear. It steps away from a belief that calculations on impact can be made by tracking inputs, outputs and outcomes within definable boundaries. Instead it recognises the interrelation between multiple actors on multiple outcomes. All of

this challenges old notions of narrow accountability and impact. This requires a significant shift in thinking and many are grappling with this issue and its implications. Funders and commissioners will need to find ways to become more comfortable with uncertainty.”

Approach 3: Tailored impact measures

[Big Lottery report](#)

The definition of 'impact' that they use is:

“Any effects arising from an intervention. This includes immediate short-term outcomes as well as broader and longer-term effects. These can be positive or negative, planned or unforeseen.”

They distinguish **outputs**, **outcomes** and **impacts**:

*“**Outputs** are the products, services or facilities that result from an organisation's or project's activities.*

For example in a programme to improve well-being amongst older people, outputs might include the different types of interventions being offered by projects, or the numbers of people overall participating in activities under the programme.

***Outcomes** are the changes, benefits, learning or other effects that result from what the project or organisation makes, offers or provides.*

For example, for the same well-being programme, outcomes might be improvements in clients' physical or emotional health, or projects' improved ability to extend their reach to different client groups.

***Impact** is the broader or longer-term effects of a project's or organisation's outputs, outcomes and activities.*

For example, in addition to an understanding of the extent to which projects funded by the well-being programme have achieved their outcomes, there might be a longer-term change in the way some projects work with their clients, new partnerships may have developed, or policy may have been influenced at a local or wider level.”

They allude to the fact that definitions in some respects can be a distraction – the most important thing is that stakeholders share and agree upon these. This could be something to consider for the 'principles' – making clear what 'impact' means to the Council and ensuring that this is part of the information available to I&C applicants (if it isn't already....could be something to ask interviewees about).

They define 'impact measurement' as:

“the process of trying to find out what effect an intervention (such as a funding programme) is having on people, organisations or their

external physical, economic, political or social environment. Impact measurement refers to all activities involved in managing and assessing impact - from 'light touch' routine monitoring of outcomes data to 'high level' and resource-intensive evaluation.”

The next section goes through the range of impact measurement that already takes place at the BIG Lottery Fund.

“

Processes	Resources
A Theory of Change exercise is carried out in the development of every BIG programme, to develop programme aims and outcomes.	An ‘ Impact Measurement ’ intranet page pulls together all relevant documents and resources.
The Programme Effectiveness Process is incorporated into every BIG programme, where Measures of Success are set in the areas of impact, learning and programme management, and then annually reviewed.	There is detailed guidance on the Programme Effectiveness Process including support on setting Measures of Success for impact, with examples of different types of measure and how these might be reported annually.
Self-evaluation by BIG’s grant holders is encouraged as an approach, and evaluation is required of organisations receiving very large grants. Applicants can include funding for monitoring and evaluation in their project budgets, as part of their application.	BIG’s resource Getting Funding and Planning Successful Projects helps applicants and grant holders to identify need, develop aims, outcomes, indicators and activities and understand how to learn from their project.
BIG sometimes runs support and development contracts alongside funding programmes, which include self-evaluation support for projects.	BIG has funded the development of a number of accessible impact measurement tools : <u>Outcomes Star</u> , <u>Prove It</u> , SOUL Record and Rickter Scale.
BIG commissions programme evaluations when rigorous programme-level evidence is needed to inform policy or practice, or to	

<i>understand an innovative or high-profile intervention.</i>	
<i>BIG has begun to explore common approaches to measurement by projects in a targeted programme. Common outcomes, indicators or data collection make sense when projects are working to a common goal with the same beneficiary group.</i>	

“

They also mention their involvement in the [Inspiring Impact](#) project which provides resources and tools online to support social organisations to measure their impact.

Their overarching recommendation is that **impact measures** need to be tailored not just to the goal or objective of a programme, but **also need to be tailored towards the kind of organisations that is delivering it.**

A key thing is working with an organisation which is likely to have their own way of measuring impact:

“Well-established practices in measuring impact may already be in place, especially amongst more experienced organisations. When developing impact measures for a funding programme BIG must be aware of this, be sensitive to it, and where possible work with it rather than impose new or different practice on those organisations. Equally, some organisations will be glad of advice or signposting from BIG.”

It sets out criteria for what a good impact measure should be:

“

- *able to provide evidence and lead to learning that is useful and relevant to all stakeholders*
- *capable of providing good quality evidence relevant to the programme aims*
- *tried and tested*
- *easy to communicate*
- *proportionate to the skills / capacity of the types of organisations being funded*
- *adaptable if required, i.e. usable by the different types of project within the programme*
- *capable of being integrated with or complementing existing reporting systems*
- *capable of providing information that can be aggregated from project to programme*
- *within BIG's resources to develop and implement, and offer value for money*

“

and provides steps that could be used to support the thinking process that someone would undertake to develop an appropriate impact measure. As part of the process, it suggests going through 6 impact measurement questions with the key stakeholders (e.g. those who are delivering the programme and those who are funding the programme).

“

1. *What impact is the programme trying to achieve?*
2. *What level of influence do we expect to have?*
3. *Who are the likely grant holders and what is their capacity?*
4. *What will be measured (and how does this align with existing approaches for interventions of this sort)?*
5. *What kind of evidence will be needed and how will it be collected?*
6. *What resources are available?*

“

The report reiterates that there is no ‘one size fits all’ measurement that would work for all kinds of organisation. More that there will be a scale of what kind of evaluation is needed which depends on the scale of the project and the size, experience and capacity of the organisation that receives a grant.

The report finishes with some ‘tips’ for those thinking about measuring impact:

“Don’t forget....

- It is critical to invest sufficient thinking and planning time early in the programme's life to identify the intended impact and ways to measure it.*
- There is a lot of good information available*
- This will probably be an evolving process - it may be necessary to go through the questions more than once.*
- Measuring impact can be difficult! There is no magic bullet so aim for a reasonable approach that gets people thinking about evidence for the change achieved.*
- Don’t let the measurement approach overtake common sense: not everything that matters can be counted!”*

Interviews with Current Grant Holders

Summary of themes from across interviews

A number of themes emerged across the interviews with current I&C grant holders regarding approaches to measuring outcomes and demonstrating impact:

1. Across the service providers interviewed, a range of both quantitative and qualitative methods for measuring outcomes were used - some smaller providers could only use qualitative methods, whilst established providers used a mixture.
2. Most service providers carry out evaluations far beyond the requirements of CCC
 - All of those interviewed found measuring outcomes and impacts challenging.
 - Reasons for this included:
 - The range of service users that they worked with being diverse and varied and therefore not directly comparable - e.g. comparing impacts on an elderly couple versus a wheelchair user.
 - The lack of readily available metrics, frameworks or tools to support outcome measurement
 - Timescales for measurement, many service providers focus on long-term outcomes such as preventing service users needing social care years later. In the context of the I&C funding, outcomes are assessed within the year of grant being awarded while the full range of outcomes may be released on a longer-term timescale - e.g. in the short-term the 'Through the Door' initiative may actually increase visits to the GP involved, however longer-term, this may result in health and lifestyle issues being acted upon and reducing GP visits on a timescale of longer than one year.
 - Cost and resource - in the case of smaller providers, the ability to measure outcomes is closely linked to the resources available. In some cases, it is too costly or there are no staff with the appropriate expertise to undertake certain kinds of evaluation - e.g. in the case of the Parish Nurse Plus team, the team mainly comprises volunteers who lack expertise and confidence in being able to undertake evaluative methods outside of writing up case studies.
 - Those who do measure outcomes using specific tools or frameworks rely heavily on existing models that are provided by experts in their respective fields.
 - For example, the Through the Door project uses questionnaires and scales developed by the Campaign to End Loneliness, whilst the Love to Move programme is independently evaluated by Age UK.

- The service providers usually felt that they could not conclusively prove that their intervention had resulted in specific differences to service users. They could point to changes that they were looking to identify through their outcomes measurement, but were aware that proving causation between and observed outcome and their specific intervention in such complex situations was not easily achievable.
- All of the interviewees praised the additional support and guidance provided by the County Council officers that work on the I&C fund.

Case study: Love to Move, British Gymnastics

Jeffrey Douglass

Introduction

The question addressed here is:

*What **measures of outcomes** are possible beyond simple financial calculations that will make different investments **comparable**, particularly where budgets are shared with other organisations?*

This section will look at different types of outcome measurements and how they relate to evaluating the outcomes of social services, using the [Love to Move](#) project as an example. Love to Move is partly funded by [Innovate and Cultivate](#), and the relationship between the project and the funder will also be discussed, with regards to outcome measurement and desired outcomes.

Love to Move, run by the [British Gymnastics Foundation](#), is a program which delivers cognitive enhancement gymnastic exercise classes to help older people (particularly people living with dementia, Parkinsons, Alzheimers) improve their cognitive reserve, cognitive function, movement and social involvement. These classes are carried out in assisted living facilities, attended by residents, non-residents and their carers.

Service Outcomes

The outcomes of a social service, the changes that occur as a result of its outputs, can be divided into two categories that are relevant to I&C; those that provide:

1. Social value, the degree to which an outcome affects the subjective welfare of individuals.
2. Cashable value, the degree to which an outcome affects the cost of administering all services combined.

Social and cashable value, as defined here, are not independent: services which provide social value to those whose welfare is otherwise more affected by alternative services are more likely to have a higher cashable value. This is reflected in the application form key question number 1 (identifying the expected social value: (Older) people live well independently) and number 2 (identifying the target users to be of a high-cost demographic: older people living with dementia or Parkinson's Disease, likely to access council homecare services and residential care).

Services must be social-value-positive and cashable-value-positive to receive I&C funding¹. Given a constant efficiency of service provision, such cases could be described as:

- A. replacing a more costly, over-effective service with a less costly, sufficiently-effective service, where sufficiency is determined relative to the cost to the user of accessing the service. This is reflected in the application form key question numbers 3 (identifying how the service is expected to reduce alternative service use: enabling users to retain independence for longer) and 5 (identifying the novelty of the project).
- B. reducing people's requirements of government-funded services for their welfare (increasing [resilience](#)). This is reflected in the application form key question number 6 (identifying how the service enables inter-community benefits: developing social connections and a strengthening the target community).

The primary social value of Love to Move is expected to come from improvements in the service users' physical and mental health, as well as their social connections and activity level. Secondary benefits are also expected for their carers who attend the sessions, reducing their load and providing social opportunities. Further benefits could also be expected for others involved in the users' care, such as family or care-home support staff, whose welfare is affected by that of the service users.

The cashable value of Love to Move is expected to arise from a reduction in the cost statutory Adult Social Care provision to users and the cost of respite care for users' carers. Further benefits could also be expected in terms of reduced use of NHS services by users.

A third type of outcome that is less relevant to I&C are those which provide information, either descriptive (e.g. census, measurement) or comparative (i.e. identifying correlation or causation by observation or experimentation respectively).

Approaches to Measuring the Value of Outcomes

Approaches to measuring value differ in: A) how determining what is valuable, and the degree to which a situation achieves this value, is distributed between the assessor and the assessed; and B) the independence of the assessment from confounding factors.

1. Objective value: The assessor determines what factors are valuable and their value (the objective) and measures or the degree to which a situation achieves that value independently of the assessed. This approach is problematic when

¹A social-value-positive, cashable-value-negative case could be one which made it easier for people to access an alternative service without reducing its value to them, or which improved the welfare of people who continued to use other (possibly unrelated) services. A social-value-negative, cashable-value-negative case could be one where the social benefits to a few are outweighed by the social costs to many, at their expense, or the removal of a service.

the assessor's objective, often subject to the bias of fewer people not directly involved in the situation, poorly matches the 'real' objective of the assessed (for example failing to include factors that differ between situations and have large impact on those assessed, or incorrectly weighting the impact of different measured factors) or failing to include all affected parties in the assessment. This approach works well when the assessor has a good understanding (or controls) the objective and has access to information that relates to it.

2. Perceived value: The assessed party is given multiple hypothetical situations and is asked to choose which of them would be preferred, determining their own values independently of the assessor. This approach is prone to misrepresent real behaviour due to 1) the low immediate cost of making a decision, 2) errors in estimating how the difference between the situations will affect them, and that 3) it relies on the assessor providing sufficient variation and detail in the situations provided to capture the values of the assessed. This approach is easy to administer, requiring the assessed to complete multiple-choice questionnaire.
1. Revealed value: The assessed party is given multiple real options and the assessor measures which option is chosen. This approach is costly to administer, requiring the provision of competing options long enough for the assessed to make an informed decision. This captures the real values of the assessed independently of the assessor, likely to be closer to their optimum when effects are more immediate.

Problems associated with measuring the objective value of outcomes are discussed in Approach 2, above. These arise when metrics are used that are not able to represent all of the factors that contribute to value. The difficulties described here for each approach are augmented when more-easily measured but less relevant heuristics are used. The choice of value measures for a given approach skews the measured value relative to the real value and can result in incentivising services that do not contribute to real value.

Qualitative and Quantitative Measures

Qualitative measures are those which require interpretation by the assessor before data can be analysed, whereas quantitative measures are those whose results are independent of the assessor. Non-numerical qualitative measures can be coded to produce numerical data, where the coding criteria or method can reduce the dependence of the result on the assessor.

Qualitative measures are more flexible in their application and are therefore able to adapt to assess unpredicted variation. This flexibility, however, makes comparisons between measurements more difficult. They are well suited to exploratory research: to identify underlying reasons, opinions, and motivations; to provide insights into problem and help develop ideas or hypotheses for potential quantitative research where the

subject is not well understood. Examples include unstructured questionnaires, diaries, observations, group discussions etc.

Quantitative measures use tools and a predetermined methodology to reduce external factors influencing outcomes. They are less prone to systematic error, but are constrained by their design. They are well suited to comparison between groups to identify differences or correlations, where the groups and variables of interest are well defined. Examples include structured questionnaires, count data, secondary data etc.

Measuring Social Value

Due to the complex, personal, subjective nature of social value, assessors are rarely in a good position to determine an ideal set of factors that are valuable and how different factors should be weighted (an objective). There are often clear examples of commonly valued factor (for example in this case dexterity, mobility, memory, cognition, activity, socialisation etc.) and these factors might be easily measurable, but the appropriate social value associated with a given measurement is unclear. Where factors are poorly defined or values are poorly attributed, a service which improves one factor at the expense of another could be objectively valuable while having a real social value cost. These issues are discussed in Approach 2, above. Similarly, value decisions affect comparisons between services whose value arises from their effect on different factors.

The Council has chosen a set of 7 outcome objectives for the [Innovate and Cultivate Fund](#) and 2 priority areas of service. This presents to applicants an objective-value-type framework with which to determine the value of outcomes, whereby social value is assigned to progress towards achieving one or more of the outcome objectives.

Perceived and revealed social value include each individual's subjective valuation, removing the need for the assessor to make assumptions about them.

The perceived value of this service to users can be assessed using questionnaires. A trivial (but perhaps poor) question would be "would you rather attend weekly Love to Move classes or receive £1000". A more direct (perhaps better) question which relates to the expected cashable value of the service would be "would you rather attend weekly Love to Move classes or receive increased home care". By changing the types and scale of alternatives offered, one could quantitatively assess the value of a program to the users relative to common factors (e.g. money, time). The difficulty arises in designing appropriate questions or alternatives such that the responses most accurately reflect the real value, and are comparable between demographics.

The revealed value of this service can be assessed by looking at the cost users incur to attend Love to Move sessions relative to alternatives. This assessment is limited by the relative cost of attendance versus non-attendance (i.e. time and money spent travelling, opportunity cost etc.) which is intentionally minimal, giving a lower limit rather than a true estimate. Artificially increasing the cost of attendance could be used to get a true estimate, although that would adversely affect uptake. The low turnover

of attendants to this program is good evidence that the social value is at least greater than the cost of attending.

Another way to measure revealed value is by looking at large, national survey data sets as described in Approach 1. This provides the wellbeing-equivalent financial value of different outcomes, divided by various demographic factors. Compared to the method described above, this information is less specific to individual users, relying on averaged values, but is much more detailed, making a wider range of potential outcomes comparable, and is not limited in the magnitude of the value that can be assessed.

Measurement itself can also be problematic. Any form of assessment is costly, diverting resources which could otherwise be spent on service delivery. In this case, some useful measurements such as cognitive skills would require higher-skilled researchers in order to ensure that they are applied correctly. The mechanics of this trade-off between information and money will be different for each service, and the optimum is largely determined by how much funding bodies value (i.e. are influenced by) different types of information. Additional problems arise with service users who are unable to understand and complete questionnaires accurately due to reduced cognition. There are, however, appropriate, independently validated methods for measuring wellbeing such as [WEMWBS](#) and many others which, if widely applied, could be used and compared across multiple services.

Love to Move uses information from external sources to link difficult-to-measure outcomes to more easily measured outcomes, or even to outputs (supporting output-based activity value as described in Approach 1). They refer in their application to peer-reviewed [primary research](#) which supports the link between mobilisation and cognitive enhancement. The development of the program is also based on a much larger range of scientific literature, which is not present in the application largely because it was not required. In the past, the organisation has partnered with universities to conduct independently-funded research into their programs, and plans to soon in relation to this project. They have also worked with Age UK for independent project evaluation.

Another external source of information is secondary data (data gathered for a different purpose). CCC and others collect and provide data that are relevant to social service outcomes (e.g. via [Cambridgeshire Insight Open Datasets](#), including a selected [I&C groups](#)), at both local and national scales. These tend to be relevant only to assessing objective value due to the nature of the data and how it was collected.

For the I&C funding criteria, accurate estimates of social value are not important, as long as the social value is greater than zero. This can be assessed as the perceived or revealed value relative to the absence of the service, without trying to increase the accuracy of the estimate, avoiding some of the problems associated with these approaches. To this end, it is reasonable to assume that any service with a cost of use (i.e. not compulsory or incentivised) will be used only if it is socially valuable and that additional measures of social values are not useful.

For this project, far more outcome assessment regarding social value is carried out than required by CCC. This is driven in part by the requirements of other funders.

Measuring Cashable Value

Cashable value is much less complex, is not subjective and can be derived entirely from secondary data. In this case, an ideal objective is easily defined (minimising the sum of the service costs) and quantitative data is readily available (i.e. the cost of delivering each service). Services which are not expected to be greatly affected can be omitted (assumed to be constant) to simplify data collection and analysis.

Assigning Value to Services

Once suitable measures of social and cashable value have been chosen, the relationship between changes in these values over time relate and the services provided can be assessed.

Causation can be determined by measuring the dependence of one variable on experimental manipulation of another. The robustness of the results of this method depends on excluding the effects of confounding factors, either by measuring and accounting for their impact or ensuring that they are randomly distributed with respect to the controlled variable.

Experimentally-desirable control designed to maximise the likelihood of correctly identifying causation (e.g. preventing/denying or forcing participation in Love to Move) is often neither practical nor ethical when considering factors affecting human health and wellbeing. This is particularly true when the social value of the outcome is expected to be large and positive (which somewhat satisfies I&C social-value-positive criteria, but not the cashable-value-positive criteria).

Limited control, however, can be used to assess causation on a smaller scale. This approach has been used to develop the Love to Move program, where user feedback from locations running sessions once per week was compared to those running twice per week. While such experiments can always be improved, they can be used to provide evidence of the effectiveness of the program. Using the example above, before the trial it was not clear if A) the once-per-week treatment was negligent, wasting the opportunity of giving those in this group access to a second session, increasing the social and cashable value outcomes of the program, or B) the twice-per-week treatment was negligent, wasting the cost of a second session which delivered no additional social or cashable value.

While observational studies provide little evidence of causation due to statistical difficulties in accounting for the effects of confounding factors, given a few assumptions they can be useful where either:

1. alternatively (or additionally) to comparing treatment groups to each other, treatment groups are compared to predicted null outcomes. In this case, as users' health is expected to deteriorate (or, conservatively, remain constant),

and change relative to this expectation can be used as evidence of the effect of the treatment. The caveat here is that there could be non-treatment effects which were not accounted for when determining the null outcome. This can be overcome by using national and local statistics relating to the expected outcome to support the choice of null outcome.

2. some degree of causation is assumed, or supported by external evidence; for example, that higher mobility was observed to be associated with participation in Love to Move classes because the classes caused higher mobility, as opposed to high-mobility people attracting Love to Move classes, or Love to Move class attendance having no contribution to the association. This can be problematic if Love to Move classes are targeted to lower-mobility groups, and improved by looking at change in mobility over time rather than mobility at a given time (although more costly).

Further difficulty arises when considering value that increases over time, or arises only after significant time has passed. In such cases, the noise in the data resulting from confounding factors is likely to have increased such that smaller effects are hard to detect.

Targeted methods (i.e. assessing multiple defined groups) will give, more sensitive, more relevant, more costly results than those using less-well-resolved statistics (e.g. census data).

Conclusions

- Service providers are likely to be better able to make measurements of social value than CCC. CCC is likely to be better able to make measurements of cashable value than service providers. A balance needs to be struck on which party undertakes each of these elements.
- Qualitative and quantitative measures both have strengths and weaknesses. Methods should be selected on the basis of the degree to which each method fits the problem being addressed.
 - For this project, the expected outcomes are understood well enough that quantitative measures should be used to assess outcomes. Qualitative measures can inform the development of quantitative measures where circumstances change.
- Objective outcome measures are good for service providers to use to assess the effect of their program and inform changes to it internally. CCC could ask applicants to demonstrate more clearly/specifically the evaluation that they plan to carry out to demonstrate their effectiveness.
 - e.g. targeted, objective value, compared to predicted baseline, with reference to external information.
 - e.g. as a final column in the Logic Chain Model

- This is carried out by Love to Move far beyond the requirements of CCC
- Perceived (targeted, questionnaire, compared to out-group) and revealed (regional, statistical, compared to out-group) value are better for comparison between services, particularly if used consistently across services to be compared.
 - This is better done centrally e.g. by CCC to maintain independence, consistency
- You can make outcomes comparable between services by:
 - using the same tool to measure each type of valuable outcome for all applications. i.e. when addressing the “Older people live well independently” goal, have a common tool for measuring/assessing the independence of older people for the applicants to use. The applicants could apply as many of these tools as they want of those offered to measure their contribution to each of the goals. There are many such validated tools available that are already widely used.
 - converting different factors that contribute to welfare or social value into a common unit e.g. for independence: 1) estimate (or use estimates of) the financial equivalent of different levels of independence in terms of the effect on welfare, as determined by their revealed value, or 2) estimate the quality-adjusted life-year (QALY) equivalent of different levels of independence, as determined by their perceived or objective value.
- Objective measures of cashable value are good as the goals and system are well defined and always comparable.
 - Either targeted (comparing people to their expected use) or statistical (comparing people to their demographic’s use).
- Partnerships with external inputs (e.g. assessment carried out by a third party, or by CCC, supporting links between outputs/outcomes with primary research) is a good way to decrease bias, and can reduce the cost of meaningful evaluation.
- Specific outcome goals are important, and help determine how you can evaluate progress towards them.
 - e.g. for ‘people live well independently’, you want to find out to what degree someone’s welfare is dependent on council services. This could be done by asking how many times per month/week/day someone was reliant on a specific service.
 - How you know something is a problem is likely a good way to know if the problem is being reduced. The council’s reasons for choosing each of the 7 are likely a good source for how to measure them.

- There is inevitably a cost to collecting and analysing evidence. This should be made explicit and accounted for, either internally to CCC or as a provision in the funding.
 - The level of investment in collecting evidence is determined largely by how useful it is seen to be by decision-makers (both internal and external), in this case driven by the project's other funders.
- Funding bodies get what they ask for in terms of evidence, when it's not prohibitively expensive.
 - E.g. application form key question 4: "With reference to any of your work to date..."
 - Where outcome measurement is best done by service providers, indications of the type of evidence you value (i.e. qualitative, quantitative, external (e.g. peer-reviewed literature), long-term etc.) could help show/ensure that appropriate evaluation is being conducted.
 - Some commissioners prefer qualitative research; turning stories into data is not always more compelling. Qualitative analysis of case studies, stories, quotes, testimonials are valuable because they are more effective when selling proposals to funders.
- Outcome prediction for cashable value during application is strongly influenced by the cost-saving requirement.
 - Applicants may under-predict outcomes to avoid raising expectations.
- Potential CCC inputs:
 - Provide questionnaire(s), evaluation tools, social value data etc.
 - Ask to see the evidence you want, e.g. [Evidence Standards Summary Guide](#)
 - Collect/analyse regional data

Recommendations

- You can make things comparable by using the same tool to measure each type of valuable outcome for all applications. i.e. when addressing the “Older people live well independently” goal, have a common tool for measuring/assessing the independence of older people for the applicants to use. The applicants could apply as many of these tools as they want of those offered to measure their contribution to each of the goals. There are many such validated tools available that are already widely used. **Through the interviews we found that service providers already use assessment tools that are validated within their specific field. We recommend the Innovate & Cultivate Fund collects this information as part of evaluation and makes it available to future applicants.**
- Data already provided by the council on cashable value outcomes was very useful for applicants.
 - Applicants interviewed said that being signposted to this meant that they felt that they were able to articulate outcomes in the format needed by the Council. It was commented on that it is positive that the I&C website signposts to available data sets and that access to any further relevant data sets would be welcomed.
 - This is a great opportunity for CCC to assist with lowering the total cost of assessment, with guiding the types of assessment made and making sure that assessment is carried out in a way that makes the results more comparable across service sectors.
- We understand the importance to the council of demonstrating outcomes and impacts. This means having the confidence that service providers are considering methods for measuring outcomes as part of their project design. **We recommend that the council uses the I&C application form to explicitly ask for this information by adding an additional question that asks applicants how they will measure outcomes.**
- There is inevitably a cost to collecting and analysing evidence. This should be made explicit and accounted for, either internally to CCC or as a provision in the funding. The level of investment in collecting evidence is determined largely by how useful it is seen to be by decision-makers (both internal and external).
 - It is important to have the correct balance of delivery, measurement and development.
 - **We recommend that the Innovate & Cultivate Fund asks for a breakdown of evaluation costs in the section of the application form titled “Project Budget and Supporting Documents”**

Annex 1 - Case study: Love to Move, British Gymnastics

Introduction to the service

[Love to Move](#), run by the [British Gymnastics Foundation](#), is a program which delivers cognitive enhancement gymnastic exercise classes to help older people (particularly people living with dementia, Parkinsons, Alzheimers) improve their cognitive reserve, cognitive function, movement and social involvement. These classes are carried out in assisted living facilities, attended by residents, non-residents and their carers.

Service Outcomes

The outcomes of a social service, the changes that occur as a result of its outputs, can be divided into two categories that are relevant to I&C; those that provide:

1. Social value, the degree to which an outcome affects the subjective welfare of individuals.
2. Cashable value, the degree to which an outcome affects the cost of administering all services combined.

Social and cashable value, as defined here, are not independent: services which provide social value to those whose welfare is otherwise more affected by alternative services are more likely to have a higher cashable value. This is reflected in the application form key question number 1 (identifying the expected social value: (Older) people live well independently) and number 2 (identifying the target users to be of a high-cost demographic: older people living with dementia or Parkinson's Disease, likely to access council homecare services and residential care).

Services must be social-value-positive and cashable-value-positive to receive I&C funding. Given a constant efficiency of service provision, such cases could be described as:

A. replacing a more costly service with a less costly, yet effective service . This is reflected in the application form key question numbers 3 (identifying how the service is expected to reduce alternative service use: enabling users to retain independence for longer) and 5 (identifying the novelty of the project).

B. reducing people's requirements of government-funded services for their welfare (increasing resilience). This is reflected in the application form key question number 6 (identifying how the service enables inter-community benefits: developing social connections and a strengthening the target community).

The primary social value of Love to Move is expected to come from improvements in the service users' physical and mental health, as well as their social connections and activity level. Secondary benefits are also expected for their carers who attend the sessions, reducing their load and providing social opportunities. Further benefits could also be expected for others involved in the users' care, such as family or care-home support staff, whose welfare is affected by that of the service users.

The cashable value of Love to Move is expected to arise from a reduction in the cost of statutory Adult Social Care provision to users and the cost of respite care for users'

carers. Further benefits could also be expected in terms of reduced use of NHS services by users.

A third type of outcome that is not related to impact but demonstrates outputs are those which provide descriptive information (e.g. census, measurement) .

Approaches to Measuring the Value of Outcomes

Approaches to measuring value differ in: A) how determining what is valuable, and the degree to which a situation achieves this value, is distributed between the assessor and the assessed; and B) the independence of the assessment from confounding factors. An approach grounded in economics considers 3 options:

1. Objective value: The assessor determines what factors are valuable and their value (the objective) and measures or the degree to which a situation achieves that value independently of the assessed. This approach works well when the assessor has a good understanding of the objective and has access to information that relates to it. It can be problematic when the assessor's objective poorly matches the 'real' objective of the assessed.
2. Perceived value: Service users determine their own values independently of the assessor.
3. Revealed value: The assessed party is given multiple options and the assessor measures which option is chosen. This captures the real values of the assessed independently of the assessor .

Qualitative and Quantitative Measures

Qualitative measures collect non-numerical data. Examples include unstructured questionnaires, diaries, observations and interviews. They are more flexible in their application and therefore can measure outcomes the assessor was not predicting. This flexibility, however, makes comparisons between measurements more difficult. They are well suited to exploratory research: to identify underlying reasons, opinions, and motivations; to provide insights into problem and help develop ideas or hypotheses for potential quantitative research where the subject is not well understood.

Quantitative measures collect numerical data. They use tools and a predetermined methodology to reduce external factors influencing outcomes. Examples include structured questionnaires, count data and secondary data. They are less prone to systematic error, but are constrained by their design which can introduce systematic bias. They are well suited to comparison between groups to identify differences or correlations, where the groups and variables of interest are well defined.

Measuring Social Value

Due to the complex, personal, subjective nature of social value, assessors are rarely in a good position to determine an ideal set of factors that are valuable and how different factors should be weighted (an objective). There are often clear examples of

commonly valued factor (for example in this case dexterity, mobility, memory, cognition, activity, socialisation etc.) and these factors might be easily measurable, but the appropriate social value associated with a given measurement is unclear. Where factors are poorly defined or values are poorly attributed, a service which improves one factor at the expense of another could be objectively valuable while having a real social value cost. These issues are discussed in Approach 2, above. Similarly, value decisions affect comparisons between services whose value arises from their effect on different factors.

The Council has chosen a set of 7 outcome objectives for the [Innovate and Cultivate Fund](#). This presents to applicants an objective-value-type framework with which to determine the value of outcomes, whereby social value is assigned to progress towards achieving one or more of the outcome objectives.

Perceived and revealed social value include each individual's subjective valuation, removing the need for the assessor to make assumptions about them. Questions need to focus on individual users' experience i.e. what they gained from participating. The difficulty arises in designing appropriate questions so that the responses both accurately reflect the real value and are comparable between demographics.

The revealed value of this service can be assessed by looking at attendance figures and rates of turnover. The low turnover of attendants to this program is good evidence that the social value is at least greater than the cost of attending.

Another way to measure revealed value is by looking at large, national survey data sets as described in Approach 1. This provides the wellbeing-equivalent financial value of different outcomes, divided by various demographic factors. Compared to the method described above, this information is less specific to individual users, relying on averaged values, but is much more detailed, making a wider range of potential outcomes comparable, and is not limited in the magnitude of the value that can be assessed.

Measurement itself can also be problematic. Any form of assessment is costly, diverting resources which could otherwise be spent on service delivery. In this case, some useful measurements such as cognitive skills would require higher-skilled researchers in order to ensure that they are applied correctly. The mechanics of this trade-off between information and money will be different for each service, and the optimum is largely determined by how much funding bodies value (i.e. are influenced by) different types of information. Additional problems arise with service users who are unable to understand and complete questionnaires accurately due to reduced cognition. There are, however, appropriate, independently validated methods for measuring wellbeing such as [WEMWBS](#) and many others which, if widely applied, could be used and compared across multiple services.

Love to Move uses information from external sources to link difficult-to-measure outcomes to more easily measured outcomes, or even to outputs (supporting output-based activity value as described in Approach 1). They refer in their application to peer-reviewed [primary research](#) which supports the link between mobilisation and cognitive enhancement. The development of the program is also based on a much larger range of scientific literature, which is not present in the application largely because it was not required. In the past, the organisation has partnered with

universities to conduct independently-funded research into their programs, and plans to soon in relation to this project. They have also worked with Age UK for independent project evaluation.

Another external source of information is secondary data (data gathered for a different purpose). CCC and others collect and provide data that are relevant to social service outcomes (e.g. via [Cambridgeshire Insight Open Datasets](#), including a selected [I&C groups](#)), at both local and national scales. These tend to be relevant only to assessing objective value due to the nature of the data and how it was collected.

Assigning Value to Services

Causation can be determined by measuring the dependence of one variable on experimental manipulation of another. The robustness of the results of this method depends on excluding the effects of confounding factors, either by measuring and accounting for their impact or ensuring that they are randomly distributed with respect to the controlled variable.

Control of experimental conditions designed to maximise the likelihood of correctly identifying causation (e.g. preventing/denying or forcing participation in Love to Move) is often neither practical nor ethical when considering factors affecting human health and wellbeing. This is particularly true when the social value of the outcome is expected to be large and positive .

Limited control, however, can be used to assess causation on a smaller scale. This approach has been used to develop the Love to Move program, where user feedback from locations running sessions once per week was compared to those running twice per week. While such experiments can always be improved, they can be used to provide evidence of the effectiveness of the program. Using the example above, before the trial it was not clear if A) the once-per-week treatment was negligent, wasting the opportunity of giving those in this group access to a second session, increasing the social and cashable value outcomes of the program, or B) the twice-per-week treatment was negligent, wasting the cost of a second session which delivered no additional social or cashable value.

While observational studies provide little evidence of causation due to statistical difficulties in accounting for the effects of confounding factors, given a few assumptions they can be useful where either:

1. alternatively (or additionally) to comparing treatment groups to each other, treatment groups are compared to predicted null outcomes. In this case, as users' health is expected to deteriorate (or, conservatively, remain constant), and change relative to this expectation can be used as evidence of the effect of the treatment. The caveat here is that there could be non-treatment effects which were not accounted for when determining the null outcome. This can be overcome by using national and local statistics relating to the expected outcome to support the choice of null outcome.

2. some degree of causation is assumed, or supported by external evidence; for example, that higher mobility was observed to be associated with participation in Love to Move classes because the classes caused higher mobility, as opposed to high-mobility people attracting Love to Move classes, or Love to Move class attendance having no contribution to the association. This can be problematic if Love to Move classes are targeted to lower-mobility groups, and improved by looking at change in mobility over time rather than mobility at a given time (although more costly).

Further difficulty arises when considering value that increases over time, or arises only after significant time has passed. In such cases, the noise in the data resulting from confounding factors is likely to have increased such that smaller effects are hard to detect.

Targeted methods (i.e. assessing multiple defined groups) will give, more sensitive, more relevant, more costly results than those using less-well-resolved statistics (e.g. census data).

Observations

- Qualitative and quantitative measures both have strengths and weaknesses. Methods should be selected on the basis of the objective.
- Specific measures are good for service providers to use to assess the effect of their program and changes to it internally.
- Contracting an external party to conduct evaluation is a good way to decrease bias, e.g. assessment carried out by a third party (or by CCC) and this can reduce the cost of meaningful evaluation e.g. supporting links between outcomes with primary research specialists.
- Outcome prediction for cashable value is strongly influenced by the cost-saving requirement. Applicants may under-predict outcomes to avoid raising expectations
- Specific outcome goals are important, and help determine how you can evaluate progress towards them.
 - e.g. for 'people live well independently', you want to find out to what degree someone's welfare is dependent on council services. This could be done by asking how many times per month/week/day someone was reliant on a specific service.
- Service providers are likely to be better able to make measurements of social value than CCC. CCC is likely to be better able to make measurements of cashable value than service providers. A balance needs to be struck on which party undertakes each of these elements.

- Some commissioners prefer qualitative research; turning stories into data is not always more compelling. Qualitative analysis of case studies, stories, quotes, testimonials are valuable because they are more effective when selling proposals to funders

Annex 2 - Additional Interview notes

Steve Peters, Manager, Love to Move, British Gymnastics

Interviewed by Jeffrey Douglass

Background

Adult Social Care: Managing, training and delivery of Love to Move cognitive enhancement gymnastic exercise classes to help older people, (particularly people living with dementia, Parkinson's, Alzheimer's) improve their cognitive reserve, cognitive function, movement and social involvement.

Expected welfare benefits

1. Improved physical health and wellbeing
2. Improved mental health and cognitive function
3. Enjoyment of the activity for service users and their carers
4. Improved socialisation among service users and their carers
5. Down-time for carers of service users

Saving estimate from application

1. Reduced home care cost for service users
2. Reduced carer breakdown

Key interview points

- The project was designed around [primary research](#) [see below, and many others] linking mobility and mobilisation with mental health benefits
 - Validates effects on physical and cognitive measures
 - Using existing evidence basis
- Independently [evaluated](#) by Age UK
- Qualitative analysis of case studies, stories, quotes, testimonials are more effective when selling proposals to people e.g. funders such as DCMS who fund Sport England
 - Turning stories into data is not always more compelling
 - Some commissioners may prefer qualitative research
- More advanced measurement, e.g. cognitive function, requires more highly-skilled researchers to carry out
 - They have historically partnered with 3rd parties (and plan to for this project soon) e.g. Universities, Age UK, for extra data collection and analysis, whereby part or all of the cost of the analysis is funded as research by the University
 - Difficulty surrounding getting some service users to understand and complete questionnaire accurately e.g. those living with dementia, to understand and complete questionnaire accurately due to reduced cognition.

- Specificity of measures is important
- Significant outcomes data analysis is being carried out as required for Sport England funding
- Some data is available on a national scale e.g. [2016 health survey](#)
- Measuring outcomes is seen as diverting funding away from being able to provide the service.
 - This can become overly burdensome and costly; it is important to have the correct balance of delivery, measurement and development.
- A lot of the internal project auditing is output-based i.e. attendance
- They do a lot more objective measurement of wellbeing than are required by the funding
 - Using external, validated, accessible, recognised questionnaires e.g. [WEMWBS](#)
 - See e.g. [Reconomics](#) report for valuing activities
- They consider low user turnover as a sign of success
 - [Assessing revealed value]
- Financial benefits to the council estimated based on previous experience, and to limit the council's expectation regarding outcomes.
 - Cost-reduction opportunities provided by the council during the application stage was very valuable however
 - No specific pre-programme baseline available to British Gymnastics Foundation, from which improvements are to be made
 - [Additional benefits likely missed]

Amanda Langford, Founder & Ambassador, Blue Smile

Interviewed by Jeffrey Douglass

Background

Providing therapeutic support to disadvantaged local children and parenting wellbeing programmes in order to strengthen families and relieve Council pressures.

Expected welfare benefits

1. Improved emotional wellbeing for users (children and parents)
2. Improved academic performance of users (children)
3. Improvement as 1 and 2 for other children of user parents
4. Empowerment of parents to pass on their learning to other parents in the community

Saving estimate from application

1. Reducing Family worker intervention
2. Reducing Social care intervention
3. Reducing specialist teacher intervention

Key interview points

- Some slicing of project funding to meet council funding criteria
- Linked with multiple other related charities providing synergistic services
- Possibility of using link between school attainment and antisocial behaviour
 - Already used some peer-reviewed research to support application
 - 3rd party research e.g. supporting links between school attainment and antisocial behaviour not always seen as compelling
- Dynamic use of feedback to inform the project's structure
- Use recognised 3rd party questionnaire to measure wellbeing e.g. [Development and Well-Being Assessment](#), Goodman [Strengths & Difficulties Questionnaires](#)
 - Consider these to be 'blunt' i.e. not specific enough to the particular issues they are trying to address
- Consistency of measures of academic performance is varied between schools, making certain comparisons difficult
 - [stick to comparisons within schools, or between prediction and observation?]
- Have partnered with Universities to carry out research.
- Less attention paid to analysing long-term impact due to the youth of the project and inherent difficulties.
- Highlighted GDPR-type issues surrounding data collection and analysis
- Look at [Place2be](#) for [impact assessment](#)
 - [Clinical Outcomes in Routine Evaluation](#) questionnaires

Through the Door project

Interviewee: Siobhan Mellon, Development Officer South East, South Cambridgeshire District Council

Interviewer: Mindy Dulai

About the Organisation

- South Cambridgeshire District Council (SCDC) is a statutory authority – like all district councils they are required to provide specific services.
- SCDC is responsible for providing waste collection and recycling, local planning and housing services, environmental health services and council tax collection
- An interesting point to note in the context of this grant is that the project that the Innovate and Cultivate (I&C) funding goes towards provides a service that is not a statutory requirement, but does fulfil SCDC's goal of improving quality of life for residents.
- In terms of how they determine their strategy and associated activity, this is down to the elected Council.
- 360 staff in total at SCDC.
- They applied for the full amount available in the 'cultivate' stream of the fund.
- The money that they received from the I&C fund enabled them to fund a non-medical 'social navigator' based within a medical practice.

- A GP may refer a person to the social navigator if they feel that some of the patient's needs may be best addressed through the person receiving the support of other people/ community organisations (i.e. not specialist medical help).
- This reduces the pressure on the time of the GP or surgery staff who may be dealing with needs that do not require their level of expertise.
- So, this may include people who are lonely or need to be more physically active.
- The key thing about the Innovate and Cultivate grant was that it enabled the scheme to reach more people by supplementing existing funding for this project.
- The partners working on this project had already agreed a specific level of funding to cover a part-time social navigator, which meant that basic costs had been met.
- The additional money from the I&C fund meant that the social navigator could be paid for more hours than the original proposal – meaning the funding enabled the social navigator to see more people.
- It can be viewed as unusual to provide funding that would go into a doctor's surgery – idea of one kind of public funding being used to support another service that is publicly funded (but by a different source).
- However, here it did enable SCDC to 'do more' by funding 5 additional hours per week.
- There is a hope that in the future the GP's surgery would fund it, however they would not do this unless they can see that it will work. Being able to fund the project in this way enables collection of outcomes/ experiences to see if this kind of intervention can make a difference.

Predicting Impacts

- SCDC looked at a similar project that the GP's surgery had found out about in Devon.
- The project in Devon had been running for 2 years and involved 1 full time social navigator/ link worker.
- SCDC used the figures that the authority in Devon had gathered with regards to how many patients the link worker had seen in their I&C application.
- They referenced adult social care costs in their application to demonstrate the potential savings.
- The estimates for the savings on adult social care were provided to the applicants by either the County Council or the Cambridge Community Foundation.
- Without the data being provided, it wouldn't have been easy to provide this as part of the case in their application.
- If these hadn't been available then SCDC might have used a modelling tool currently being developed by the Campaign to End Loneliness to quantify expected impacts.
- Goal of the project is part of a series of interventions to tackle the issue of loneliness in the community – tackling loneliness is a priority for SCDC, as determined by councillors.
- Also to reduce pressure on GP services by providing an additional member of staff that can provide support with non-medical interventions to improve lifestyle.
- In different places across the country this kind of project actually takes place on a much bigger scale and is often funded by Clinical Commissioning Boards within the NHS.

- An awareness at SCDC that at this stage this kind of project would not be an NHS priority in this region, so a way to start to try this kind of intervention out so that they could start to learn about how to run this, its impacts and any challenges.
- The Country Council's goals for funding this project through the I&C fund is to reduce their own costs and this is clear to applicants.
- People find out about the service through the GP – it is the GP that makes the referral to the social navigator.
- Too early to understand whether there is turnover in the service (almost 6 months in, so still quite early) – they still have not had their first formal report of how the project is progressing.
- However informal feedback from the social navigator suggests that the project is at the stage that it should be.

Measuring Impacts and Outcomes.

- They will use short questionnaires that will be shared with people that use the service as part of their measurement of outcomes.
- One short questionnaire will focus on mental health and the other will focus on loneliness.
- Idea is that a person fills in questionnaire at the start before the programme begins and then fills in another one at 24 weeks to determine any changes.
- Alongside this, the social navigator carries out an interview at the start of the programme and then later follows up on this.
- They also log the number of patients seen and also how many times the patient used the surgery in 12 weeks prior to the referral, at 12 weeks and at 24 weeks after the referral.
- SCDC would measure the impact of the programme anyway – their outcomes measurement is not driven by the I&C grant.
- It is very difficult to measure the outcomes of the project that has been funded by the I&C funding.
- SCDC cannot prove that they have managed to stop someone from requiring adult social care.
- One challenge is around the fact that it is not always clear to what extent you can identify those who are at risk of going into adult social care before they require it.
- If they could identify these people, then potentially they could record the number of people in this category that the social navigator sees and share with the County Council as part of the measurement of outcomes.
- Other outcomes (other than cost savings) that SCDC think are important to measure are:
 - the number of patients that they get to engage with the community voluntary sector that weren't doing so beforehand
 - and the loneliness and mental wellbeing data showing improvements.
- In this part of SCDC, they do not have specific tools for measuring cost savings – possible that other parts of SCDC might use some, e.g. those working on housing.
- Questionnaires are the main tool that they use to measure outcomes.
- Have to be careful as do not want to bombard the patients with lots of questionnaires or other things that need to be measured/ recorded.
- 2 is the maximum number of questionnaires that they would want to use.

- The loneliness questionnaire that they use is one that is based upon the loneliness scale devised by UCLA – this is one of three scales that is recommended by the Campaign to End Loneliness
- The mental health questionnaire that they use is based on the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS).
- Both scales are short which is an important consideration in making them usable for the patients involved in this project.

Challenges

- One challenge in measuring outcomes in this area is that it is possible that the project may not succeed in e.g. reducing GP attendance.
- However, in the long-term the project may help to address issues that help the patients live well and independently (e.g. improved social interaction, changes in physical activity to improve health).
- However, in the short-term, it may not actually reduce the burden on the NHS through e.g. reduction in number of visits to the GP, as it may spur people to address specific health problems.
- Engaging people so that they are active in the community is valuable to SCDC, however, it may not demonstrate itself in the way it needs to or on the timescales required, for them to prove that it is valuable.
- Also, with this kind of intervention, you cannot prove the direct link between the intervention and any preventative outcome.
- The challenge to them is not in the demographic or the setting, but over the questions about funding being used to fund a programme in a doctor's surgery (i.e. acknowledging the point of view that this should go through the NHS rather than other sources).
- They feel that they reach the target demographic very well by going through the GP's surgery - this a key part in making the project successful.

Suan Rowland, Parish Nurse Plus

Interviewed by Kathryn Muir

Key points

- Useful to think in terms of outputs, processes and outcomes.
- 'Action research' is helpful: build in a learning loop so can improve service as you go along.
- Evaluate by telling stories:
 - This suits their organisation best because as a small charity they do not have the resources to do complex evaluation e.g. using health and wellbeing indicators.
 - Also this qualitative approach works for their organisation because every individual's case is so different and complex.

“One of the things I’ve learnt is how powerful stories and case studies are... because they have meaning for people.”

- Other useful indicators are: how many people are involved, how many people are attending activities, how many people are connected to each other.
- The council’s focus is on projects that can evidence that they will save money: Parish Nurse Plus are able to meet this requirement by including the ‘Parish Nurse’ aspect of their organisation (the Parish Nurse works with people with more acute needs, whereas the community development work covers the wider population). Interviewee raised concerns that some other community development projects would not meet this requirement because their benefits would be too long term.
- Outcomes are the result of interventions plus context. The context is crucial.
- Innovate and Cultivate fund strikes a good balance between requiring project to show value for money, but also recognising the other benefits of the project.

The organisation:

A local charity which functions across 7 rural villages in South Cambridgeshire. Already employs one ‘Parish Nurse’ on behalf of 7 churches. Parish Nurse has been employed (three days a week) for the past 2.5 years, working with people with health needs (she sometimes works with people with simple health needs, but often works with people with significant health needs – this is where the greatest gains can be seen) with significant health needs. She has an honorary contract with local GP service so can share information about patients.

Funding from Innovate and Cultivate fund:

Successfully applied for 1 year’s funding adding **community development** aspect to the Parish Nurse’s work (they initially thought they would hire another member of staff, but are now commissioning out the work instead).

Aim:

“to identify and harness social capital in local communities so can work together to find local solutions to enhance health and wellbeing.”

The existing Parish Nurse service – focuses on the needs of individuals. The new community element deals with the *context* of care.

This means: improving the knowledge and skills of the local community to look after themselves and each other, by sharing information about what services are available so that local people can get involved in activities that will enhance their health and wellbeing. E.g. volunteering opportunities, lunch clubs, older people’s groups. Set up networks within the community.

Ultimate outcome – We certainly hope to use services more effectively and efficiently and also hope to develop innovative local solutions to improve/resolve issues where there are no services, or gaps in services. More importantly, we want to create an environment that

enables people to be well, keep well and have access to services they require. (It is not a specific aim for the community to use the community will use formal health and social care services less.)

Beneficiaries: Whole population (the existing Parish Nurse has focused particularly on older people and their carers; the community development part wants to focus on younger people too).

Measuring outcomes

“We work in terms of outputs, process and outcomes”

Outputs – Have a database of information, disseminate information on website.

Process – Learn how to effectively share information etc. “The ‘how-tos’ are going to be really important.”

Outcomes – “The benefits to people”. Making a difference to the community, making community links (new community activities starting, more people involved.)

They have used an ‘action research’ model, quality improvement model. Always building in a learning loop. (Aim: Learning how to run projects/activities effectively with sustainability a key issue for consideration. (so can share with community)

Outcome measurement: “the only way we can do it is telling stories.” They had initially wondered about using other measurements, but this was not possible because:

“1. We are running this on a shoe-string, the only person that gets paid is the parish nurse, all of the management team are volunteers; 2. We have no way of analysing it with any confidence that we would do it rigorously. So we decided we weren’t going to do that.” The Parish Nurse did not have skills and time for database input.

*“It’s a much more qualitative model rather than a quantitative one.”
(But they do collect some quantitative data).*

Each case is different and complex, so work in a variety of ways: “It’s impossible to measure!”

Example 1: individual who is wheelchair bound. Has special equipment so he is able to drive himself into town. Previously he was also able to get in and out of the car himself but now not able to. Needs help to get wheelchair in and out of car. He did not feel able to ask his neighbours or his friends, so he asked the parish nurse who contacted Parish Nurse Plus. Set up a team of 4 people to help on a rota basis. Result: “It gets him out, he still feels he’s independent, he gives his wife that break”

Example 2: Couple in their 80s who look after each other. Their paperwork was mounting up – have organised for someone to go round once a month and help them with their paperwork.

Council's goals in relation to this project:

Application form states that this project meets 3 outcomes:

Outcome 1 – Older people live well independently (because older people will join activities, gain friends, networks and support)

Outcome 3 – Adults and children at risk of harm are kept safe (because of links with Social Service and the District Council)

Outcome 7 – People lead a healthy lifestyle and stay healthy for longer (community worker will publish a directory of activities – including fitness activities - so people are more likely to go).

Why do they think council has funded it?

“They were happy to fund it because the pre-requisite, the thing that we absolutely had to fulfil, was about saving money. That’s why I’m talking so much about the Parish Nurse. Because there was no way the community project would save them money in the here and now.”

“The Parish Nurse saves them money because she can make a care package more secure, delay nursing home placement, provide support so they don’t use services for care.”

“But ours is good, because with the community element it will cover primary, secondary and tertiary prevention.

“The funding requirement was about community work, but you had to save them money. The only way we were able to do that was because we had the Parish Nurse and it is the project as a whole. People who were just focusing on the community would not meet the criteria... To ask community development projects to save money on nursing home placements, I don’t think so! It’s too long term.”

Measuring Impacts/ Outcomes

“I’m doing the evaluation, I’m trying to keep notes of all of this. I collect basic data, I focus on some case-studies. When we have the community workers I’ll be recording (e.g.) have they contacted the schools? What has changed? Basic recording.

How much of your outcome assessment is directly related to the funding requirements?

Want to do it for themselves.

"I think if we do community development, I think how we set that up and how we share that with the community is a key part of it... because that becomes the greater understanding." (of how we live, work, share and learn together for the greater good)

"In public health terms your outcome is X + Y + context. That context is absolutely crucial. It's the environmental bit that's going to create the greatest changes.

"Maybe the ongoing sharing, improved understanding might be the outcome you want for community development."

Are there other kinds of outcomes that should be considered when measuring success (other than cost savings)?

"I think it's all the wellbeing stuff, it's being connected, feeling well ...people feeling "I want to live here, I want to belong here. I want to have the services when I need it."

How do you measure this?

Health and Wellbeing measures exist.

But at the moment (as mentioned above) they don't use any specific tools as don't have the resources or expertise (and don't want to do it if not able to do it to a well and with confidence level)

But maybe some of the indicators are actually: 'have we got systems that involve people? How many people are involved in this?'. Because the greater the proportion of the population you can involve and cross-connect, the greater the benefit."

Do you undertake to measuring cost savings as part of measuring outcomes?

Committed to Cambridgeshire County Council that would at least deliver them savings.

On application: Estimate that 2 additional individuals are prevented from needing 12 months of medium-level home care, plus one individual delayed from needing to move into residential care for 6 months during funding period. [From Parish Nurse scheme, rather than the community development part].

Parish nurse scheme has stories of preventing people going into nursing home, and therefore saving £1000 a week.

What are the challenges in measuring outcomes in your field of work?

Challenge - collecting the information in a way that makes sense.

“A lot about community work is you have to run with what you’ve got. And “one of the things I’ve learnt is how powerful stories and case studies are... because they have meaning for people.”
“Having done the stories we have to be very careful about the level of detail for confidentiality, particularly sharing locally, because it’s small villages and people will deduce.”

Other

“I must say I’m very comfortable with what I’ve seen in the Innovate and Cultivate fund, I think the officers have tried as much as they can to walk to tightrope... between accounting for the money that goes in and understanding all of the issues. I think they’ve done it really well.”

Vickie Graham - Houghton and Wyton Timebank

Interviewed by Kathryn Muir

Key points

- Record impact using written case-studies describing the benefits for individuals.
- Also record numerical ‘output’ data – how many hours people have put in/received
- Measuring outcomes is difficult because they work with such a wide range of people with a wide range of needs.
- For the Innovate and Cultivate Fund, it would be helpful if the council had a set way of measuring outcomes (e.g. a spreadsheet) for people to use as a starting point/guide when evaluating their projects.
- The financial information available on council websites (about the costs of social care etc.) is useful, but it would be good if this information was more transparent/easier to understand for those that don’t work in that department.
- The council are very supportive, helping with reports etc.

About the organisation

Timebank – work with our community to help individuals get support
150 members who’ve given over 2,400 hours.

She is the time bank coordinator – 15 hours a week

Innovate and Cultivate Fund

Award has enabled the project to continue.

Parish council decided they'd like to form a timebank in the parish. Gave full funding for a year, now match-fund, but they had to seek other funding sources.

Beneficiaries: 25% of the village are people who live alone, a high % of them are elderly and widowed. Already had a group of people in mind that needed our support.

Goals of this project

Help people stay in their houses longer. Help people get the support they need, support people where council services aren't available.

Don't have a fixed remit, it changes constantly

How do users find out about and access the project?

Based in parish office 3 days a week. Initially spread word by attending events, now communicate through coffee mornings, parish notice-board, magazines and leaflets. Very low turnover, most people who have joined have stayed.

Measuring Impacts/ Outcomes

"I track everything... I write case studies on all the individual cases we've had. We report the impact by looking at the jobs that are being done, the time that's being given, the beneficiaries"

"I record the age ranges of members, because they've changed quite dramatically." Started off mostly young people, now many over 75.

"Case studies describing the changes that are happening to people, and the benefits of becoming part of the timebank."

How easy do you think it is to measure the outcomes of the programme?

"It's the impact in the village, it's the evidence, it's the photos, the members stories, It's not an easy thing to... it's not as straightforward as some impact measures I've done in the past... because of the varied range of people I'm working with. Their individual needs are very different, I don't have people who all need social care... one person needs a hand-rail fitted, one person needs a key box fitted outside their house."

What other kinds of outcomes that should be considered when measuring success (other than cost savings)?

"All the benefits to people – the impact on health and wellbeing and social isolation."

"It's the impact on the members and the benefit to the community."

Do you measure cost savings as part of measuring outcomes?

"No, but I think we're going to have to. It's something that will come."

"Spent 1,000 but not anything that would show cost savings for people yet – that comes from the case studies."

Difficulty of proving prevention:

"Although we have just helped one lady who had gone into a home come back to her own home, with the support of the time bank...but it's hard to prove."

Been working with Carol Williams from the Council, has given me a number of cost-effective ways that we'd be saving money. Helping people stay in their homes.

"Things we've done already: Lady broke her hip, we bought some socks for her, gave her a lift somewhere."

"We work hard to get to people who can't get to events, so we had a BBQ and we delivered food to people who weren't able to come."

Are there specific tools that you use to support you in measuring outcomes?

Uses Time Online 2 – can pull off service reports, find out information about people, look up what they've done.

Challenges

"Because it's so different every time...that's the difficulty trying to record the outcomes because they're so individual."

Demographic they work with: High volume of vulnerable people living alone. It's a very mixed community, some people very wealthy, some not, so need to make sure reaching everyone.

Any way council could improve how they measure outcomes?

"To have a way of measuring outcomes that they ask us to use. A set spreadsheet or something that says "this is the sort of thing we're looking for." A starting point. Because then you'll get more consistent answers."

"There's a really good website that has all the information about how the council spends their money, but it's very tricky to access for people who don't work in the council, so I think it's just about making things more transparent for people who aren't working in that area."

"It's about being the right person to understand what it means?"

"I've got two lead people that are brilliant, really supportive." Carol and Wendy

"They proof read all reports... make sure that everything's clear."

Annex 3 - External Sources

Social Value Databases

- [New Economy Manchester Unit Cost Database](#)
 - Publications on [Cost Benefit analysis](#), [Guidance](#) and [cashability](#)
- [Sustainable Development Unit - Social Value Calculator](#)
- [Housing Association Charitable Trust - Value Calculator](#) using [Wellbeing Valuation approach](#)
- [Global Value Exchange](#) searchable database
- [NHS - Data](#) including [Adult Social Care Outcomes Framework](#)
- [Cambridgeshire Insight Open Datasets](#), including a selected [I&C groups](#)

Social Value Calculators

- [Investing for Good](#)
 - [Impact assessment tool](#)
- [Social Value Portal](#)
 - [Key Performance indicators](#)
 - [Social Value Tool](#)
 - [National Themes, Outcomes, Measures Tool](#)
- [New Economics Foundation](#)
 - [Prove and improve tools](#)
 - [Prove It](#)
- [HACT](#)
 - [Value calculator](#)
- [Sustainable Development Unit](#)
 - [Social Value Calculator](#)
- [Social Value Bank](#)
 - [Value Calculator](#)

Other Professional sources

- [Government Outcomes Lab](#)
 - [Evidence Report](#)
 - [Introduction to Evaluation](#)
 - [Setting and Measuring Outcomes](#)
- [World Bank](#)
 - [Impact Evaluation in Practice](#)
- [HM Treasury](#)
 - [Magenta Book - Guidance for Evaluation](#)
 - [DWP Social Valuation Techniques](#)
 - [Cost-benefit Analysis \(CBA\) for Local Partnerships](#)
 - [CBA Framework](#)

- [British Medical Association](#)
 - [Exploring the cost effectiveness of early intervention and prevention](#)
- [Social Value UK](#)
 - [Cost Benefit Analysis](#)
- [Good Finance](#)
- [Heritage Lottery Fund](#)
 - [Guidance on Evaluation](#)
- [Big Lottery Fund](#)
 - [Project Evaluation Guidance](#)
- [Outcomes Star](#)
- [Investing for Good](#)
 - [Impact Measurement Practice](#)
- [HACT](#)
 - [Evidence Standards Summary Guide](#)