



# SOCIAL RETURN ON INVESTMENT EVALUATION REPORT

## DISCLAIMER

This document has been drawn up for the use of Age Care Advice only, on the basis of the previous roadmap drawn up by LORIC. Information in this document may be shared by Age Care Advice as seen fit by the beneficiary. Work used in this report will not be used for the support of other LORIC beneficiaries. Work used in this report may be used to evidence LORIC outputs as outlined by the ERDF funding requirements.

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LORIC

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## Headlines

Using the most conservative estimates of the data given, the following calculations have been made:

- For quality of life factors, which cost £4380 per year at Age Care Advice's current rate, for every pound invested in Age Care Advice, the return is approximately £2.00 across services.
  - A family carer also benefits from the quality of life work, the return on investment is £5.16 per £1 invested.
  - For quality of life work that included suicide prevention, (life of the person was extended for 5 years), for every pound invested in Age Care Advice, there was £54 returned.
  - Although the family carers are not the main beneficiary group, they benefit directly from the activities of Age Care Advice. Even if the work of Age Care Advice led to a 10% betterment of the life of carers, they would have a social impact of nearly £3000 per person per year. As it stands, if the work of Age Care Advice prevented a carer from 'burning out', they would have a social return on investment of £3.29.
  - For cases where non-elective engagements with the NHS were involved, and Age Care Advice was brought in, the return on investment starts a £2.67 returned per £1 invested over 3 months, and can go up to £5 or £6 return per £1 invested.
  - Even if Age Care Advice was only brought in to prepare a patient's home for discharge, and they prevented a 10-day delay, the return on investment would be 20:1 (for every £1 invested, the NHS would get approximately £20 back because the patient would not be on the ward.)
- Those are all conservative estimates that do not include the possible



complications that might arise from the patient staying on the wards, becoming more ill, or having their health plan fall through once they were already discharged.

- The headline evaluations have been focused on the immediate, most noticeable impacts of Age Care Advice, as these are the ones most easy to measure. The evaluation does not take into account less tangible, but not less important changes to a client's life, such as having trustworthy support, or, for the family carer, to have someone prepare them for the death of a loved one.

## Introduction

This document has been written up to support the Social Return on Investment Valuation for Age Care Advice. The document is intended to be used alongside other methods for evaluation by Age Care Advice (such as financial documentation and tax records) in order to demonstrate the value of the service to a wide range of stakeholders and evaluating bodies.

### ***LORIC SROI Disclaimer***

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*“Social Return on Investment is a model that places stakeholders in the centre of an evaluation exercise. It looks at what the main benefits and outcomes are for service users – both good and bad – and engages them directly in the outcome. What that means in practical terms is that service users and other stakeholders are asked about what they perceive the benefits are for them in using the service, and then they are empowered to lead the evaluation.*”



*“The Social Return on Investment model is not meant to replace other methods of evaluation and data gathering; it is not meant to place exact financial figures on an outcome; and it is not about imposing a pre-determined view of what value is on a group of stakeholders. The principles of Social Value are “to increase equality, improve wellbeing, and increase environmental sustainability”. It’s a way to provide a fuller picture of return on investment, not a replacement for accounting or financial audit.”*

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For Age Care Advice, the goal of using SROI as a methodology is to highlight the many intangible benefits that service users/carers/extended family get from engaging with the team. The basis for the methodology is not dissimilar to what is referred to in business studies as “opportunity cost” and “opportunity gain” – in other words, it puts a value on things that are difficult to otherwise measure, and uses those figures to demonstrate the importance of the service to the service users and other stakeholders.

### ***Primary Source Data***

The primary data that this report is built on comes from the family members of service users of Age Care Advice. The sample has been selected by the company and interviewed over the phone by LORIC. At the start of each interview, LORIC explained to family members that their responses would be anonymised, that the interview was voluntary, and that they could withdraw their answers at all points prior, during, or after the interview. No interviewees refused or withdrew their answers at the time of this writing.

### ***Proxy Source Data***



The data used for the proxy values is taken from open data sources as well as from commonly known data in the public domain (such as the average cost of certain groceries, etc.)

## PART ONE: Who changes as a result of activities?

The service model offered by Age Care Advice is based on cooperation, mutual respect, and providing a tailor-made service, seven days a week. The care co-ordinator model that has been developed by Age Care Advice ensures one allocated worker per case, 12 hour support during all days, no waiting lists, and rapid, personalised response. As described by the founder of the company, the model is designed with quick **response** and **action** at its core: the logic behind it being that if enough is done to support the service user on a daily basis, most crisis scenarios will be averted.

Key stakeholders identified during the **first stage of the research included**: service users, service users' families, service users' carers (who were often family members), service users' friends and neighbours, health care providers and Local Authority Social Care Teams. For the purposes of the research, only family members (some of whom were former carers) were interviewed. This report can be amended to include new information as more stakeholder groups get involved.

**Following the interviews, three distinct groups of stakeholders emerged for Age Care Advice:**

1. Service users – people with multiple and complex needs.
2. Family members – often family carers, they were in charge of supporting the service user before Age Care Advice were involved.

3. Services – often ran through the Local Council, this category includes charities, social services, local authority representatives, care homes, (i.e. anybody who the family had to interact with prior to the engagement with Age Care Advice) and self funders .

With these groups in mind, the interview data had 5 distinct themes: carers’ challenges, service users’ challenges, services’ challenges, what ACA does well and what ACA can do better.



Figure 1 Themes from family members' interviews

Within each main theme, there were several smaller themes that emerged from the interview data. Some sub-themes overlapped across categories – for example, vulnerability in navigating the care system was

something that impacted both service users and their families; on a similar note, the lack of understanding around specific conditions harmed both service users and services that were ran by the local council (or outside of it.) Some issues that were encountered were unique to individual service users, while others were very much shared across the entire group. This is an important distinction for the final evaluation.

The next sections will examine the first three themes in detail, which are the challenges faced by the three main stakeholder groups (as envisaged by the family members/family carers.)

### Theme1

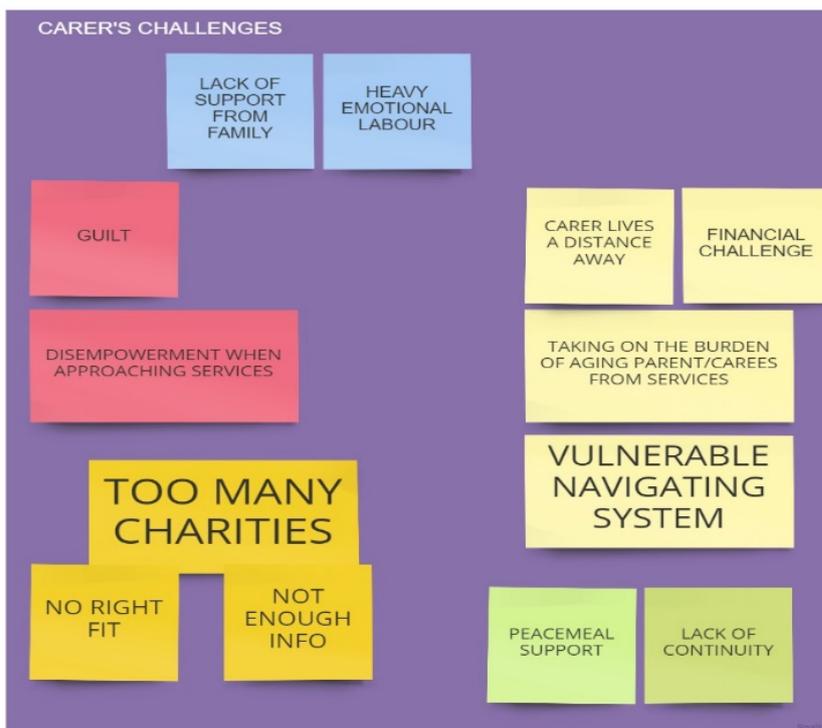


Figure 2 Family Challenges

### Theme 1: Carers' challenges

Family members interviewed for this piece of research identified themselves as being family carers in addition to being related to the service user. This is an important distinction – not every family member is a carer and not



every carer is a family member. However, until they started engaging with Age Care Advice and hiring professional support for their loved ones, the family members interviewed were all caring for their loved ones in some capacity or another, which had, by itself, implications about how they supported the service user.

For family members, before engaging with Age Care Advice, the business of supporting their loved ones involved significant costs related to supporting their loved one; vulnerability and disenfranchisement when dealing with services; considerable guilt and emotional labour related to their own role as carer.

### *Costs*

The costs of caring manifested themselves in many different ways for the interviewees. There were direct costs related to caring, such as supporting loved ones in hospital, supporting their discharge from hospital, supporting them in getting settled into a new home or a care home, ensuring that their needs were met. There were also indirect costs cited, including travel between the family member's home and the location of the service users, taking considerable time off work in order to care, accompanying their loved ones to doctors' appointments and benefits meetings, including meetings at social services, and supporting the loved one when their benefit payments were cut and the service user had to go into appeal. There were emotional and monetary costs involved in advocating for their loved ones as well – emotional, because they often had to start over with a different case worker; and monetary, when the advocacy called for a professional support.



## *Vulnerability and disenfranchisement*

Closely related to the financial costs is the vulnerability and disenfranchisement the family members reported experiencing when attempting to navigate services on their family members' behalf. For many interviewees, as the sole carer who had continuous contact with the service user, it was their responsibility to support and advocate for their family member, despite not feeling like they had the capacity to do achieve such a thing.

Examples of disenfranchisement included family members being unable to obtain continuous support from any one service, having to make do with piecemeal support from various places, often having to start from scratch since there was no data shared between the different services and no information was being shared or updated about their loved one. Interviewees reported being dismissed on numerous occasions despite being family members, while simultaneously being asked to take on the burden of supporting relatives with multiple and complex needs because there were insufficient services.

None of the people interviewed went to Age Care Advice as a first point of call – they only learned about the service from other people, usually after attempting to access local authority services, to various degrees of success.

## *Emotional labour*

The final challenge for family members – although not the least significant one – was related to the emotional labour related to caring which they were experiencing. Family members interviewed for this project reported feeling anxious about the service user, about how they would cope at this new phase of their lives, whether the service user received adequate care and support, and whether the family member was doing the best possible thing for the service user. A number of people interviewed reported feeling guilty, unable to cope,

and without hope, when they first started engaging with Age Care Advice. Subsequently, the alleviation in this emotional labour was reported by family members as being one of the best things about Age Care Advice – engaging with the company allowed them to acknowledge to themselves that they needed support.

## Theme2

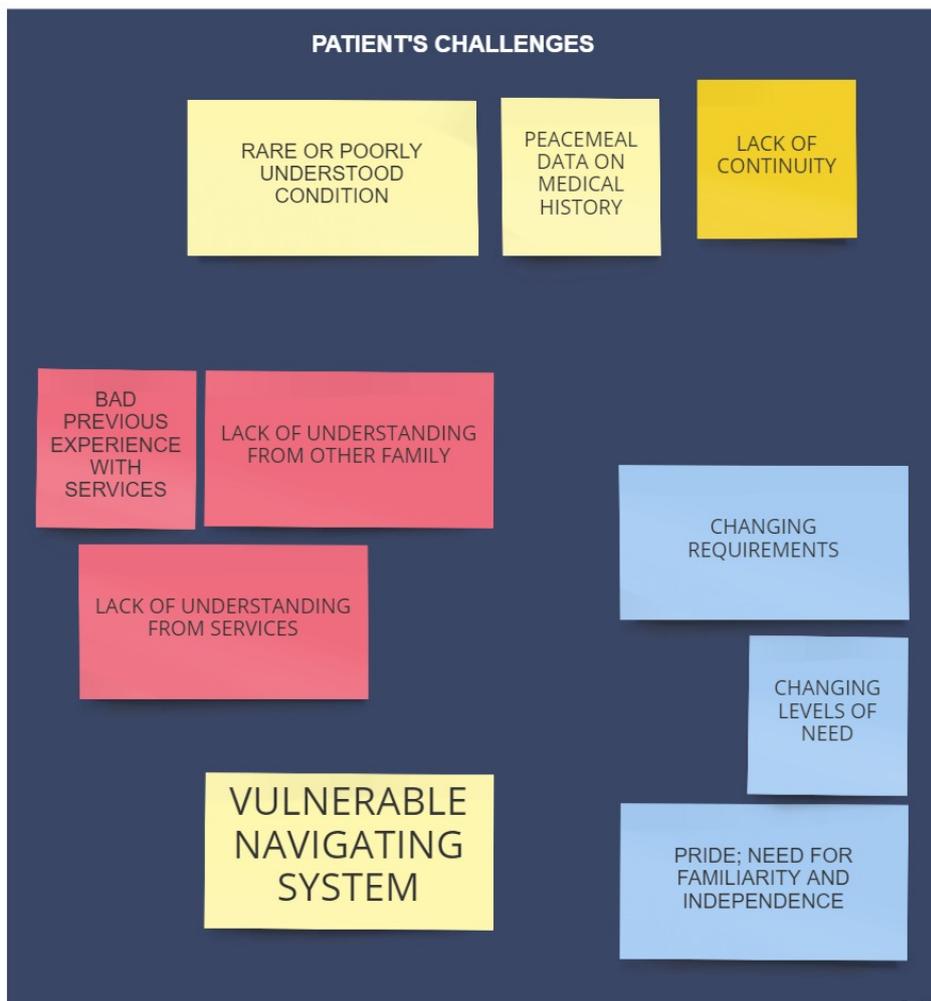


Figure 3 Patients' Challenges

## Theme 2: Service Users' Challenges

The second theme that emerged from the interviews was the challenges of the service users. Although they are the main recipient of Age Care Advice's



support, it was determined that the LORIC team did not necessarily have the skills to properly conduct an interview given the existing training within the team. Thus, the data on the challenges of service users comes from their family members/carers, and should be considered as is, with all potential faults.

Some of the themes identified in the interviews for the challenges of patients/service users overlapped with those of the challenges of family members/carers, such as the vulnerability and disenfranchisement when navigating services, and the lack of continuity that was being generated by them having to constantly change carers and support strategies. In some cases, the interviewees viewed the main source of the challenge as the services themselves; in others, they remarked that the service user themselves did not accept support from other services. Other themes in the interview were unique to the service users' group – namely, poor previous experiences with services, a lack of understanding about a specific condition, the changing levels of need and lack of response from services to these changes .

### *Previous experiences*

Family members all had stories about bad prior experiences with services – experiences which, presumably, the service user was also subject of. According to interviewees, it was impossible for service users to get any sort of continuity of support from social services, NHS and other charities, which in itself was a big problem and did not engender any sort of trust. The piecemeal understanding and piecemeal support contributed to an environment of uncertainty around the service user.

### *Lack of understanding*

For many of the interviewees, a chief challenge for the service user was that their condition was poorly understood. According to that testimony, lack of



understanding meant that service users were misdiagnosed, disqualified from receiving a rightful benefit, and made it difficult to engage with and retain other services. Lack of understanding also meant that when clients engaged with social services and other dedicated social care providers, there was often insufficient documentation about their case, a lack of continuity between providers, leading to them having to start over again every time they changed a case worker. Engaging with Age Care Advice meant that there was continuity for the first time for them, and that they were not constantly having to fight to be understood.

### *Changing levels of need*

Last but not least, interviewees noted that the changing levels of need of the service user led to challenges in finding good care for them. In their view, because the services before Age Care Advice were so sporadic, the service user might be misdiagnosed or disqualified from benefits because they got a visit on a “good day”; alternatively, their only contact with services would be during a crisis point, which would then influence the sort of support that was being offered.

In addition to those challenges, there were questions of daily support that arose from the changing levels of need of service users. The pride of the individual, and the need for independent living did not cease as the person’s caring requirements grew – indeed, in some cases their desire for independence was reported to increase. The need to be independent and to have dignity was seen by family members as the chief concern for service users. While this is by itself an important factor, it also has accompanying needs, such as the need for flexibility on the part of any support worker, and the need for bespoke services

being offered – something which may not necessarily fit with the model that is currently being offered by other services.

### Theme3

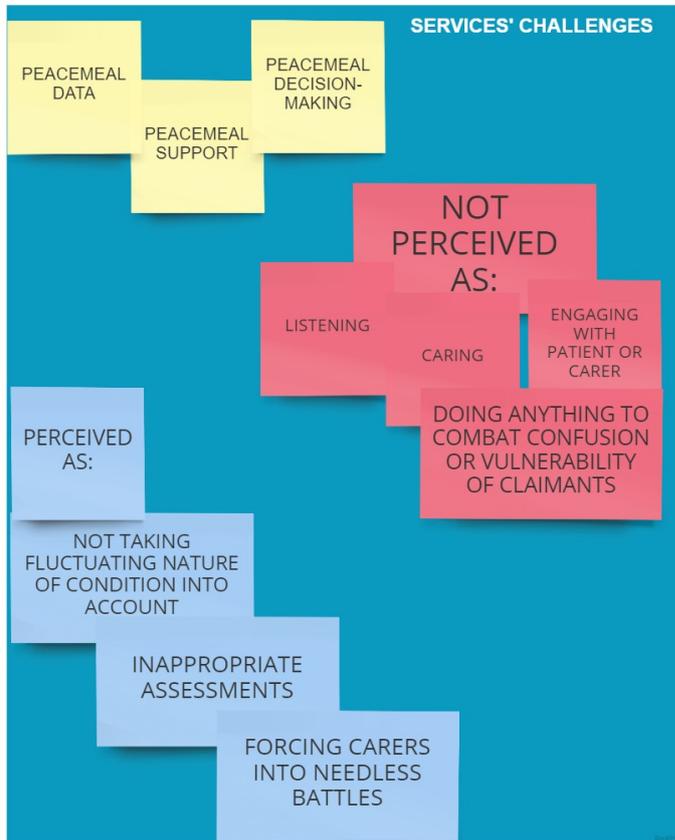


Figure 4 Services' Challenges

### Theme 3: Services' Challenges

Prior to the start of this research project, Age Care Advice had attempted to contact representatives of social services and the NHS in order to present their model and discuss possible ways of implementing it more broadly. As of this writing, Age Care Advice has not been able to do so. In the interest of full transparency, one of the aims of this report is to support Age Care Advice to evidence the impact of their services more broadly.



Having said that, the sample of people interviewed has been comparatively small, and homogenous. Thus, while they have perceived certain things as being challenges for services and local authorities in particular, it is important to note that this is not necessarily the full picture and that this report is missing information that might be of relevance from the part of local authorities. The plight of local authorities under austerity is a topic that has been well-documented and recorded both in traditional media and academic publications. It can be argued that rethinking the way in which services are delivered is even more important in this day and age, however, this is not the topic of this evaluation, nor can it be at this point in time.

In the absence of information on from local authorities, the testimonials of family members who attempted to access other services will have to stand in to explain why they turned to an independent provider and what they perceive to be challenges for more conventional services. In particular, the following sub-themes have emerged from the interviews: a perceived lack of continuity in data or care; lack of flexibility in approach; and a lack of empathy for service users and their families.

### *Perceived lack of continuity*

From the point of view of family members, the perceived lack of continuity on the part of services was a major challenge when they tried to provide care for their loved ones. Not only was there no information and no adequate care plan available to them, they felt that the lack of information made the situation even worse for service users because they did not receive support that was in proportion to their needs. This lack of continuity on the part of other service providers was often perceived by family members as tone-deaf. In that



regard, engaging with Age Care Advice was a relief because there was more understanding, advocacy and continuity from them.

### *Perceived lack of flexibility*

When it came to lack of flexibility, in interviews this referred to both a lack of flexibility for the fluctuating needs of the service user and those of the carers. Local authorities were seen as unresponsive and unable to conduct appropriate assessments. Family members who had had welfare concerns over the ways in which the service user was being treated reported being stonewalled and ignored by other services.

### *Perceived lack of empathy*

Finally, a lot of the experiences with other services of family members were very negative ones. Nearly every person interviewed for this evaluation had a story about the service user or themselves being treated rudely or without empathy by members of social services, local charities, NHS and jobcentre+. This perceived lack of empathy was seen as exacerbating the challenges family members and service users faced and contributed to the need for the involvement of independent care provision.

## PART TWO: How do they change as a result of the activities?

What did family members perceive as the biggest contributions of Age Care Advice? Throughout the interviews a number of examples were raised, often in contrast to the challenges the family members had experienced. The fourth major theme, which is what Age Care Advice does well, has several important sub-themes, including: the empowerment of clients (service users)

and their family (carers); advocacy, experience and passion; and being able to drive change not just for one individual but also many others.

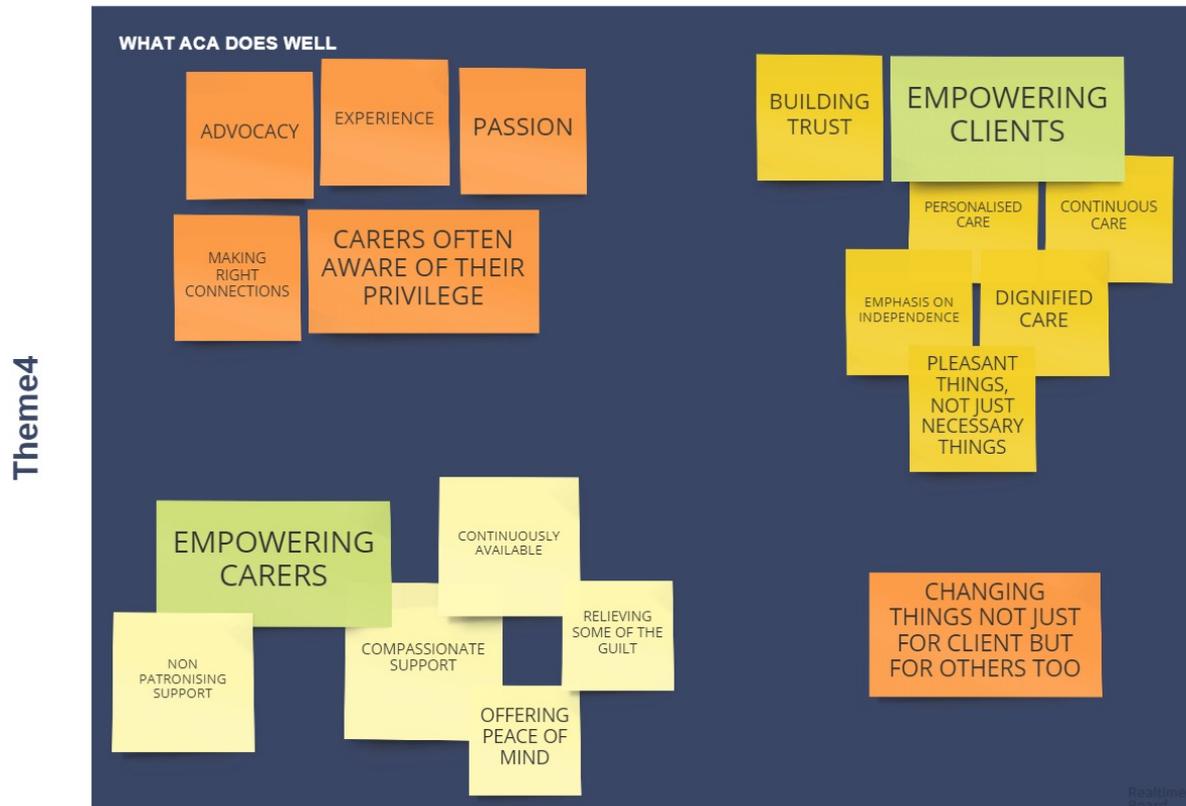


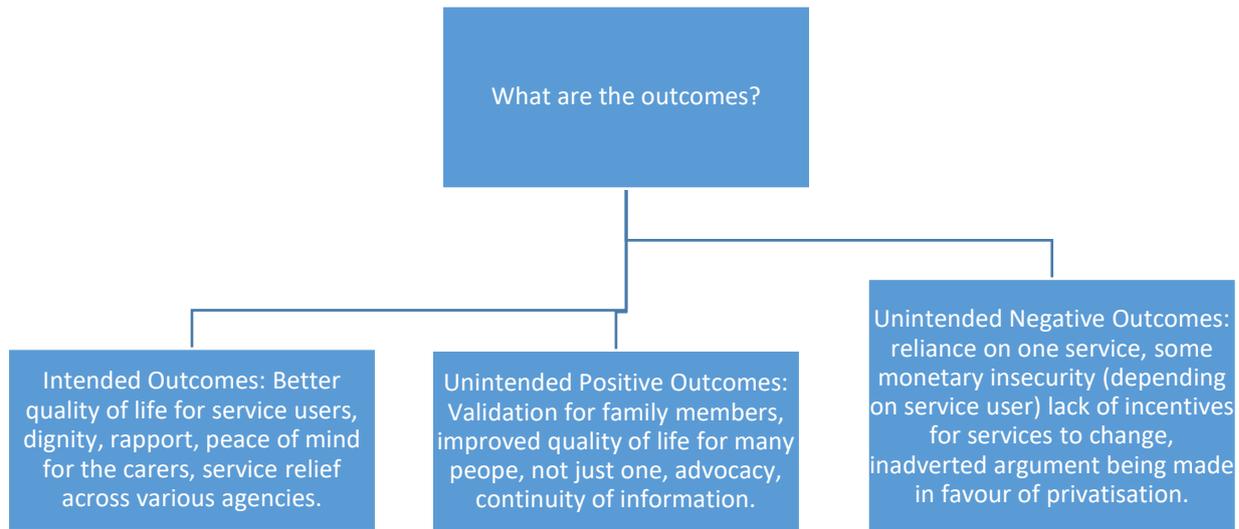
Figure 5 What Age Care Advice Does Well

What this means, according to the interviews, is continuity of support, rapport with service users, validation for the family member and service user, dignity and independence, peace of mind. A lot of the interviewees had nothing but positive things to say about their experiences with Age Care Advice and the work that they did which showed that there are direct connections between the interventions of the company and the increase of welfare of the service users and their family members.

Because Social Return on Investment is about looking at all the consequences – not just the intended and the positive ones, it might be worth looking at some of the unintended negative impact of the work. While this is not



explicit in the interviews, it is important to remark nonetheless that these are real issues that might arise: problems when funding runs out, over-reliance on one service, the antagonising of certain local authorities and care homes, and the argument that could be made through the service’s success – however unintentionally – for the privatisation of healthcare.



However, listing the outcomes is not by itself enough for do an appropriate SROI evaluation – it is also important to think realistically which, if any, of these outcomes can be measured, which, if any, of these outcomes are due to Age Care Advice, and to what degree have they changed the lives of service users.

## PART THREE: How do we know what has changed?

### What are the indicators of each outcome?

<i>Quality of life</i>	Heathy living, favourite activities, reduced trips to the doctor, fewer trips to the ER, better after-hospital care, reduction in bed-blocking, etc.	One person	Rest of life
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<b><i>Validation and Dignity</i></b>	Improvement of mental health, emotional resilience, being able to pick one's battles, having more energy, better self-care.	Whole family	Duration of care
<b><i>Peace of mind</i></b>	Mental health improvements, less anxiety, less guilt, less need to engage with services, time freed up for other activities, individuals being able to enjoy their own life	Whole family	Duration of care
<b><i>Service relief</i></b>	Decrease in trips to the hospital, A&E, overnight stays, costs of beds, or ambulance call-outs. Possible decrease in number of people engaging with private counselling or NHS counselling that might have been prevented. Fewer trips to the GP that are anxiety-related. Fewer likely prescriptions for anxiety-related medication. Fewer engagements with community health services, such as nursing, wheelchair services, health visiting, intermediate care, community rehabilitation teams, etc.	Most used services	Duration of care
<b><i>Monetary concerns</i></b>	Monetary-related anxiety that might have something to do with continuation of service.	Family members	Duration of care
<b><i>Lack of incentives for services to change</i></b>	N/A – cannot be directly linked to ACA	Most used services	Duration of care
<b><i>Reliance on one service</i></b>	N/A – cannot be directly linked to ACA	Family and service user	Duration of Care



## PART FOUR: Which changes are valued the most?

### What are the proxy financial values?

Given the data from the interviews and the likely outcomes from the interventions, the most likely proxy financial values would be to do with the NHS, the impact on its services, and the lives of Age Care Advice's customers and family members.

Quality of life	Heathy living.	Cost of a single non-elective patient acute mental health service.	£1603.00
Quality of life	More opportunities for favourite activities. / Fewer time spent at home, being isolated or lonely.	Single attendance with a mental health specialist treatment. (Excluding IAPT).	£192.00
Quality of life	Fewer trips to the doctor.	Cost of a GP appointment to the NHS.	£30.00
Quality of life	Better after-hospital care / fewer days of outpatient care.	Cost of outpatient care.	£125.00
Quality of life	Reduction in bed-blocking.	Cost of a single excess bed day.	£346.00
Quality of life	Reduction in falls / rapid response to falls.	Cost of a single hip replacement surgery.	£3704.00
Quality of life	Better care for eyes.	Cost of a single cataract surgery.	£962.00
Quality of life	Delays of the impact of Alzheimer's.	Cost of a single Alzheimer's drug treatment course.	£1000.00
Quality of life	Suicide Prevention.	Cost of suicide overall.	£1670000.00
Validation and Dignity	Improvement of mental health, emotional resilience.	Single engagement with specialist mental health services. (Including IAPT).	£315.00
Validation and Dignity	Being able to pick one's battles / Having more energy.	Cost of a GP appointment to the NHS.	£30.00



Validation and Dignity	Better self-care for family as well as for the patient.	Single attendance with a mental health specialist treatment. (Excluding IAPT).	£192.00
Peace of mind	Mental health improvements – less anxiety or guilt.	Single engagement with specialist mental health services. (Including IAPT).	£315.00
Quality of life	Better self-care for patients with multiple and complex needs.	Single engagement with allied health professionals*.	£68.00
Quality of life	Better after-hospital care / fewer days of outpatient care.	Single engagement with an audiologist.	£58.00
Quality of life	Better after-hospital care / fewer days of outpatient care.	Single engagement with a community rehabilitation team.	£89.00
Quality of life	Better after-hospital care / fewer days of outpatient care.	Single attendance at day care facilities.	£102.00
Quality of life	Better after-hospital care / fewer days of outpatient care.	Single engagement with intermediate care professionals.	£125.00
Quality of life	Fewer trips to the doctor.	Single engagement with medical and dental professionals.	£149.00
Quality of life	Fewer trips to the doctor.	Single engagement with health visiting.	£65.00
Quality of life	Fewer trips to the doctor.	Single engagement with nurses.	£45.00
Quality of life	Better after-hospital care / fewer days of outpatient care.	Single engagement with wheelchair services.	£187.00
Peace of mind	Time freed up for other activities for family member.	Single engagement with specialist mental health services. (Including IAPT).	£315.00
Service relief	Fewer trips to A&E	Cost of one A&E trip	£160.00
Service relief	Fewer emergency admissions	Cost of an emergency admission	£2362.00
Service relief	Fewer instances of bed blocking.	Cost of 10 excessive bed days	£3460.00
Service relief	Fewer ambulance call-outs.	Cost of one Ambulance Call Out (call)	£7.00
Service relief	Fewer ambulance call-outs.	Cost of one Ambulance Call Out (hear, treat or refer)	£37.00



Service relief	Fewer ambulance call-outs.	Cost of one Ambulance Call Out (see, treat or refer)	£192.00
Service relief	Fewer ambulance call-outs.	Cost of one Ambulance Call Out (see treat convey)	£252.00
Service relief	Possible decrease in number of people engaging with private counselling	Average cost of one session of private counselling. (NHS figure between £10-£70 pounds).	£30.00
Service relief	Fewer engagement with NHS specialist mental health teams.	Cost of engaging with specialist mental health services.	£315.00
Service relief	Fewer trips to the GP that are anxiety-related.	Cost of a GP appointment to the NHS.	£30.00
Service relief	Fewer likely prescriptions.	Net Ingredient Cost of drugs used for psychoses and related disorders. (one item)	£8.16
Service relief	Fewer likely prescriptions.	Net Ingredient Cost of drugs used for hypertension and heart failure. (one item)	£2.14
Service relief	Fewer likely prescriptions.	Net Ingredient Cost of drugs used for antidepressants. (one item)	£4.12
Service relief	Fewer likely prescriptions.	Net Ingredient Cost of drugs used for psychoses and related disorders. (average per person)	£163.20
Service relief	Fewer likely prescriptions.	Net Ingredient Cost of drugs used for hypertension and heart failure. (average per person)	£42.80
Service relief	Fewer likely prescriptions.	Net Ingredient Cost of drugs used for antidepressants. (average per person)	£82.40
Justice	Fewer people in debt	Average debt for East Midlands	£3800.00
Carers	Family carers being able to continue supporting their loved ones.	Estimated contribution of family carer to economy.	£20000.00

- art therapists (i.e. art therapists, drama therapists and music therapists)
- podiatrists



- dietitians
- occupational therapists
- operating department practitioners
- orthoptists
- osteopaths
- prosthetists and orthotists
- paramedics
- physiotherapists
- diagnostic and therapeutic radiographers
- speech and language therapists

(source: <https://www.healthcareers.nhs.uk/explore-roles/allied-health-professionals/studying-be-allied-health-professional>)

What this table covers is just the most obvious impacts of Age Care Advice across services, but it does show the impact they have for their clients also has a significant impact on the lives of their loved ones, the costs to the NHS and social services.

Due to the personalised nature of Age Care Advice's work, it is difficult to say what their average social return on investment score might be. However, from a few sample calculations, the following can be surmised (examples of calculations at the end of the document):

- For quality of life factors, which cost £4380 per year at Age Care Advice's current rate, for every £1 invested in Age Care Advice, the return is approximately £2.00 across services.
- Where a family carer also benefits from the quality of life work, the return on investment is £5.16 per £1 invested.
- For quality of life work that included suicide prevention, (and the life of the person was extended for 5 years), for every £1 invested in Age Care Advice, there was £54 returned.



- Although the family carers are not the main beneficiary group, they benefit directly from the activities of Age Care Advice. Even if the work of Age Care Advice led to a 10% betterment of the life of carers, they would have a social impact of nearly £3000 per person per year. As it stands, if the work of Age Care Advice prevented a carer from burning out, they would have a social return on investment of £3.29.
- For cases where non-elective engagements with the NHS were involved, and Age Care Advice was brought in, the return on investment starts a £2.67 returned per £1 invested over 3 months, and can go up to £5 or £6 return per £1 invested.
- Even if Age Care Advice was only brought in to prepare a patient's home for discharge, and they prevented a 10-day delay, the return on investment would be 20:1 (for every £1 invested, the NHS would get approximately £20 back because the patient would not be on the ward.) Those are all conservative estimates that do not include the possible complications that might arise from the patient staying on the wards, becoming more ill, or having their health plan fall through once they were already discharged.
- The headline evaluations have been focused on the immediate, most noticeable impacts of Age Care Advice, as these are the ones most easy to measure. The evaluation does not take into account less tangible, but not less important changes to a client's life, such as having trustworthy support, or, for the family carer, to have someone prepare them for the death of a loved one.



## PART FIVE: Is the change down to the activity?

As seen from the interview themes and data from Age Care Advice's own carers, the service users do not engage with it as a first point of call. Indeed, for many of them the service is a last resort, after a number of other more traditional routes had been exhausted. On most occasions, the referral came not through social services, but a GP, or someone who had also used Age Care Advice and was looking to engage with them more.

There were a number of things that interviewees identified as areas for improvement – most notably the need for Age Care Advice employees to be able to work with people with non-age related needs and the need for more assurance that continuity would continue. It can be argued that some of those criticisms are not due to how the service is run, but nonetheless they reveal the concern family carers have that their loved ones' care depends on them being able to pay for the service. This highlights the need for Age Care Advice to diversify its revenue model and think about ways of financing services to those whose financial resources are not stable. At the time of this report Age Care Advice are growing their service with those who use Direct Payments.

These concerns are not necessarily within the reach of Age Care Advice to immediately sort out. For the purposes of this assessment, the testimonials suggest the majority of changes are due to the activity and they can draw a direct connection between engaging with the service and the improvement in their loved ones' lives. Many family carers drew on their experience from previous years and months to demonstrate the change and could not think of anything else that could explain the improvements that they were witnessing.



Figure 6 Areas of Improvement per the interview

## Transparency

Open data sources have been used for all of the proxy values.

- <https://www.nhs.uk/conditions/counselling/>
- <https://files.digital.nhs.uk/publication/s/o/pres-disp-com-eng-2006-16-rep.pdf>
- [https://improvement.nhs.uk/documents/1972/1\\_-\\_Reference\\_costs\\_201718.pdf](https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf)
- <https://www.england.nhs.uk/2019/01/missed-gp-appointments-costing-nhs-millions/>



- [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/582117/Suicide\\_report\\_2016\\_A.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/582117/Suicide_report_2016_A.pdf)
- <http://www.research-lincs.org.uk/jsna-Carers.aspx>
- <https://www.ons.gov.uk/peoplepopulationandcommunity/personalandhouseholdfinances/debt/adhocs/008535personalfinancialdebtbyagebandandregiongreatbritainjuly2010tojune2016>

All the interview participants gave verbal consent for their testimonies to be used anonymously in this research. All interview participants were notified of their right to withdraw at any point during or after the interview.

### **Verification**

All proxy data, including sources and links, are available as a separate Excel file.

Interview notes can be made available after anonymization, pending request.

## Part 6: Calculations

Given the return on investment that Age Care Advice offers and the benefit of preventative action versus reparative action, the next steps would be for Age Care Advice to engage with services more directly and obtain a more diverse revenue stream to continue offering peace of mind, dignity, and quality of life to its customers. However, the exact terms of engagement would depend on the services chosen as partners, their exact needs and the requirements of their own funding streams.

Following feedback from the beneficiary the calculations sheet was updated to better reflect the needs of the beneficiary.

Type of	Value name	Proxy	Numerical value	Number of clients	Total value	Source	License
Quality of life	Heathy living.	Cost of a single non-elective patient engagement.	£1,603.00		£0.00	<a href="https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf">https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf</a>	Open Government License
Quality of life	More opportunities for favourite activities.	Single attendance with a mental health specialist treatment. (Excluding IAPT).	£192.00		£0.00	<a href="https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf">https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf</a>	Open Government License
Quality of life	Fewer time spent at home, being isolated or lonely.	Single attendance with a mental health specialist treatment. (Excluding IAPT).					
Quality of life	Fewer trips to the doctor.	Cost of a GP appointment to the NHS.	£30.00	6.00	£180.00	<a href="https://www.england.nhs.uk/2019/01/missed-gp-appointments-costing-nhs-millions/">https://www.england.nhs.uk/2019/01/missed-gp-appointments-costing-nhs-millions/</a>	Open Government License
Peace of mind	Time freed up for other activities for family member.	Single engagement with specialist mental health services. (Including IAPT).	£315.00	1.00	£315.00	<a href="https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf">https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf</a>	Open Government License
Service relief	Fewer likely prescriptions.	Net Ingredient Cost of drugs used for antidepressants. (average per person)	£82.40	1.00	£82.40	<a href="https://files.digital.nhs.uk/publication/s/s/pres-disp-com-eng-2006-16-req.pdf">https://files.digital.nhs.uk/publication/s/s/pres-disp-com-eng-2006-16-req.pdf</a>	Open Government License
Justice	Less debt	Debt (est Midlands)	£3,800.00		£0.00	<a href="https://www.ons.gov.uk/peoplepopulationandcommunity/personalandhouseholdfinance/debt/bhdcj00835/pressure">https://www.ons.gov.uk/peoplepopulationandcommunity/personalandhouseholdfinance/debt/bhdcj00835/pressure</a>	Open Government License
Carers	Carer contribution to economy	Est service contribution of family carers	£20,000.00	1.00	£20,000.00	<a href="http://www.research-lincs.org.uk/jna-Carers.aspx">http://www.research-lincs.org.uk/jna-Carers.aspx</a>	
<b>Total impact:</b>					<b>£20,577.40</b>		
<b>Adjusted 30% for other factors:</b>					<b>£14,404.18</b>		
<b>Running costs for Adults Supporting Adults:</b>					<b>£4,380.00</b>		
<b>Return per £ invested:</b>					<b>£3.29</b>		

Figure 7 Quality of Life calculations (1 year)

Type of	Value name	Proxy	Numerical value	Number of clients	Total value	Source	License
Quality of life	Heathy living.	Cost of a single non-elective patient engagement.	£1,603.00	1.00	£1,603.00	<a href="https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf">https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf</a>	Open Government License
Quality of life	More opportunities for favourite activities.	Single attendance with a mental health specialist treatment. (Excluding IAPT).	£192.00		£0.00	<a href="https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf">https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf</a>	Open Government License
Quality of life	Fewer trips to the doctor.	Cost of a GP appointment to the NHS.	£30.00	6.00	£180.00	<a href="https://www.england.nhs.uk/2019/01/missed-gp-appointments-costing-nhs-millions/">https://www.england.nhs.uk/2019/01/missed-gp-appointments-costing-nhs-millions/</a>	Open Government License
Quality of life	Better after-hospital care / fewer days of outpatient care.	Cost of outpatient care.	£125.00	1.00	£125.00	<a href="https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf">https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf</a>	Open Government License
Quality of life	Better self-care for patients with multiple and complex needs.	Single engagement with allied health professionals.	£68.00	6.00	£408.00	<a href="https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf">https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf</a>	Open Government License
Quality of life	Better after-hospital care / fewer days of outpatient care.	Single engagement with an audiologist.	£58.00		£0.00	<a href="https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf">https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf</a>	Open Government License
Quality of life	Better after-hospital care / fewer days of outpatient care.	Single engagement with a community rehabilitation team.	£89.00	6.00	£534.00	<a href="https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf">https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf</a>	Open Government License
Quality of life	Better after-hospital care / fewer days of outpatient care.	Single attendance at day care facilities.	£102.00		£0.00	<a href="https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf">https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf</a>	Open Government License
Quality of life	Better after-hospital care / fewer days of outpatient care.	Single engagement with intermediate care professionals.	£125.00	6.00	£750.00	<a href="https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf">https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf</a>	Open Government License
Quality of life	Fewer trips to the doctor.	Single engagement with medical and dental professionals.	£149.00	6.00	£894.00	<a href="https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf">https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf</a>	Open Government License
Quality of life	Fewer trips to the doctor.	Single engagement with health visiting.	£55.00	6.00	£390.00	<a href="https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf">https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf</a>	Open Government License
Quality of life	Fewer trips to the doctor.	Single engagement with nurses.	£45.00	6.00	£270.00	<a href="https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf">https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf</a>	Open Government License
Quality of life	Better after-hospital care / fewer days of outpatient care.	Single engagement with wheelchair services.	£187.00	6.00	£1,122.00	<a href="https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf">https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf</a>	Open Government License
Peace of mind	Time freed up for other activities for family member.	Single engagement with specialist mental health services. (Including IAPT).	£315.00		£0.00	<a href="https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf">https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf</a>	Open Government License
Service relief	Fewer trips to A&E	Cost of one A&E trip	£160.00	1.00	£160.00	<a href="https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf">https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf</a>	Open Government License
Service relief	Fewer emergency admissions	Cost of an emergency admission	£2,362.00	1.00	£2,362.00	<a href="https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf">https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf</a>	Open Government License
Service relief	Fewer instances of bed blocking.	Cost of ten excessive bed days	£3,460.00	1.00	£3,460.00	<a href="https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf">https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf</a>	Open Government License
Service relief	Fewer ambulance call-outs.	Cost of one Ambulance Call Out (call)	£7.00	1.00	£7.00	<a href="https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf">https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf</a>	Open Government License
<b>Total impact:</b>					<b>£12,265.00</b>		
<b>Adjusted 30% for other factors:</b>					<b>£8,585.50</b>		
<b>Running costs for Adults Supporting Adults:</b>					<b>£4,380.00</b>		
<b>Return per £ invested:</b>					<b>£1.96</b>		

Figure 8 Quality of life of patient and carer calculations (1 year)

Type of	Value name	Proxy	Numerical value	Number of clients	Total value	Source	License
Quality of life	Healthy living.	Cost of a single non-elective patient engagement.	£1,603.00	1.00	£1,603.00	<a href="https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf">https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf</a>	Open Government License
Quality of life	More opportunities for favourite activities. / Fewer time spent at home, being isolated or lonely.	Single attendance with a mental health specialist treatment. (Excluding IAPT).	£192.00		£0.00	<a href="https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf">https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf</a>	Open Government License
Quality of life	Fewer trips to the doctor.	Cost of a GP appointment to the NHS.	£30.00	6.00	£180.00	<a href="https://www.england.nhs.uk/2019/01/missed-appointments-costing-us-million/">https://www.england.nhs.uk/2019/01/missed-appointments-costing-us-million/</a>	Open Government License
Quality of life	Better after-hospital care / fewer days of outpatient care.	Cost of outpatient care.	£125.00	1.00	£125.00	<a href="https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf">https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf</a>	Open Government License
Peace of mind	Mental health improvements – less anxiety or guilt.	Single engagement with specialist mental health services. (Including IAPT).	£315.00		£0.00	<a href="https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf">https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf</a>	Open Government License
Quality of life	Better self-care for patients with multiple and complex needs.	Single engagement with allied health professionals*.	£68.00	6.00	£408.00	<a href="https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf">https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf</a>	Open Government License
Quality of life	Better after-hospital care / fewer days of outpatient care.	Single engagement with an audiologist.	£58.00		£0.00	<a href="https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf">https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf</a>	Open Government License
Quality of life	Better after-hospital care / fewer days of outpatient care.	Single engagement with a community rehabilitation team.	£89.00	6.00	£534.00	<a href="https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf">https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf</a>	Open Government License
Quality of life	Better after-hospital care / fewer days of outpatient care.	Single attendance at day care facilities.	£102.00		£0.00	<a href="https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf">https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf</a>	Open Government License
Quality of life	Better after-hospital care / fewer days of outpatient care.	Single engagement with intermediate care professionals.	£125.00	6.00	£750.00	<a href="https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf">https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf</a>	Open Government License
Quality of life	Fewer trips to the doctor.	Single engagement with medical and dental professionals.	£149.00	6.00	£894.00	<a href="https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf">https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf</a>	Open Government License
Quality of life	Fewer trips to the doctor.	Single engagement with health visiting.	£65.00	6.00	£390.00	<a href="https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf">https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf</a>	Open Government License
Quality of life	Fewer trips to the doctor.	Single engagement with nurses.	£45.00	6.00	£270.00	<a href="https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf">https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf</a>	Open Government License
Quality of life	Better after-hospital care / fewer days of outpatient care.	Single engagement with wheelchair services.	£187.00	6.00	£1,122.00	<a href="https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf">https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf</a>	Open Government License
Peace of mind	Time freed up for other activities for family member.	Single engagement with specialist mental health services. (Including IAPT).	£315.00		£0.00	<a href="https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf">https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf</a>	Open Government License
Service relief	Fewer trips to A&E	Cost of one A&E trip	£160.00	1.00	£160.00	<a href="https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf">https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf</a>	Open Government License
Service relief	Fewer emergency admissions	Cost of an emergency admission	£2,362.00	1.00	£2,362.00	<a href="https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf">https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf</a>	Open Government License
Service relief	Fewer instances of bed blocking	Cost of ten excessive bed days	£3,460.00	1.00	£3,460.00	<a href="https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf">https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf</a>	Open Government License
Service relief	Fewer ambulance call-outs.	Cost of one Ambulance Call Out (call)	£7.00	1.00	£7.00	<a href="https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf">https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf</a>	Open Government License
Service relief	Fewer ambulance call-outs.	Cost of one Ambulance Call Out (hear, treat or refer)	£37.00		£0.00	<a href="https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf">https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf</a>	Open Government License
Justice	Less debt	Debt (est Midlands)	£3,800.00		£0.00	<a href="https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/553117/suicide_prevention_costs_of_debt_in_midlands.pdf">https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/553117/suicide_prevention_costs_of_debt_in_midlands.pdf</a>	Open Government License
Carers	Carer contribution to economy	Est service contribution of family carers	£20,000.00	1.00	£20,000.00	<a href="http://www.research-licco.org.uk/jna-Carers.aspx">http://www.research-licco.org.uk/jna-Carers.aspx</a>	
<b>Total impact:</b>					<b>£32,265.00</b>		
<b>Adjusted 30% for other factors:</b>					<b>£22,585.50</b>		
<b>Running costs for Adults Supporting Adults:</b>					<b>£4,380.00</b>		
<b>Return per £ invested:</b>					<b>£5.16</b>		

Figure 9 Mental health improvement calculation example (1 year)

Type of	Value name	Proxy	Numerical value	Number of clients	Total value	Source	License
Quality of life	Healthy living.	Cost of a single non-elective patient engagement.	£1,603.00	1.00	£1,603.00	<a href="https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf">https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf</a>	Open Government License
Quality of life	More opportunities for favourite activities. / Fewer time spent at home, being isolated or lonely.	Single attendance with a mental health specialist treatment. (Excluding IAPT).	£192.00		£0.00	<a href="https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf">https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf</a>	Open Government License
Quality of life	Fewer trips to the doctor.	Cost of a GP appointment to the NHS.	£30.00	30.00	£900.00	<a href="https://www.england.nhs.uk/2019/01/missed-appointments-costing-us-million/">https://www.england.nhs.uk/2019/01/missed-appointments-costing-us-million/</a>	Open Government License
Quality of life	Better after-hospital care / fewer days of outpatient care.	Cost of outpatient care.	£125.00	1.00	£125.00	<a href="https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf">https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf</a>	Open Government License
Quality of life	Suicide Prevention.	Cost of suicide overall.	£1,670,000.00	1.00	£1,670,000.00	<a href="https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/553117/suicide_prevention_costs_of_debt_in_midlands.pdf">https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/553117/suicide_prevention_costs_of_debt_in_midlands.pdf</a>	Open Government License
Quality of life	Better self-care for patients with multiple and complex needs.	Single engagement with allied health professionals*.	£68.00	1.00	£68.00	<a href="https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf">https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf</a>	Open Government License
Quality of life	Better after-hospital care / fewer days of outpatient care.	Single engagement with an audiologist.	£58.00		£0.00	<a href="https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf">https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf</a>	Open Government License
Quality of life	Better after-hospital care / fewer days of outpatient care.	Single engagement with a community rehabilitation team.	£89.00	1.00	£89.00	<a href="https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf">https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf</a>	Open Government License
Quality of life	Better after-hospital care / fewer days of outpatient care.	Single attendance at day care facilities.	£102.00		£0.00	<a href="https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf">https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf</a>	Open Government License
Quality of life	Better after-hospital care / fewer days of outpatient care.	Single engagement with intermediate care professionals.	£125.00	30.00	£3,750.00	<a href="https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf">https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf</a>	Open Government License
Quality of life	Fewer trips to the doctor.	Single engagement with medical and dental professionals.	£149.00	30.00	£4,470.00	<a href="https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf">https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf</a>	Open Government License
Quality of life	Fewer trips to the doctor.	Single engagement with health visiting.	£65.00	30.00	£1,950.00	<a href="https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf">https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf</a>	Open Government License
Quality of life	Fewer trips to the doctor.	Single engagement with nurses.	£45.00	30.00	£1,350.00	<a href="https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf">https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf</a>	Open Government License
Quality of life	Better after-hospital care / fewer days of outpatient care.	Single engagement with wheelchair services.	£187.00	39.00	£7,293.00	<a href="https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf">https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf</a>	Open Government License
Service relief	Fewer ambulance call-outs.	Cost of one Ambulance Call Out (call)	£7.00	1.00	£7.00	<a href="https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf">https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf</a>	Open Government License
<b>Total impact:</b>					<b>£1,691,605.00</b>		
<b>Adjusted 30% for other factors:</b>					<b>£1,184,123.50</b>		
<b>Running costs for Adults Supporting Adults:</b>					<b>£21,900.00</b>		
<b>Return per £ invested:</b>					<b>£54.07</b>		

Figure 10 Suicide prevention calculation example (5 years)

Notes on the calculations:

- The average number of visits to a GP/allied health professionals estimated at 6 a year
- The average number of prescriptions per person per year estimated is 20
- Age Care Advice's costs were estimated at £12 a day
- The suicide prevention SROI calculation was done as estimated over 5 years as it is a long-term impact.



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