



FFRINDIA' SOCIAL RETURN ON INVESTMENT (SROI) ANALYSIS REPORT

The value of friendship

February 2016

"It's lifesaving really when someone opens the door"
(Befriended individual)

Dr Adam Richards
adamrichards1884@gmail.com



Yn cefnogi grwpiau gwirfoddol a chymunedol
Supporting voluntary and community groups



ARIENNIR GAN Y LOTERI
LOTTERY FUNDED



Contents

Executive Summary	2
1.0 Introduction.....	5
2.0 Social Return on Investment (SROI) Framework.....	11
3.0 Stakeholder Engagement & Scope of the Analysis	14
4.0 Project Inputs	22
5.0 Outputs, Outcomes & Evidence	26
6.0 Monetisations of Value & Impact.....	40
7.0 SROI Results.....	41
8.0 Sensitivity Analysis.....	43
9.0 Conclusion	45
10.0 Recommendations	47
11.0 Bibliography.....	50
12.0 Appendices.....	54

Executive Summary

Ffrindia' is funded by the Big Lottery's AdvantAGE fund to provide a free befriending service in Gwynedd for people aged 50 or over who are, or at risk of isolation and becoming lonely. The project has been analysed using the Social Return on Investment (SROI) framework to understand the total value created for those individuals befriended, the volunteer befrienders, and health and social care services. Where possible, existing data has been used to calculate the value of Ffrindia', and in other circumstances careful estimations and modelling of the potential impacts has been included to provide a conservative appraisal of the programme. This has therefore provided the firm grounding for subsequent evaluations of this, and similar befriending schemes that can be employed to measure and importantly, manage the social value created. The results demonstrate that significant value is created through the activities of Ffrindia.

The result of £2.81:1 indicates that for each £1 of value invested, £2.81 of value is created.

Essential to the success of Ffrindia' is the continued involvement of volunteer befrienders, who give their time, energy and passion without charge to support vulnerable older people in the community.

In total, over 20,000 hours of time has been donated to Ffrindia'. Yet, importantly is the need to remember that rarely is volunteering free. Behind the volunteers is the essential role of the Volunteer Coordinators who skilfully match individuals and volunteers together. The effective pairing based on interests and characteristics is that which has produced successful outcomes for those involved.

Even though a befriender spends an average of two hours each week with their friend, the value of this reasonably small contribution of time is highly significant. For many individuals this is their only meaningful contact with other people throughout the week and provides something to look forward to. The value of Ffrindia' is therefore not just in the two hours of contact – moreover it is the anticipation of the visit, the experience itself and the subsequent memories that create substantial effects in people's lives.

Outcomes experienced by those befriended include **making new friends, improved mental and physical health, reduced social loneliness and increased engagement with other services**. In addition, these outcomes are also experienced by many of the volunteers, who themselves are often isolated and lonely – with results demonstrating that overall this group experience even greater value than those befriended. Further, by positively affecting the social loneliness of individuals and volunteers there are resultant effects on health and social care services. **Over £662,000 of value is created for health and social care services** in the form of avoided demand on services. Practically this means that people are less likely to visit their GP as a result of having no-one else to speak to, less likely to suffer from high blood-pressure, and a range of subsequent physical and mental health concerns.

SROI places the experiences of important stakeholders at the centre of the analysis, and by understanding what has changed in people’s lives, we are able to value those changes. The accepted adage that prevention is more effective than cure requires us to understand and value these activities – as does the changing legislative environment in Wales. This analysis demonstrates that Ffrindia’ aligns extremely effectively with the Social Services and Well-Being Act (2014), by placing the needs of individuals at the core of a relationship that prevents the escalation of needs. This creates significant value in the lives of people, and provides important opportunities to reallocate costs for health and social care providers. **In total Ffrindia’ has created over £2m of value over the project’s lifetime.**

Ffrindia’ provides the essential support to allow volunteers and individuals to form a relationship that creates positive changes in both parties’ lives. The coordination and management of this project is fundamental to the continued success of a scheme that is extremely valuable to all involved. The value of Ffrindia’ was best summarised by two of the befriended individuals when they stated; *“to have someone that you can rely on is a big thing”* and *“it’s lifesaving really when someone opens the door”*.

Acknowledgements

This report would not have been possible without the involvement of a range of people. I would like to thank all of the volunteers and clients for their willingness to be involved, without them there would no potential to create this analysis. Equally, the involvement of people with Mantell Gwynedd, including Carys Williams and the three volunteer coordinators, Alan, Dawn and Mirain was instrumental throughout. Also, thank you to Val Williams and Brian Thirsk from Sylfaen Cymunedol Cyf – a heartfelt thank you to everyone involved.

Diolch yn fawr



1.0 Introduction

This report analyses the value of the Ffrindia' project, which is managed by Mantell Gwynedd in partnership with Carers Outreach Gwynedd and Môn, and Age Cymru Gwynedd and Môn. Where possible, existing data from those involved has been used to calculate the impacts of the project, and where this was not feasible, appropriate estimations have been included based on secondary evidence. The analysis focuses on the value of changes created for both the individuals befriended and the volunteer befrienders, and does not include value to other stakeholders such as unpaid carers and wider family members. Although this means that results will underestimate the true value of Ffrindia', it does provide a comprehensive analysis of changes experienced by the most important stakeholders of the project.

The report will initially outline the Ffrindia' befriending project, highlighting the background and motivation for the scheme, followed by a discussion of the Social Return

on Investment (SROI) framework used to analyse Ffrindia'. The results of the SROI analysis are then examined in detail to help further the understanding of the value created by Ffrindia' for a range of key stakeholders.

1.1 Background & Context

Mantell Gwynedd

Mantell Gwynedd operates as a charity (Charity Number 1068851) and company limited by guarantee (Company Number 3420271), and as the County Voluntary Council for Gwynedd their role is to promote and support the multiple needs of the third sector in Gwynedd, as stated by the organisation;

'promote any charitable purpose for the benefit of residents in Gwynedd and especially through assisting and supporting charitable purposes and the work of voluntary organisations in the area'.

Ffrindia' Project

Established in January 2012, Ffrindia' is a free befriending service funded by the Big Lottery AdvantAGE fund, and is scheduled to close at the end of December 2016. The project was designed as a response to the challenge of providing support to people aged 50 and over with the express intention to reduce loneliness and isolation. The project is managed by Mantell Gwynedd in partnership with Carers Outreach Gwynedd and Môn, and Age Cymru Gwynedd and Môn. Referrals to Ffrindia' come from agencies such as General Practitioners and social service departments, as well as family members, or by self-referral. Each of Gwynedd's three regions (Arfon, Dwyfor and Meirionnydd) has a full-time salaried Volunteer Coordinator who is responsible for promotion, recruitment and induction, and importantly the pairing of appropriate volunteer befrienders to the individual referred based on similar interests or compatible characteristics.

Mantell Gwynedd outline that;

'FFRINDIA' is an exciting project for Gwynedd residents. Simply it recruits volunteers to befriend individuals who are over 50 years of age, who are lonely or isolated, or at risk of being socially excluded. FFRINDIA's volunteers befriend in order to reduce feelings of loneliness, isolation and lack of confidence; with the aim of promoting self-confidence and independence amongst those who will benefit from the project'.

The aims of this analysis are to;

- Analyse the social/community value of befriending;
- Analyse the possible savings for public service providers.

The nature of the SROI framework, as will be explained, is to demonstrate the value to involved stakeholders of often intangible impacts upon their lives, and as such will provide evidence to address the aims of the analysis process. Mantell Gwynedd commissioned Dr Adam Richards to conduct this element of the analysis in August 2014, and the final report was completed in February 2016.

Loneliness & Isolation

Loneliness and isolation are often seen as interchangeable terms. However, there is an important distinction between the two concepts. Although interdependent constructs, whereas isolation is the objective absence of social relations, loneliness, although difficult to define can be considered as a subjective issue that is the difference between an individual's desired and actual relations (Befriending

Networks, 2014). The accepted idea that someone can be lonely in a crowded room makes it clear that there is a need for both quantity and quality of relationships in order

to avoid loneliness. Further to this, the two key elements of emotional and social loneliness are important concepts, and help to provide further clarity as to the focus of 'Ffrindia'. The former concept relates to missing the companionship of one particular person (usually a loved one), whereas the latter is the result of lacking wider social networks or friends, and it is this element that is the focus of 'Ffrindia'. Figure 1 summarises the components of loneliness.

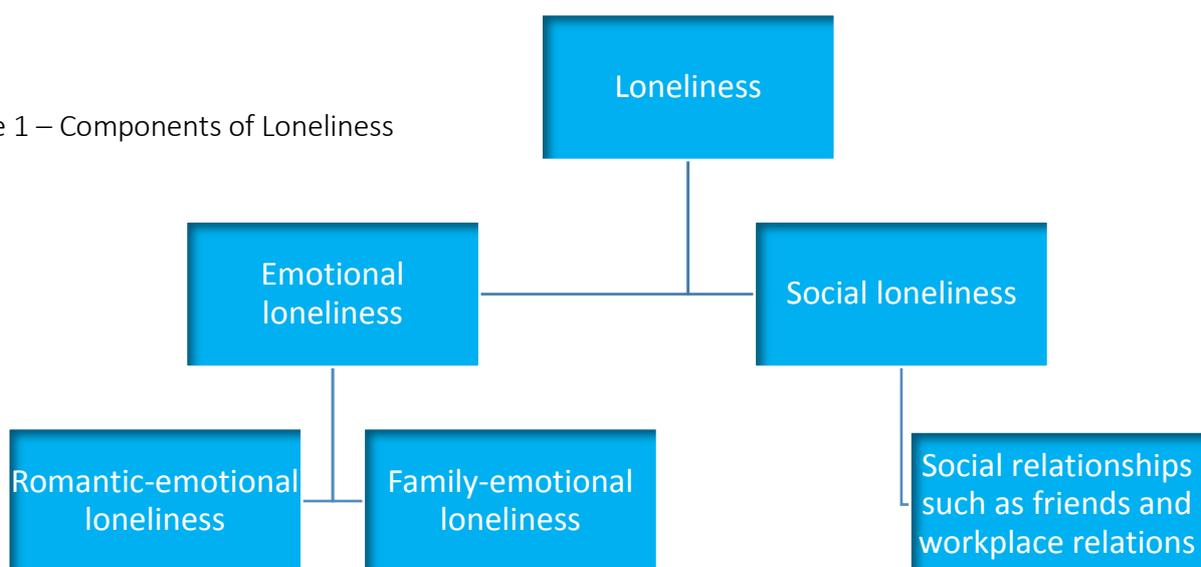


Figure 1 – Components of Loneliness

Additionally, loneliness can be experienced occasionally, or if persistent it is recognised as being chronic. Whilst the former would certainly have negative impacts on people at certain times, the latter means that people feel lonely most, or all of the time.

Numerous studies have measured the extent of loneliness, and the Befriending Network (2014) reported that in 2012, Victor and Yang highlighted that 6% of adults in the UK were lonely “all or most of the time”, whilst 21% felt lonely “sometimes” (using data from the European Social Survey for 2006) and in 2010 the Mental Health Foundation outlined that 24% of adults “worried about feeling lonely” and that 37% of the participants had a close friend or family member who they felt was “very lonely” (Griffin, 2010).

Studies have also attempted to identify particular trends of loneliness, although again with some degree of mixed-findings. The 2006 European Social Survey demonstrates a “u-shaped” distribution of loneliness, highlighting that loneliness rates were higher amongst those aged 15-25 years, and 55 years and

above, but lower for all other adults (Victor and Yang, 2012). However, Victor *et al.* (2005) found an opposing trend through the use of a sample derived from the ONS Omnibus Survey using participants aged 65 years and over, once other factors were controlled for (such as widowhood) those aged 85 year or above were actually at *lowest* risk of reporting loneliness. Although this latter study supports the idea that loneliness is not inherent to ageing, and older people continue to have the potential to make a valuable contribution to society, Age UK (2014) also report that 40% of all older people (about 3.9 million) say that television is their best friend.

The UK like many other nations has an aging population, with projections of people aged over 65 increasing from 10.84m in 2012 to 17.79m in 2037 (NHS Confederation, 2016). There is often a tendency to portray these people as being resource intensive and creating unsustainable pressures on health and social care services, although it is both unfair and overly-simplistic to apply this stereotype. Older people have a wealth of experience and knowledge that can benefit

many others, and where necessary, when provided with appropriate support can still play an active role in society.

Gwynedd is typified by a rural geography, and whilst this might be assumed to directly associate with loneliness, research by Lauder *et al.* (2004) outlined that rural area living is not a predictor of loneliness. However, when considering the changing family situations whereby younger generations are less likely to remain in close proximity to ageing relatives, and the erosion of traditional community assets and networks, when these conditions are prevalent it becomes clear that rurality does have the potential to increase the feelings of loneliness.

Effects of Loneliness

There is a growing body of evidence that loneliness can have significant impacts on a person's life, affecting both physical and mental health, and the wellbeing of individuals. Of late, the increasing recognition of the consequences of loneliness has led to calls for it to be accepted as a major public

health issue on par with other concerns such as smoking and obesity (Campaign to End Loneliness, 2016).

For example, evidence suggests that loneliness increases the likelihood of high blood pressure (Hawkley *et al.* 2010), puts individuals at greater risk of cognitive decline (James *et al.* 2010), and episodes of depression (Cacioppo *et al.* 2006) and suicide in older people (O'Connell *et al.* 2004) are more prevalent.

Loneliness affects people differently. Yet, what is clear is that potential negative consequences can have significant effects on both those individuals experiencing it and a range of agencies delivering health and social care services.

Table 1 illustrates just some of the key risk factors that increase the likelihood of someone becoming lonely in later life, and some of the associated health implications.

Table 1 – Risk Factors and Implications of Loneliness in Later Life

Personal risk factors		Wider societal risk factors
Poor health or sensory loss		Lack of public transport
Reduced mobility		Inappropriate physical environment (i.e. lack of public toilets, non-dementia aware environments)
Bereavement		Unsuitable housing
Retirement		Fear of crime
Becoming a carer		Technological changes
Potential implications of chronic loneliness		
Physical health	Exceeds impact on mortality of factors such as obesity – similar effects as smoking 15 cigarettes a day (Holt-Lunstad, 2010)	
	Increases the risk of high blood pressure (Hawkey <i>et al.</i> 2010)	
	Increased risk of disability (Lund <i>et al.</i> 2010)	
Mental health	Greater chance of cognitive decline (James <i>et al.</i> 2011)	
	64% increased likelihood of developing clinical dementia (Holwerda <i>et al.</i> 2012)	
	Increased chance of depression (Cacioppo <i>et al.</i> 2006; Green <i>et al.</i> 1992)	
	Increased likelihood of suicide in later life (O’Connell <i>et al.</i> 2004)	
Maintaining independence	Increased number of visits to GP, higher use of medication, greater incidence of falls & increased factors for long term care (Cohen, 2006)	
	Early entry into residential/nursing care (Russell <i>et al.</i> 1997)	
	Increased use of accident & emergency services (independent on chronic illness) (Geller, Janson, McGovern & Valdini, 1999)	
Adapted from Campaign to End Loneliness, 2016		

This report will now outline the SROI framework that was employed to analyse the Ffrindia’ project.

2.0 Social Return on Investment

(SROI) Framework

By explicitly asking those stakeholders with the greatest experience of an activity, SROI is able to quantify and ultimately monetise impacts so they can be compared to the costs of producing them. This does not mean that SROI is able to generate an 'actual' value of changes, but by using monetisations of value from a range of sources it is able to provide an analysis of projects that changes the way value is accounted for – one that takes into account

economic, social and environmental impacts.

Social Value UK (2014) states;

'SROI seeks to include the values of people that are often excluded from markets in the same terms as used in markets, that is money, in order to give people a voice in resource allocation decisions'

Based on seven principles, SROI explicitly uses the experiences of those that have, or will experience changes in their lives as the basis for evaluative or forecasted analysis respectively.

Social Return on Investment Principles

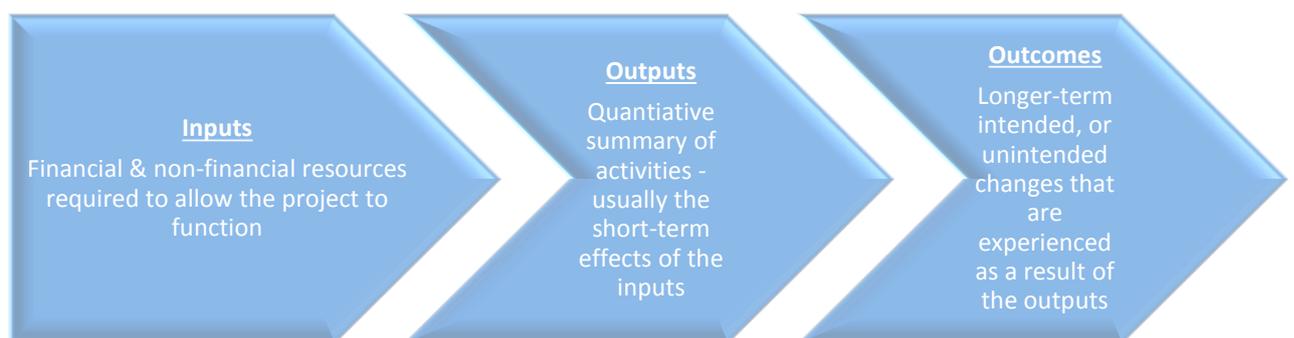
1. **Involve stakeholders** Understand the way in which the organisation creates change through a dialogue with stakeholders
2. **Understand what changes** Acknowledge and articulate all the values, objectives and stakeholders of the organisation before agreeing which aspects of the organisation are to be included in the scope; and determine what must be included in the account in order that stakeholders can make reasonable decisions
3. **Value the things that matter** Use monetisations of value in order to include the values of those excluded from markets in the same terms as used in markets
4. **Only include what is material** Articulate clearly how activities create change and evaluate this through the evidence gathered

5. **Do not over-claim** Make comparisons of performance and impact using appropriate benchmarks, targets and external standards.
6. **Be transparent** Demonstrate the basis on which the findings may be considered accurate and honest; and show that they will be reported to and discussed with stakeholders
7. **Verify the result** Ensure appropriate independent verification of the account (socialvalueuk.org)

The guiding principles ensure that *how* value is accounted for remains paramount. To ensure a consistent approach is used, chains of change are constructed for each material stakeholder explaining the cause and effect relationships that ultimately create measurable outcomes. These chains of change create the overall Value Map (attached separately as appendix 7), and these stories of change are equally

as important as the final result of analysis. In fact, SROI is best thought of as a story of change with both quantitative and qualitative evidence attached to it. Figure 2 summarises the different elements for each chain of change included within the SROI analysis (before the impact of outcomes is calculated).

Figure 2 – Outline of the Chain of Change

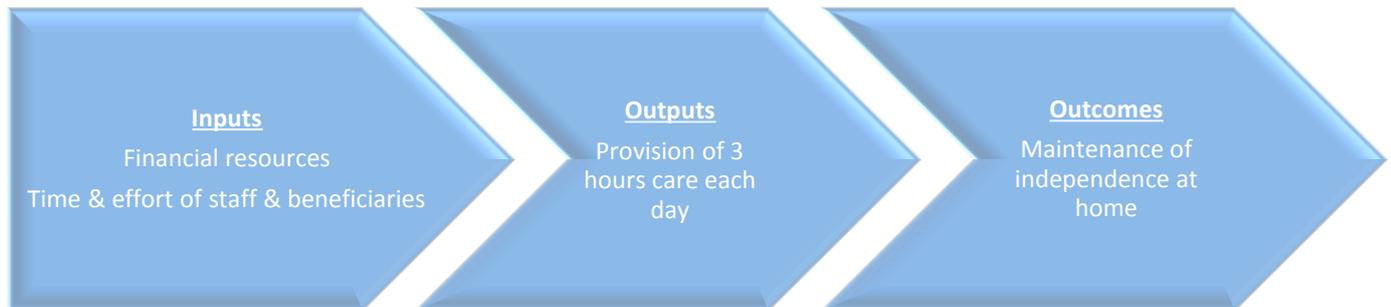


SROI is an outcomes-measurement approach, and only when outcomes are measured is it possible to understand if meaningful changes are

happening for stakeholders. To illustrate this idea, figure 3 displays a brief theory of change

for a domiciliary care programme to assist people to remain in their own home - only by measuring the final outcome, is it possible to understand the impact of the care-programme.

Figure 3 - Example Chain of Change



As will be discussed at the point of analysis, SROI also incorporates accepted accounting principles such as deadweight and attribution to measure the final impact of activities that are a result of each particular activity or intervention. Importantly, SROI can capture positive and negative changes, and where appropriate these can also be projected forwards to reflect the longer term nature of some impacts. Any projected impacts are appropriately discounted using the Treasury's discount rate (currently 3.5%). The formula used to calculate the final SROI is;

SROI = <u>Net present value of benefits</u> Value of inputs	So, a result of £3:1 indicates that for each £1 invested, £3 of social value is created
--	--

Overall, SROI is able to create an understanding of the value of activities relative to the costs of creating them. It is not intended to be a reflection of market values, rather it is a means to provide a voice to those material stakeholders and outcomes that have been traditionally marginalised or ignored. Only by measuring impacts are organisations able to not only demonstrate their effects, but also importantly improve them. This thereby strengthens accountability to those to which they are responsible, which in the third sector is fundamentally the key beneficiaries of services.

3.0 Stakeholder Engagement & Scope of the Analysis

Including stakeholders is the fundamental requirement of SROI. Without the involvement of key stakeholders, there is no validity in the results – only through active engagement can we understand actual or forecasted changes in their lives. Only then can SROI value those that matter most.

In order to understand what is important for an analysis, the concept of materiality is employed. This concept is also used in conventional accounting, and means that SROI focuses on the most important stakeholders, and their most important outcomes, based on the concepts of relevance and significance. The former identifies if an outcome is important to stakeholders, and the latter identifies the relative value of changes. Initially, for the analysis of Ffrindia', a range of stakeholders were identified as either having an effect on, or being effected by the project – table 2 highlights each stakeholder, identifying if they were considered material or not for inclusion within the SROI analysis.

At the time of writing, the Ffrindia' project was in the fourth year of a five-year plan, existing

data was used to appreciate the scale of activities, inputs, outputs and outcomes, and forecasted information for the remainder of the project was then factored in to provide an overview of the full five-year project.

For the full five years of the Ffrindia' project, the total numbers of individuals befriended is taken to be 208, and the number of volunteer befrienders is 211 (there are slightly more volunteers owing to their turnover being greater than the individuals befriended).

Materiality

If a stakeholder or an outcome is both relevant & significant, it is material to the analysis. Being important to stakeholders and of significant value, means that if the issue was excluded from analysis it would considerably affect the result.

Table 2 – Stakeholder List & Materiality

Stakeholder	Material stakeholder?	Explanation
Individuals receiving the befriending service	Yes	As key beneficiaries of the Ffrindia' project these are the most important stakeholders and some changes experienced will be relevant and significant.
Individuals who were not accepted onto Ffrindia' after being assessed	Yes	Many of these individuals wished to be part of Ffrindia' and will have potentially been negatively affected by being refused the service so could experience relevant changes.
Individuals who refused the service after assessment	No	These individuals selected not to take part in the project and have therefore been unaffected by it and receive no relevant changes.
Volunteer befrienders	Yes	Without the involvement of the volunteers, the Ffrindia' project could not happen. As well as helping to create outcomes for those befriended, relevant and significant changes will also have occurred for this group.
Carers (unpaid, family members) of those befriended	No	Although this sub-set of stakeholders may experience both relevant and significant changes, their involvement was beyond the scope of this analysis.
Wider family members of those receiving the befriending service who do not live in the same home	No	Although of potential significance, engagement with this group was beyond the scope of this inquiry.
Mantell Gwynedd	Yes	The involvement of Mantell Gwynedd is essential for

		the creation of any changes. Therefore, financial resources and the inputs from key members of staff must be included. However, changes experienced by the organisation are not included as they are not relevant to the project.
Carers Outreach Gwynedd & Age Cymru Gwynedd and Môn	Yes	As key members of the strategic direction of Ffrindia' their involvement in understanding the impacts of the project were essential, but as with Mantell Gwynedd, any outcomes are not included as they are not relevant to the project.
Gwynedd Council's adult social services departments	Yes	Although not contributing directly to the project, the outcomes for individuals befriended and volunteers have potentially important impacts on the demand for health and social care services.
NHS health services	Yes	
Additional age related charities	No	No relevant outcomes were identified for these stakeholders – there was a low incidence of befriended individuals reporting an increased use of other non-statutory services. However, their contribution to outcomes is also captured by appropriate attribution levels.
The national economy / Treasury department	No	Although there may be potential changes to volunteer's employment status as a result of involvement with the project, this change is not relevant owing to a low incidence of this outcome being reported by volunteers. If the numbers of volunteers securing

		employment becomes relevant, this may be a stakeholder for inclusion on future analyses.
Neighbours of those befriended	No	Although some neighbours may experience changes as a result of Ffrindia' (i.e. feeling more reassured about neighbour's safety), this would have a low incidence owing to the location of many individuals, and equally is of little significance.
Local community	No	Whilst some local community members may feel similar changes as above, they are of low significance.
Private residential accommodation providers	No	Although the results of Ffrindia' impacts upon some people's ability to maintain their independence, most would not alternatively consider private accommodation.

Having identified the material stakeholders for analysis, table 3 highlights the size of the populations, the sample size engaged with and the method of engagement.

Initially, interviews were held with the Chief Officer and Project Manager at Mantell Gwynedd to clarify the scale, scope and purpose of the analysis. This led to the creation of a comprehensive list of additional stakeholders that should be consulted. Next, the three Volunteer Coordinators were

consulted together to get a clearer understanding of how the project operated and their thoughts on why both volunteers and those befriended became involved.

After interviewing the two analysts from Sylfaen Cymunedol Cyf and reading the case studies that were based on their primary research, individual interviews with both volunteers and individuals befriended from all three regions of Gwynedd then followed. Most of these were conducted in the people's

homes, at their convenience, with three taking place in public locations. Owing to the need to visit people in their homes, some of whom are vulnerable adults, each interview was accompanied by the Project Manager. It is acknowledged that there is the potential for confirmation-bias in any interview, and this may be even more of an issue with a member of Ffrindia' staff in attendance, but the practicalities of the analysis were far more important; and conservative estimations have consistently been employed to take account of the danger of over-claiming.

Each interview proceeded with an explanation of the purpose of the analysis and the voluntary nature of involvement. The questioning style used for all but one interview was that of an unstructured format, where clean questions were used to understand what had changed in people's lives. SROI and good research practice in general demands that leading questions are avoided and participants are afforded the opportunity to provide their own voice. So, rather than ask a predetermined list of questions, each participant was asked to tell their own story

for becoming involved. During these narratives, probing questions such as asking for indicators of change ('what do you now do that is different as a result of that?'), and the potential counter-factual options that needed to be accounted for ('if you weren't involved with Ffrindia', what would you be doing instead?'), were used to gain further understanding. Importantly, each interviewee was also explicitly asked if there were any negative changes they had experienced as a result of involvement.

Unlike quantitative methods, qualitative interviewing does not have a statistical method for identifying the relevant number of interviews that must be conducted. Rather, it is important to conduct sufficient number until a point of saturation is reached – this is the stage at which no new information is being revealed. In total 9 volunteers and 16 befriended individuals were interviewed, and although a state of saturation was reached for both stakeholder groups prior to this, it was prudent to undertake a sufficient number to have confidence that all material outcomes were identified. This was also verified by a

subsequent focus group with 5 volunteer befrienders whereby outcomes for both themselves and individuals were discussed and no new information was revealed.

Whilst Mantell Gwynedd maintained records on all volunteers and befriended individuals, the data collected did not reflect the outcomes that had been identified by the participants. Therefore, the existing review documents were amended to include necessary questions (appendix 1 includes the complete review documents for both individuals and volunteers), and a further meeting with all Volunteer Coordinators and Project Manager was held to discuss the revealed outcomes and edited paperwork. Although understandably not wanting to overburden people with additional questioning, each Coordinator was happy to use the new systems for data collection. This also served as an effective opportunity to verify initial findings that no important outcomes had been missed – SROI is an iterative process and the principle of verifying the result can be embedded throughout.

Before designing the amended review documents, a focus group discussion with the Manager of Gwynedd's Adult Social Services, two Social Workers and a Social Care support officer was also conducted – again serving to test the outcomes, but also helping to understand the potential outcomes on this important statutory service.

During another event for the volunteers they were asked to consider what they believed would be the likely outcome for their individual, if it were not for Ffrindia'. This was a further opportunity to triangulate views on the likely expectations for the individuals, but also served to effectively gather data on the values that volunteers placed on their own experiences through use of the 'value-game'. Having identified the range of possible outcomes, all 22 volunteers were provided with small pieces of paper that highlighted each separate outcome. They were then asked to consider which were relevant to themselves, discard those that were not, and put the remaining options in order of priority.

Next they were all provided with pieces of paper of a different colour that listed a range of essential items such as annual basic food shopping and yearly car maintenance costs. Again they were asked to select the options that were relevant (of interest and value) to them, and place these in order of priority. On a printed sheet that contained a scale from low to high value, each volunteer then individually merged their two lists to provide a calibration list of value that identified the relative value of the intangible changes in relation to market-based options. The results of this process are included in appendix 2.

Individuals that were not accepted onto 'Frindia' after being assessed were not engaged with owing to practical barriers and in some cases a potential lack of cognitive ability to do so. However, by using information from some of the positive outcomes experienced by individuals accepted onto the project, their experiences are also accounted for.

The analyst also attended two Steering Committee meetings and discussed the on-

going process and findings with all representatives.

Table 3 – Stakeholder Engagement

Stakeholder	Population size	Method of engagement
Individuals befriended	208	16 face to face individual interviews. Using the amended review documents, a further 67 individuals contributed.
Volunteer befrienders	167	9 face to face individual interviews. Focus group with 5 volunteers. Focus group / 'value game' with 22 volunteers. Using the amended review documents, a further 22 volunteers contributed.
Mantell Gwynedd	1	Interviews were held with the Chief Officer of Mantell Gwynedd and Project Manager of Ffrindia'. The three volunteer coordinators and the two involved members of Sylfaen Cymunedol Cyf were also interviewed as part of the stakeholder engagement initial process.
Carers Outreach	1	Attendance at 2 Steering Committee meetings – discussed the analysis and findings with key representatives.
Age Cymru	1	
Social service departments	1	Focus group interview with the Manager of Gwynedd's Adult Social Services, two Social Workers and a Social Care support worker.
NHS departments	1	Direct contact with NHS departments was not possible for this analysis. However, the information collected from those directly involved in the befriending process and data from Mantell Gwynedd provided sufficient information to arrive at reasonable estimations of impact.

4.0 Project Inputs

This section of the report describes the necessary inputs from multiple stakeholders. Some inputs are financial, whereas others are not – yet where possible inputs are monetised.

Individuals befriended

Although Ffrindia' is free for all of those using the service, there are still necessary inputs from the service users. Their time, willingness to engage, and openness towards their befrienders are all essential to the success of the project. This was further demonstrated by many of the cases that failed to achieve successful outcomes – with a lack of engagement and commitment an often cited reason. Although important, these inputs were not monetised for the purpose of this SROI analysis, as is the current convention (SROI Network, 2012). For those individuals that were not accepted to the project after being assessed their inputs are equally not monetised.

Volunteer Befrienders

Without the inputs of volunteers, the Ffrindia' project simply could not continue. Similar to those being befriended, volunteers provide their time, energy, effort, compassion, empathy and potentially some financial outlay (although expenses are covered, some volunteers may spend money during their time volunteering). Although their time is donated without charge, it is still reasonable for this to be monetised as it represents the opportunity cost to the volunteers. Potentially, if they were not to volunteer their time, they could seek employment and receive a wage for doing so. Therefore, the hourly minimum wage is used as a suitable approximation of value for each hour of time volunteered. However, as Ffrindia' is a five-year project, commencing in January 2012 and the national minimum wage increased from £6.31 to £6.50 in October 2014, which is just over half way through the project, an average of £6.41 has been used.

On average each volunteer donates approximately 2 hours a week for 48 weeks.

Given this annual total of 96 hours for each person, a total of over 20,000 hours of volunteer's time has been donated to Ffrindia'. To calculate the value of volunteer time for Ffrindia', the total is;

96 (hours) X 211 (volunteers) X £6.41 (average of national minimum wage) = £129,841.

Mantell Gwynedd

The essential financial inputs from the Big Lottery AdvantAGE fund were managed by Mantell Gwynedd. This paid for the salaries of the three full-time Volunteer Coordinators, the Project Manager and line management from the Health and Social Care Facilitator, volunteer expenses and a proportion of fixed-costs. Substantial training was also offered to volunteers, including first aid, dementia awareness and Protection of Vulnerable Adults (POVA) sessions.

Existing data was used to calculate costs to date, and forecasted data supplemented these to create the totals for the 5 years. Of particular importance is the role played by the Volunteer Coordinators in ensuring an

effective match between the individual and volunteer, without which the whole project would collapse. As one individual befriended commented; *"for me the scheme is superb, because of the person – it's a skill to match people appropriately"*.

In addition to the skilled pairing of effective friends, the Coordinators also provided essential on-going support. Both volunteers and individuals befriended commented consistently on the importance of having someone there to rely on and provide support when needed. Acting as the official link between involved parties, the Coordinators provided volunteers with the ability to raise concerns about their individual, and provided a distance and official element to the relationship that allowed them to more effectively manage any issues. In many cases, Coordinators would cover temporarily absent volunteers so that individuals did not feel a loss – and equally volunteers would feel more at ease if they could not make regular meetings.

Carers Outreach Gwynedd and Môn, Age

Cymru Gwynedd and Môn

Both partners contributed essential support to the project through their involvement with the Steering Committee. This is accounted for within the financial investment and subsequent discussion of the Committee's involvement. Both organisations also provided valuable referrals to the project.

Steering Group members

Social services, NHS departments, volunteer befrienders, and age and health-related charities also contributed their expertise, knowledge and time as part of the Steering Committee. Although not contributing any financial resources, the time invested is valued accordingly – based on the number of meetings and attendees to Steering Committee meetings multiplied by a suitable hourly approximation. 15 people (other than project staff) were involved in 8 meetings (2 hours per meeting), and although not everyone has attended each, given that they

had still committed to share their knowledge, a reasonable financial proxy for this is the time they have committed.

Owing to the specialist nature of such stakeholder involvement, an hourly rate of £50 per person has been used as a reasonable reflection of third-sector consultancy fees (also applied to the volunteers' time). The total investment from this stakeholder group is therefore; 15 (people) X 8 (meetings) X 2 (hours) X £50 = £12,000.

Gwynedd Council

100 hours of essential training has been provided by Gwynedd Council to volunteers in areas such as dementia awareness and working with those who are hard of hearing. Although this was delivered for free to the project, there is nevertheless a value to this, and an hourly rate of £50 has been used to account for this.

Total monetised inputs

The total inputs for the Ffrindia' project over the five-year period have been calculated as £1,108,841 – created by both financial and

non-financial inputs from the range of stakeholders above. This information is

displayed in table 4, and is compared to the costs per individual befriended.

Table 4 – Total Monetised Inputs for Ffrindia’

Stakeholder	Financial input	Non-financial input	Cost per individual befriended (208)
Individual befriended	N/A	Time, energy, willingness (£0)	N/A
Volunteer befriender	N/A	Time, passion, energy (£129,841); £615 per volunteer	£624
Mantell Gwynedd – finances managed on behalf of the Big Lottery	£962,000	Strategic management, time, expertise	£4,625
Steering Group	N/A	Time, expertise & knowledge (£12,000)	£58
Gwynedd Council	N/A	Expertise & time (£5,000)	£24
Totals	£962,000	£146,841	£1,108,841

5.0 Outputs, Outcomes & Evidence

The immediate outputs for the Ffrindia' project centre on the provision of immediate befriending services to those receiving the service.

Over the 5 years, it is anticipated that 208 individuals will have been befriended, with a total of 20,256 hours of befriending occurring as a direct result of Ffrindia' – this total represents the output for Mantell Gwynedd, Carers Outreach Gwynedd and Môn, Age Cymru Gwynedd and Môn.

For the befriended, the immediate output is the average of 2 hours per week of befriending for a period of 12 months that each individual received. In addition, volunteers receive outputs relating to the training and qualifications that were provided.

Subsequently, the reduced pressure on statutory services as a result of some individuals who would have otherwise likely required support is the output for social services and the NHS.

As outlined, it is the outcomes that result from outputs that ultimately allow understanding of

the effects on stakeholders, and only by their involvement is it possible to do so. Appendix 6 displays the complete chains of change for Ffrindia', and table 5 illustrates the range of outcomes identified during the stakeholder engagement for each stakeholder group, and indicates if they been included or excluded from the analysis, based upon the consistent interpretation of the materiality principle.

Table 5 – Stakeholder Outcomes

Stakeholder	Outputs	Outcomes	Included / Excluded
Individual being befriended Volunteer befriender	Receives average of 2 hours of befriending per week	Reduced loneliness	Included – this is a key outcome experienced by individuals and is both relevant and significant.
		Improved relationships / new friendships	Included – this is a key outcome experienced by individuals and is both relevant and significant.
		Improved mental wellbeing	Included – this is a key outcome experienced by individuals and is both relevant and significant.
		Improved physical health	Included – although not discussed in as much detail as changes to mental health, this is a key outcome experienced by individuals and is evidenced as important with reduced loneliness, so is therefore both relevant and significant.
		Increased engagement with other services	Included – this is a key outcome experienced by individuals and is both relevant and significant.
		Increased likelihood of maintaining independence	Included – this is a key outcome experienced by individuals and is both relevant and significant.
		Increased dependency on volunteer befriender (negative outcome)	Included - this is a key outcome experienced by individuals and is both relevant and significant.
Increased feelings of loneliness after losing volunteer befriender (negative outcome)	Included - this is a key outcome experienced by individuals and is both relevant and significant.		

		Learnt new skills / new interests	Excluded – owing to a low incidence of this being reported by individuals it fails the relevance test, and would have
Volunteer Befriender	Provides an average of 2 hours befriending per week – a total of 20,256 by all over the 5 years.	Reduced loneliness	Included – this is a key outcome experienced by volunteers and is both relevant and significant.
		Improved relationships / new friendships	Included – this is a key outcome experienced by volunteers and is both relevant and significant.
		Improved mental health	Included – this is a key outcome experienced by volunteers and is both relevant and significant.
		Increased engagement with other services	Included – this is a key outcome experienced by volunteers and is both relevant and significant.
		Improved employability	Excluded – owing to a low incidence of this being reported by volunteers it fails the relevance test, and would have a low resultant significance.
		Secures employment	Excluded – as a consequence of the outcome related to improved employability this outcome also fails the materiality test.
		Enters education or training	Excluded – owing to a low incidence of this being reported by volunteers it fails the relevance test, and would have a low resultant significance.
		Increased feelings of being useful	Included – this is a key outcome experienced by volunteers and is both relevant and significant.
		Negative feelings of guilt	Included - this is a key outcome experienced by volunteers and is both relevant and significant.
Negative feelings of bereavement if individual passes away	Included - this is a key outcome experienced by volunteers and is both relevant and significant.		

Mantell Gwynedd; Carers Outreach Gwynedd & Môn; Age Cymru Gwynedd & Môn	Approx. 96 hours of befriending services offered to 208 individuals over 5 years.	Improved organizational reputation. Improved visibility in Gwynedd Improved employee motivation/morale	All outcomes are immaterial for Mantell Gwynedd and the other key partners. They are not relevant to the analysis; rather their role is the creation of value for other material stakeholders.
Social service and NHS departments	Reduced potential demand on services	Reduced potential costs of delivering services to individuals and volunteers	Included – this is a key outcome as a result of material changes experienced by individuals and is both relevant and significant.
		Improved relations with individuals (able to better support)	Excluded – owing to a low incidence of this being reported by individuals and volunteers it fails the relevance test, and would have a low resultant significance.
Gwynedd Council	Delivery of 100 hours of free training	Improved relationships with other organisations involved in Ffrindia'	Excluded – this is not a relevant change for the Ffrindia' project, and is equally not of significance.

The above information highlights that as well as those changes intended by the Ffrindia' project, other unintended outcomes were also experienced. It is important that these are also taken into account through engagement with the material stakeholders, in order to gain a better understanding of Ffrindia's holistic impacts. Equally, it is important to understand if any negative changes have been experienced as a result of the activities – and during this analysis it became clear that such outcomes are experienced by both volunteers and those befriended. For some of the latter group a dependency on the volunteer was evidenced. Owing to the circumstance of some individuals, this outcome is something that is to be expected, and will remain extremely difficult to manage. Additionally, for those individuals that

lose their volunteer before they are ready to close the relationship, there will be a negative impact on their wellbeing.

Given the interconnected nature of the individuals and their befrienders, it is also clear that there are related negative experiences for some of the volunteers. Feelings of guilt were expressed by some when they needed to miss a meeting owing to holidays or conflicting arrangements, and for those volunteers whose individual passed away there are resultant feelings of bereavement. The instances of negative outcomes are present in most activities, and by accounting for these organisations and projects are better able to manage them, and ultimately reduce or eliminate them where possible.

Outcomes

Outcomes are the consequences of a stakeholder experiencing an output – they can be both positive or negative, and intended or unintended.

Materiality of Outcomes

By asking material stakeholders what they consider to be most important, SROI analyses are able to focus on the key changes. For the analysis of Ffrindia', those outcomes experienced by Mantell Gwynedd and their partners are not considered material - nor are some identified for volunteers and those befriended as they failed the relevance and/or significance tests.

Material Outcomes for each stakeholder

5.1 Individuals Befriended

Outcome 1 – Reduced Social Loneliness

The intention of Ffrindia' to affect the isolation and loneliness of individuals over 50 years old who are, or at risk of becoming lonely was openly discussed by many individuals. Each individual's circumstances are different, and not everyone considered themselves to be isolated or lonely. However, in the vast majority of cases, individuals discussed having very few, if anyone they saw on a regular basis. For many individuals it was changes to their lives that had left them feeling lonely, as one individual commented; ***"I've been very lonely here – I had a big family and I miss them all"***.

Many of the older individuals in particular found it extremely difficult to undertake any activities that allowed them to meet other people. Many had restricted mobility, and it was regularly stated that; ***"I'm sick of staring at the same four walls"***. Although many of the individuals had carers visiting the home to provide essential

support, the time-restricted nature of this relationship was exclusively commented on as providing no additional benefits other than that it was designed to deliver. In some of the most extreme cases, the befriender was the sole person that the individual would see all week, meaning that there was very little to fill the day, as one lady stated; ***"the time is long"***.

The average amount of time that an individual spends with a volunteer may only be two hours a week, but the significance of this should not be underestimated, as one individual commented; ***"It means an awful lot to know that someone's going to come and open the door"***. It was also reported by many individuals that it was not just the time together that was of relevance, but also the anticipation of looking forward to the visit, and subsequently the memory of the visit for the next few days that people enjoyed. During the engagement many individuals spoke with passion that; ***"it gives me a reason to get up and get dressed"*** and; ***"it's something to look forward to and get up for – some mornings I could just roll over and stay in bed and I shouldn't do that"***.

In order to measure the changes to social loneliness, the accepted questions designed by Dr Jong Gierveld (question 12, appendix 1) were employed. The final 3 questions relate explicitly to the concept of social loneliness and when data from initial reviews is compared to subsequent reviews it is possible to chart any changes made in relation to a baseline.

Outcome 2 - Improved relationships / new friendships

Regardless of an individual's state of loneliness, it was regularly reported that Ffrindia' created new friendships. This was predominately between the individual and their befrienders, but in some cases, individuals had met others who were also a part of Ffrindia', or other people on visits/days out. As one individual stated; *"everybody would be lost without it, and you make friends from it"*. The same sentiments were echoed by many volunteers, with statements such as their friend became; *"part of the family"*.

Although it may seem that making friends is an intermediary outcome towards the end of

reduced loneliness, it was felt by all involved that these outcomes were independent of one another to the point that both should be accounted for. This is based on the consistent idea that loneliness is the perceived difference between the quality of relationships we desire, and those we have. Therefore, it stands that we can make friends and still be lonely; making it important to account for both outcomes.

A clear indicator that the individuals and their befrienders had become friends was demonstrated by the majority of the individuals when they stated that unbeknown to the Ffrindia' staff, and contrary to issued guidance, they had exchanged personal phone numbers so they could remain in contact with each other beyond the confines of the project.

Outcome 3 - Maintained/improved mental wellbeing

As highlighted, one's mental health can be significantly affected by feelings of loneliness. Although difficult to identify the potential state of our own mental health without a particular intervention, many of the individuals

interviewed stated explicitly that this was a material change they had experienced.

Having someone to talk to and the anticipation of someone visiting should not be underestimated as a means of preventing, or restricting the deterioration of psychological health. As some of the individuals stated; ***“it’s about unloading; the fact that you can share it with somebody”*** and the importance of this was reinforced when compared to other opportunities to speak to people such as medical professionals who would often regard them as someone incapable of comprehending their own situation.

The relevance and significance of how companionship and conversation can contribute to positive changes to mental health was powerfully highlighted by one individual who had suffered significant physical and mental trauma; ***“from my own point of view you’ve unlocked a person; unlocked the bad place I was in and I’m looking forward to getting better now”***.

Social Service’s representatives interviewed also stated that even for those people with early stages of dementia, the regular visit from a

befriender was something that people looked forward to, and could have a reasonable impact on their cognitive state.

In order to measure the changes in mental health, the Warwick-Edinburgh Mental Well-Being Scale was employed (question 13, appendix 1), and as with social loneliness, it becomes possible to measure any changes to people’s subjective state of mental wellbeing.

Outcome 4 – Increased physical health

As with mental health, there is significant evidence that loneliness can impact upon one’s physical health. This was a difficult issue for some individuals to identify as being affected by their befriender, as many individuals were unable to leave their home owing to limited mobility. However, others freely discussed how the time spent with their befriender provided them with increased (or the only) opportunities to undertake physical activity. As some individuals stated; ***“she’s the only one I can have a walk with”*** and alternatively without a friend; ***“wouldn’t give me a reason for doing anything outdoors”***. For some, this was walking in the countryside, although for most it was much less

of an explicit aim, with gentle activity as a result of getting out of their home the indicator.

Outcome 5 - Increased engagement with other services

One of the explicit objectives of alternative befriending schemes is the integration of people into the community through existing groups and activities. Whilst this was unrealistic for many individuals involved with Ffrindia', it was nevertheless an important outcome for others. For some having the initial support of the befriender was that which gave them the confidence to attend other sessions, with a number reporting engaging with the local over 50s Youth Club (Age Cymru's Age Well Centres).

Outcome 6 - Increased likelihood of maintaining independence

All interviewed individuals were explicitly asked what they thought their situation would likely be without Ffrindia', and whilst most reported that they would certainly feel more isolated and lonely, some were concerned that they would be far less likely to remain able to live independently. For example, an individual made

the point that; *"when you come to retirement you can carry on, but when there's a disability you need help"*. This was also verified by the volunteer befrienders and social service's employees, and whilst not relevant for the majority of individuals, for those it would affect this is evidently an extremely relevant and significant outcome. As one social worker stated; *"losing your independence is like losing your identity – you lose your family, lose your friends, your voice"*.

Outcome 7 – Becoming dependent on the befriender

There is a fine line between a friendship that develops from a specific scheme, and a growing sense of dependency. This was not explicitly reported as a negative change by any individuals, as would be expected, but when asked about the likely outcome of the project ending, comments such as; *"I'd be lost – completely lost"* and when asked about the ending of previous involvement with the Red Cross' scheme the answer was; *"it was awful"* demonstrate the potential for negative experiences. A small number of volunteers

reported a concern that this was the situation for their individual, and in one case, a volunteer has sought the advice of the Project Manager to end the relationship as he could sense that his individual's dependency was becoming problematic.

Ffrindia' is based on the needs of the individual being befriended, and unlike other befriending schemes, is not a time-limited relationship. It is therefore not possible for a volunteer to manage the closure of the relationship within the general confines of the project.

Outcome 8 – Feeling more lonely

Having established that for the majority of individuals, Ffrindia' has a positive impact on their social loneliness, it is reasonable to state that for some individuals for whom the relationship ends against their desires will experience resultant negative emotions. This was also evidenced through consistent comments from individuals anxious about the closure of the project and results from the review documents.

5.2 Individuals not accepted after being assessed

Outcome 1 – Increased feelings of social loneliness

After assessment, some individuals were not accepted onto Ffrindia' for reasons such as their cognitive state being deemed too poor for the volunteers to effectively manage, or the coordinators were unable to match them to a compatible befriender. For many of these people this will lead to the worsened situation where their social loneliness may become even more pronounced. The situation whereby a befriending scheme is unable, or seemingly unwilling to assist someone who is lonely could have relevant and significant impacts on their state of mind, and as such needs to be accounted for.

5.3 Volunteer Befrienders

Many of the involved volunteers are retirees and experience many of the same issues as their befriended counterparts, and whilst the focus of 'Frindia' is on the individuals befriended, it is also the case that many of the volunteer befrienders receive similar outcomes as those they befriend. Volunteers consistently, and often apologetically, commented that they received as much from the project as those befriended, with comments such as; **"I've got as much out of it as he has"** highlighting this. Additionally, some volunteers openly discussed their loneliness, whilst others more cautiously stated that; **"TV is my friend at the moment"**. To avoid repetition, this section of the report outlines the volunteer outcomes that are distinct from those experienced by the individuals.

Outcome – Learnt new skills / gained new interests

Some volunteers spoke of the value they experienced as a result of learning new skills, or gaining new interests from their individual. By

providing their individual with the means to undertake activities they were otherwise restricted from enjoying provided interest to both parties. As one volunteer commented, the activities had; **"spurred me on to do new things"**. This included visits to local Osprey nesting sites, learning about local history and improving Welsh language skills, and although one might imagine this would be a two-way relationship, it was not outlined by the individuals befriended as an experienced outcome. This is not to say that some individuals did not experience such changes, rather that they did not consider it to be as relevant as some of the volunteers.

Outcome – General satisfaction from volunteering / Feeling more useful

It is widely understood that people's wellbeing is positively impacted through volunteering. And whilst this is a general outcome that could be applied to anyone who volunteers, the particular outcome that was stated by many of the volunteers was an increased sense of usefulness. The majority of volunteers are retirees and as one commented; **"when you are**

retired you do not feel useful” and this is more widely understood as a consequence of retirement for many. Therefore, although for some younger volunteers the outcome may not be explained in the same language, the general sentiment of the satisfaction one gains from volunteering is captured by this outcome.

Outcome – Negative feelings of guilt

Although the overall experience of volunteering with ‘Frindia’ was discussed in exclusively positive terms, some did outline the potential for feelings of guilt to be experienced when they were unable to meet their friend, or they wished to go away on holiday. Knowing their visit was the only interaction many individuals would experience in a week made it difficult for some volunteers to consider not meeting them, with comments such as; *“very difficult to pull away as they almost become part of your extended family”* typifying these feelings. This is an important negative outcome that must be accounted for in any befriending scheme in order to manage its impact on both the volunteers and the individuals.

Outcome – Negative feelings of bereavement if their individual passes away

Developing close relationships with older people has led to some volunteers experiencing a sense of loss when their friend has passed away. This is clearly a result of a positive relationship developing into friendship, but is again a negative outcome that must be accounted for. A relevant indication from volunteers of the sense of loss is a reluctance for many to engage with other individuals after the passing of their friend.

5.4 Mantell Gwynedd, Carers Outreach Gwynedd and Môn, Age Cymru Gwynedd and Môn

As stated, none of the identified outcomes for Mantell Gwynedd and their partners are to be included. They undoubtedly provide material inputs, but the outcomes created for the organisations are not material to this analysis.

5.5 Health and Social Care Services

All outcomes for health and social care providers relate to the potential for cost reallocation related to avoided demand on

services. Empirically and statistically there is evidence that increased loneliness is related to a range of physical and psychological health concerns – therefore, changes to the social loneliness of those befriended and volunteers who were experiencing chronic loneliness must be accounted for.

In many cases existing peer reviewed evidence was used to provide conservative estimations of the impacts if reduced social loneliness. Where possible, primary research was also used to inform the analysis.

5.6 Duration of Outcomes

Where appropriate projections of outcomes into future years demonstrate the lasting effects of an intervention. Yet, given the nature of those involved with Ffrindia' and the outcomes they experience, it is appropriate to account for most outcomes over only a single year. That indicates that if Ffrindia' were to cease involvement with someone, the changes they had experienced would largely be lost. Given this, all health and social care outcomes are only valued for one year, and it is reasonable that this approach underestimates the true value over time for some of those involved.

The only outcomes measured for two years for individuals befriended relate to the making of new friends and the negative outcome of loneliness when the relationship concludes earlier than they would wish. For volunteers the outcome of making new friendships is also measured for two years, as is the value of learning skills and engaging with new services – as it is estimated that such outcomes would persist based on the views of the volunteers. Where possible, existing research was used to

inform the estimated durations for this analysis, and where this was unavailable the informed opinions of those closest to the project was used to create reasonable estimations.

5.7 Quantity of Stakeholders Experiencing Outcomes

Even material outcomes will not necessarily be experienced by all individuals within a stakeholder group. Therefore, based on the sample of reviews received from both individuals befriended the volunteers, information held by Mantell Gwynedd, and careful estimations based on existing evidence the analysis has been able to identify the relevant quantity of stakeholders for each material outcome. This information is highlighted in appendix 3.

6.0 Monetisations of Value & Impact

Monetisations of value are used by SROI analyses to apportion value to intangible outcomes and can come from a variety of sources. Appendix 4 provides detail on the monetisations used for this analysis, and appendix 5 provides a summary of some of the key features of options for monetisation. This analysis has, where possible incorporated the values that stakeholders with experience of the outcome have identified – where this was not possible wellbeing valuations have been employed. Values for health and social care

providers are sourced from trusted official sources and represent the costs of providing various care options.

Impacts of Ffrindia'

SROI analyses use accepted accounting principles to calculate the overall impact of activities. Taking into account any deadweight, attribution, displacement and drop-off factors, means that SROI analyses will avoid over-claiming value that is not a result of the Ffrindia's activities. The boxes below outline each of the impact factors.

Deadweight

This asks the likelihood an outcome could have occurred without an activity taking place. So for example if it is believed that there was a 10% chance that someone could have found work without a training programme, the value of that outcome is reduced by 10%.

Attribution

Considers what proportion of an outcome is created by other organisations/individuals, so can therefore not be legitimately claimed by the SROI analysis. For example, if external agencies also support someone receiving training, that organisation is responsible for creating some of the value, not just the training organisation.

Displacement

This asks if an outcome displaced similar outcomes elsewhere. This is not always a necessary impact measure, yet must be considered. For example, if a project reduces criminal activity in one area, which results in increases in other locations, there is a need to consider the displaced outcomes.

Drop-off

Outcomes projected for more than one year must consider drop-off rate; the rate at which the value attributable to the focus of the SROI analysis reduces over time. For example, a mother/father who has significantly strengthened their confidence as a parent may attribute all of the value to a parenting support programme they attended for the first 12 months. However, in subsequent years the value of the course

7.0 SROI Results

This section of the report presents the overall results of the SROI analysis of Ffrindia'. As stated at the onset of this report, the analysis focused only on individuals who were referred to Mantell Gwynedd, the volunteer befrienders and resultant effects on health and social care services. This means that other material stakeholders such as unpaid carers and wider family members have not been included in the analysis, and therefore results will naturally under-represent the true value of Ffrindia'. However, in all other instances the fundamental principles of the SROI framework have been carefully adhered to.

The value that is created from a two-hour visit each week is hugely significant – for many people it is their only meaningful contact with other people in the week. The relationship that

is allowed to nurture without time-restrictions is for many the event they most relish in the week, and an intervention that creates value for both involved parties and a range of state agencies. Table 6 highlights the value created for each of the material stakeholders. The present value calculations take account of the 3.5% discount rate as suggested by the Treasury's Green Book.

The figures illustrate that significant value is created for all material stakeholders – and as would be expected the majority of value is created for those two groups that are most closely involved with Ffrindia'. Additionally, the value created for health and social care services through potential cost reallocation opportunities is highly significant. Table 7 highlights the value that is created per individual that is befriended and volunteer.

Table 6 - Total Present Value Created by Stakeholder

Stakeholder	Value created as a result of Ffrindia'	Proportion of total value created
Individuals befriended	£1,057,319	34.%
Volunteer befrienders	£1,415,367	45.%
Health & social care providers	£662,105	21%

Table 7 - Present Value Created per Individual Involved

Stakeholder	Average value for each individual involved
Individual befriended (208)	£5,083
Volunteer befriender (211)	£6,708

The above results indicate extremely positive returns for both the individuals befriended and their volunteer befrienders. Although the project is focused on those individuals that are lonely and wish for someone to befriend them, the results demonstrate that volunteers experience greater value overall and per person. This is not an indication of failure – moreover representing the nature of the volunteers benefitting from the project. Even if all value

created for volunteers and the resultant health and social care benefits are excluded from the analysis, the results still indicate a positive SROI. This means that even if the project was operated by people who (no matter how highly unlikely) received no value, Ffrindia’ still delivers positive social returns. The overall results in table 8 highlight the total value created, the total present value (discounted at 3.5%), the net present value, and ultimately the SROI ratio.

Table 8 – SROI Headline Results

Total value created	£3,164,324
Total present value	£3,120,176
Investment value	£1,108,841
Net present value (present value minus investment)	£2,011,335
	<u>£2.81:1</u>

[The result of £2.81:1 indicates that for each £1 of value invested in Ffrindia’, £2.81 of value is created.](#)

8.0 Sensitivity Analysis

The results demonstrate highly significant value created as a result of Ffrindia' and is based on application of the principles of the SROI framework. Although there are inherent assumptions within this analysis, consistent application of the principle not to over-claim leads to the potential under-valuing of some material outcomes based on issues such as duration of impact.

Conducting sensitivity analysis is designed to assess any assumptions that were included in

the analysis. Testing one variable at a time such as quantity, duration, deadweight or drop-off allows for any issues that have a significant impact on the result to be identified. If any issue is deemed to have a material impact, this assumption should be both carefully considered and managed going forwards. In order to test the assumptions within this analysis, a range of issues were altered substantially to appreciate their impact. A summary of some of the results are presented in table 9.

Table 9 – Sensitivity Analysis Summary

Variable	Current assumption	Revised assumption	Revised SROI	Proportion of change
Individual befriended; Made new friends	Duration 2 years	Duration 1 year	2.65	5.7%
Individual befriended; Made new friends	Deadweight 10%	Deadweight 50%	2.59	7.8%
Individual befriended; Made new friends	Quantity 141	Quantity 47	2.47	12.1%
Volunteer; Made new friends	Deadweight 50%	Deadweight 75%	2.62	6.8%
Volunteer; Made new friends	Quantity 192	Quantity 96	2.62	6.8%
Volunteer; Satisfaction from volunteering / feeling more useful	Attribution 25%	Attribution 75%	2.54	9.6%
Volunteer; Satisfaction from volunteering / feeling more useful	Quantity 200	Quantity 100	2.61	7.1%
Health & Social Care Providers; Avoided eye sight problems (AMD)	Deadweight 20%	Deadweight 50%	2.73	2.8%
Health & Social Care Providers; Avoided eye sight problems (AMD)	Quantity 84	Quantity 42	2.71	3.6%
Health & Social Care Providers; Reduced GP appointments from people as a result of general reduced loneliness	Quantity 159	Quantity 79	2.79	0.7%

Although some of the sensitivity tests indicate significant changes to the result, owing to the scale of the amendments made and the verification of assumptions and data with stakeholders, the results still indicate that if a single variable were significantly inaccurate, the overall results remain highly positive. What the results of the sensitivity analysis also indicate, is that future analyses of the befriending programme need to carefully monitor the outcomes and issues of causality, particularly those for the individuals befriended and the volunteer befrienders as these have the greatest potential impact on results.

9.0 Conclusion

This report has demonstrated that Ffrindia' has created over £2m of value and for each £1 invested, £2.81 of value is created;

What that means in practical terms is that people's lives have been positively changed.

Social loneliness was highlighted as a major issue for many people, and one that when chronic can lead to multiple health and wellbeing concerns. The stakeholder engagement conducted for this analysis confirms these outcomes and many of those involved were able to carefully consider and identify the changes in their lives as a result of involvement with Ffrindia'.

The skilful pairing of individual and volunteer is essential to the success of such a scheme, and one that immediately identifies the need for ongoing involvement of administrative and management support of any befriending programme. The three Volunteer Coordinators were exclusively regarded by all individuals and volunteers as exceptional in their roles, and this is demonstrated by the success of the vast majority of their pairings.

The ability to spend regular time with an older person who is, or is in danger of becoming lonely is the next crucial ingredient to Ffrindia's success. Whereas alternative schemes offer a time-limited service, or a telephone based service, the face-to-face contact and ability to build a relationship is that which distinguishes Ffrindia' and provides it with the capacity to create significant changes to people's lives.

For many individuals befriended, the time with their volunteer is the only meaningful contact they will experience all week, and although only for an average of two hours each week the value of this companionship and conversation should not be underestimated. As one individual commented; *"it's lifesaving really when someone opens the door"*.

Other befriending projects available in the area provide a time-restricted scheme that is designed to strengthen an individual's connection to their community, and these are

valid objectives. Yet, for a significant number of Ffrindia's individuals this is not a realistic ambition. Restricted mobility and the extreme rurality of some homes prevents many older people from enjoying local opportunities, where they exist, to reduce their isolation and loneliness. These older people are in danger of becoming the invisible lonely if befriending schemes exclude them based on their potential to become more independent.

Ffrindia' effectively supports a relationship that not only creates value for the individuals befriended, but also for the volunteers involved. A significant finding of this analysis is that more value is created for the volunteers than the individuals befriended, and this is not something to cause concern – rather it helps to demonstrate the substantial value of volunteering.

As a consequence of creating meaningful outcomes in the lives of the individuals and volunteers, significant potential cost reallocation opportunities are created for health and social care providers. This demonstrates that Ffrindia' not only effectively impacts on people's wellbeing, but it is also a cost-effective programme that illustrates the value of preventative intervention.

Understanding the dangerous effects of chronic loneliness is increasing - and it has been identified as a major public health concern on par with smoking. This analysis demonstrates the impacts of friendship, companionship and conversation on this and other important factors that affect the wellbeing of people – and fittingly the final words of this report belong to two of the people befriended;

“to have someone that you can rely on is a big thing”

“it's a wonderful idea – I hope it keeps going till I'm 100!”

10.0 Recommendations

The value of Ffrindia' has been evidenced by this report, and it is therefore of no surprise that **the initial recommendation is that the project is continued to be funded.** The **individuals and volunteers involved experience significant value** through positive changes to their health and wellbeing, and **this results in highly substantial value for health and social care services.**

Further expansion of the project as an option for **social prescription** via GPs, district nurses, social workers and other trusted referral agents is an initiative that will likely see even greater value created for health and social care services.

Although it may not be necessary that the same level of funding is required, it is undoubtedly essential for the continuation of meaningful value being created in people's lives. Volunteering is rarely free; behind each good volunteer is a system that ensures they are capable and supported to fulfil their role.

In addition, Gwynedd is an extremely rural county with a variety of issues that can further impact on the isolation and loneliness of older people, and without the management and

administration of the project it is unrealistic to presume that it will continue. Importantly, the coordination of activities on a area basis has been extremely successful in skilfully matching individuals and volunteers, and this close and on-going support is essential.

Funding is also crucial for the health and safety of those involved. Appropriate training for volunteers in areas such as dementia awareness and Protection of Vulnerable Adults is essential, as is the provision of Disclosure and Barring Service (DBS) checks on all volunteers to safeguard potentially vulnerable adults.

The outcomes created by Ffrindia' are some of the most personal to those experiencing them, and as a result there is often a tendency not to measure these. Although they may be more difficult than others, the potential to account for these has been demonstrated by this analysis. It is therefore recommended that any continuation of this scheme, or indeed any other befriending service, needs to **invest the time and finances into ensuring suitable systems and processes are in place to measure social**

value, and also extend this to include other important stakeholders such as wider family members and unpaid carers. This evaluation of the service requires an appropriate database system to accurately collate data collected by Volunteer Coordinators from volunteers and individuals. This is indicative of most projects, and is not a criticism of Ffrindia', rather a recommendation for the continued professionalization of social value measurement. When such data is collected over a period of time, the potential to use resultant information to inform decision-making is possible. Ultimately, this means that value is not just being measured, but it is being managed to improve the impacts of the project.

An issue that was discussed by the social services team and during Steering Committee meetings was the ability for Ffrindia' to accept referrals for people with early onset cognitive decline (dementia etc.). Importantly, the volunteers are not qualified to support someone who has complex needs, yet for those who can still gain meaningful outcomes from their experiences, this is an area that can create significant value. Ffrindia' has supported some

individuals in this situation, and it remains an issue that requires careful management and continued reviews, but nevertheless **if the volunteer feels comfortable** (and they are suitably trained where necessary) **with supporting someone with the early stages of cognitive decline, they can provide valuable companionship to people who desperately need it.**

As highlighted, other befriending schemes offer a time-limited service to support people to integrate into their local community. This is an option that would help to address the potential for some individuals becoming dependent on their volunteer, and may have proved for some appropriate motivation to become more self-reliant. However, for many other individuals befriended, and even more who have not accessed the service, they are in **danger of becoming the invisible lonely older people in Gwynedd**. Restricted mobility and the rurality of the county mean for some the unfortunate truth is their visit from their volunteer befriender is the only meaningful contact they will receive for days, or even weeks.

It is therefore unrealistic for some individuals to aim for sufficient self-resilience to combat isolation and loneliness. Having a jangle (conversation) and a panad (cup of tea) for some is therefore invaluable, and this creates the need to have a **tiered/flexible approach to befriending**. For some this would mean the agreement of targets to help them integrate into the local community, and for others the focus would be on how best the relationship can support them in their home. It is again the use of social value metrics that could help inform and effectively manage the relationships, although it is important that this does not become overly burdensome on those involved. Nor is it being recommended that individuals are removed from the befriending service if they fail to meet their targets, but through the creation of self-reliance comes the potential to support more lonely people. The possibility of **rotating volunteers** could also reduce the potential of dependency, albeit requiring appropriate management from Volunteer Coordinators.

A further recommendation to ease the problem of dependency and the guilt of volunteers who are unable to meet their individual is the possibility of **a pool of volunteers** who are willing and able to cover for others. As with other suggestions, when dealing with potentially vulnerable adults this is an issue that highlights the need for effective management.

The recommendations for Ffrindia' also recognise that where there are alternative options for befriending, such as that offered by the Alzheimer's Society, the project should not seek to duplicate. Far more effective is the collaboration of schemes, and the creation of new opportunities. For example, aligning befriending services with such as the Rural Coffee Caravan Information Project (see ruralcoffeecaravan.org.uk), and mobile libraries are options that could take the befriending service to more people in rural locations.

11.0 Bibliography

- Age UK (2014). *“Later Life in the United Kingdom”*. Age UK.
- Befriending Networks (2014). *“Mental Health Impacts of Loneliness & Social Isolation-briefing note”*. Befriending Networks
- British Heart Foundation (2016). ‘Focus on; Peripheral arterial disease’. Available at; <https://www.bhf.org.uk/heart-matters-magazine/medical/peripheral-arterial-disease>
- Busse, R., Blumel, M., Scheller-Kreinsen & Zentner, A. (2010). *“Tackling Chronic Disease in Europe”*. *European Observatory on Health Systems and policies*
- Cacioppo JT, Hughes ME, Waite LJ, Hawkley LC, Thisted RA. (2006). *“Loneliness as a specific risk factor for depressive symptoms: cross-sectional and longitudinal analyses”*. *Psychology and Aging* 21 (1) pp. 140-51. <http://www.ncbi.nlm.nih.gov/pubmed/16594799>
- Campaign to end Loneliness (2016). *“Threat to health”*. Available at; www.campaigntoendloneliness.org/threat-to-health/
- Cohen, G.D. et al. (2006). *“The impact of professionally conducted cultural programs on the physical health, mental health, and social functioning of older adults”*. *The Gerontologist* 46 (6) <http://gerontologist.oxfordjournals.org/content/46/6/726>
- Emdin., Anderson, S.G., Callender, T., Conrad, N., Salimi-Khorshidi, G., Mohseni, H., Woodward, M. & Rahimi, K. (2015). Usual blood pressure, peripheral arterial disease, and vascular risk: cohort study of 4.2 million adults, *British Medical Journal*, 351 doi: <http://dx.doi.org/10.1136/bmj.h4865> (Published 29 September 2015)
- Forette F, Seux M.L., Staessen J.A., Thijs L., Birkenhäger, W.H., Babarskiene, M.R., Babeanu, S., Bossini A., Gil-Extremera, B., Girerd, X., Laks, T., Lilov, E., Moisseiev, V., Tuomilehto, J., Vanhanen, H., Webster, J., Yodfat, Y. & Fagard, R. (1998). Prevention of dementia in randomised double-blind placebo-controlled Systolic Hypertension in Europe (Syst-Eur) trial’. *The Lancet*. **352** (9137), p1347–1351, 24 October 1998

- Geller, J., Janson, P., McGovern, E. & Valdin, A. (1999). "Loneliness as a predictor of hospital emergency department use". *US National Library of Medicine National Institutes of Health*
- Green B. H, Copeland J. R, Dewey M. E, Shamra V, Saunders P. A, Davidson I. A, Sullivan C, McWilliam C. (1992). "Risk factors for depression in elderly people: A prospective study". *Acta Psychiatr Scand.*86 (3) pp.213–7 <http://www.ncbi.nlm.nih.gov/pubmed/1414415>
- Griffin, J. (2010). "*The Lonely Society?*". Mental Health Foundation. Available at; <http://its-services.org.uk/silo/files/the-lonely-society.pdf>
- Hawkey LC, Thisted RA, Masi CM, Cacioppo JT. (2010). "Loneliness predicts increased blood pressure: 5-year cross-lagged analyses in middle-aged and older adults". *Psychology and Aging* 25 (1) pp.132-41 <http://www.ncbi.nlm.nih.gov/pubmed/20230134>
- Holt-Lunstad J, TB, Layton JB. (2010). "Social relationships and mortality risk: a meta-analytic review. *PLoS Medicine* 7 (7) <http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1000316>
- Holwerda, T. J. Deeg, D., Beekman, A. van Tilburg, T.G., Stek, M.L., Jonker, C., and Schoevers, R. (2012). "Research paper: Feelings of loneliness, but not social isolation, predict dementia onset: results from the Amsterdam Study of the Elderly (AMSTEL)". *Journal of Neurology, Neurosurgery and Psychiatry* <http://jnnp.bmj.com/content/early/2012/11/06/jnnp-2012-302755>
- James, B.D., Wilson, R.S., Barnes, L.L. & Bennett, D.A. (2011). "Late-life social activity and cognitive decline in old age". *Journal of the International Neuropsychological Society* 17 (6) pp. 998-1005. <http://www.ncbi.nlm.nih.gov/pubmed/22040898>
- Klein, B. E. K. (2002). 'Blood pressure control and diabetic retinopathy'. *British Journal Ophthalmology*; **86**: 365-367 doi:10.1136/bjo.86.4.365
- Lauder, W., Sharkey, S. & Mummery, K. (2004). "A community survey of loneliness". *Journal of Advanced Nursing*; 46(1):88-94

- Lund, R., Nilsson, C.J. & Avlund, K. (2010). "Can the higher risk of disability onset among older people who live alone be alleviated by strong social relations? A longitudinal study of non-disabled men and women". *Age and Ageing* 39 (3) pp. 319-26
<http://www.ncbi.nlm.nih.gov/pubmed/20208073>
- NHS (2015). 'Macular Degeneration'. Available at;
<http://www.nhs.uk/conditions/Macular-degeneration/Pages/Introduction.aspx>
- NHS Confederation (2016). "Key statistics on the NHS". Available from;
www.nhsconfed.org/resources/key-statistics-on-the-nhs
- O'Connell, H., Chin, A., Cunningham, C and Lawlor, B. (2004). "Recent developments: Suicide in older people". *British Medical Journal* 29 pp.895–9
- Roberts, M. (2014). "A Summary of Recent Research Evidence About Loneliness and social isolation, their health effects and the potential role of befriending". Befriending Networks.
- Russell DW, Cutrona CE, de la Mora A, Wallace RB. (1997). "Loneliness and nursing home admission among rural older adults". *Psychology and Aging* 12(4) pp.574-89
- Simpson, L.A., Miller, W.C. & Eng, J.J. (2011). 'Effect of Stroke on Fall Rate, Location and Predictors: A Prospective Comparison of Older Adults with and without Stroke' *PLoS One*. 2011; 6(4): e19431.
- Social Value UK (2014). "Starting Out on Social Return on Investment". Social Value UK
- SROI Network (2012). "A Guide to Social return on Investment". SROI Network
- Stroke Association (2016). 'State of the nation; stroke statistics January 2016'
- The Alzheimer's Society (2014). 'Demography' Available at;
https://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=412 Connor A
- Victor, C.R., Scambler, S.J., Bowling, A.N.N. and Bond, J., (2005). "The prevalence of, and risk factors for, loneliness in later life: a survey of older people in Great Britain". *Ageing and Society*, 25(06), pp.357-375.

- Victor, C.R. and Yang, K., (2012). "The prevalence of loneliness among adults: a case study of the United Kingdom". *The Journal of psychology*, 146(1-2), pp.85-104
- Whiddon, L. L. (2007). The treatment of venous ulcers of the lower extremities. *Proceedings (Baylor University. Medical Center)*, 20(4), 363–366
- Wilson, R.S., Krueger, K.R., Arnold, S.E., Schneider, J.A., Kelly, J.F., Barnes, L.L., Tang.Y. & Bennett., D.A. (2007). 'Loneliness and Risk of Alzheimer's Disease'. *Arch Gen Psychiatry*. 2007;64(2):234-240. doi:10.1001/archpsyc.64.2.234.

12.0 Appendices

Appendix 1 – Individual Review Documents

ADNABOD ANGHENION YR UNIGOLYN/IDENTIFYING INDIVIDUALS' NEEDS

Review 1; This form is intended to be used by new starters only

1. Name of individual	
2. Age	

3. Pa gefnogaeth ydych chi yn dymuno ei gael gan Ffrindia'? What support do you require from Ffrindia'?

4. A ydych yn derbyn unrhyw wasanaeth gan asiantaeth arall? Are you receiving support from any other organisation?

**Ydw/Nac Ydw
Yes/No**

Mudiad/Organisation	Enw Cyswllt/ Contact Name	Cyfeiriad/Address	Rhif Ffôn/Phone	Math o gefnogaeth Type of support

5. Pa weithgaredd(au) sydd o ddiddordeb i chi?

Which activities are of interest to you, and do you currently do them regularly (regularly is at least once a week)?

	Interested	Undertake regularly		Interested	Undertake regularly
--	-------------------	--------------------------------	--	-------------------	--------------------------------

Adloniant /Entertainment			Darllen/ysgrifennu / Reading/Writing		
Anifeiliaid anwes/Pets			Defnyddio'r cyfrifiadur/Computers		
Cadw'n heini/Keep fit			Garddio/Gardening		
Mynd am dro/Walking			Gosod blodau/Flower arranging		
Gwaith celf/Crafts			Gwau ayb/Knitting etc		
Cymdeithasu/Socialising			Cerddoriaeth/Music		
ARALL /OTHERS					
6. Oes gennych chi unrhyw anghenion, a sut maent yn effeithio arnoch? e.e. amhariad synhwyrau, alergeddau, clefyd siwgr Do you have any needs and how do they affect you? e.g. allergies, sugar diabetes					

7. Rhinweddau'r gwirfoddolwr?/Qualities of the volunteer			
Ydych chi'n ysmegu? Do you smoke?	ydw/nac ydw yes/no	A fydddech chi'n derbyn ysmygwr? Would you accept a smoker?	byddwn/na fyddwn yes/no
Grŵp oedran/ Age group		Rhyw/Gender	
Iaith/Language			

8. Nodwch pa ddiwrnod(au) ac amser(oedd) sydd fwyaf cyfleus i chi/Please select the most suitable times for you:						
	Llun/Mon	Mawrth/Tue	Mercher/Wed	Iau/Thur	Gwener/Friday	Penwythnosau Weekends
Bore / a.m.						
Prynhawn/ p.m.						
Min nos/ Evening						

9. Unrhyw sylwadau ychwanegol e.e. sefyllfa gymdeithasol/meddyginiaeth. Any other information e.g. social situation/medication	10. What would you do on the day your befriender visits if they didn't? (please select 1 option)	
	Stay at home	
	See friends / family	
	Attend an alternative activity	
	Volunteer somewhere	
	Take part in something else. If so, what?	

11. Thinking back over the last year, how often have you used the following services?									
	Not used in the year	More than one a week	Once a week	About once every 2 weeks	About once a month	About once every 3 months	About once every 6 months	About once in 12 months	Reason (if you want to discuss)
General practitioner									
District nurse									
Social Services									
Emergency hospital services									
Out-patient hospital services									
Age concern									
Carers Trust or similar									
Other									
Other									

12. Please answer the following questions to the best of your knowledge.				
	Strongly disagree	Disagree	Agree	Strongly agree
I experience a general sense of emptiness				
I miss having people around				
I often feel rejected				
There are plenty of people I can rely on when I have problems				
There are many people that I can trust completely				
There are enough people I feel close to				

**13. Below are some statements about feelings and thoughts.
Please tick the box that best describes your experience of each over the last 2 weeks**

	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future					
I've been feeling useful					
I've been feeling relaxed					
I've been feeling interested in other people					
I've had energy to spare					
I've been dealing with problems well					
I've been thinking clearly					
I've been feeling good about myself					
I've been feeling close to other people					
I've been feeling confident					
I've been able to make up my own mind about things					
I've been feeling loved					
I've been interested in new things					

14. Sut wnaethoch chi glywed am Ffrindia'/? How did you hear about Ffrindia'?

--

Llofnod Cydlynnydd/ Coordinators Signature	
Dyddiad/Date	

ADNABOD ANGHENION YR UNIGOLYN/IDENTIFYING INDIVIDUALS' NEEDS

Review 2; This is the second review for the individual befriended

15. Name of individual	
16. Age	

17. Pa gefnogaeth ydych chi yn dymuno ei gael gan Ffrindia'? What support do you require from Ffrindia'?

18. A ydych yn derbyn unrhyw wasanaeth gan asiantaeth arall? Are you receiving support from any other organisation?				Ydw/Nac Ydw Yes/No
Mudiad/Organisation	Enw Cyswllt/ Contact Name	Cyfeiriad/Address	Rhif Ffôn/Phone	Math o gefnogaeth Type of support

19. Pa weithgaredd(au) sydd o ddiddordeb i chi? Which activities are of interest to you, and do you currently do them regularly (regularly is at least once a week)?					
	Interested	Undertake regularly		Interested	Undertake regularly
Adloniant /Entertainment			Darllen/ysgrifennu / Reading/Writing		
Anifeiliaid anwes/Pets			Defnyddio'r cyfrifiadur/Computers		
Cadw'n heini/Keep fit			Garddio/Gardening		
Mynd am dro/Walking			Gosod blodau/Flower arranging		
Gwaith celf/Crafts			Gwau ayb/Knitting etc		
Cymdeithasu/Socialising			Cerddoriaeth/Music		
ARALL /OTHERS					

20. Have you joined any <i>new</i> groups or started <i>new</i> activities (for example, joined the library, the choir or any of the options from the previous question) since joining the befriending scheme? And if so, how often do you undertake these activities?						
No		More than once a week	Once a week	Once every two weeks	Once a month	Less than once a month
Yes (please state below)						
1.						
2.						
3.						
4.						
5.						

21. Oes gennych chi unrhyw anghenion, a sut maent yn effeithio arnoch? e.e. amhariad synhwyrau, alergeddau, clefyd siwgr

Do you have any needs and how do they affect you? e.g. allergies, sugar diabetes

--

22. Rhinweddau'r gwirfoddolwr?/Qualities of the volunteer

Ydych chi'n ysmegu? Do you smoke?	ydw/nac ydw yes/no	A fyddech chi'n derbyn ysmygwr? Would you accept a smoker?	byddwn/na fyddwn yes/no
Grŵp oedran/ Age group		Rhyw/Gender	
Iaith/Language			

23. Nodwch pa ddiwrnod(au) ac amser(oedd) sydd fwyaf cyfleus i chi/Please select the most suitable times for you:

	Llun/Mon	Mawrth/Tue	Mercher/We d	Iau/Thur	Gwener/Friday	Penwythnosau Weekends
Bore / a.m.						
Prynhawn/ p.m.						
Min nos/ Evening						

24. Unrhyw sylwadau ychwanegol e.e. sefyllfa gymdeithasol/meddyginiaeth. Any other information e.g. social situation/medication

--

25. What would you do on the day your befriender visits if they didn't? (please select 1 option)

Stay at home	
See friends / family	
Attend an alternative activity	
Volunteer somewhere	
Take part in something else. If so, what?	

26. As a result of joining the befriending scheme, have you met new people that you keep in touch with, or would call a friend?	
Yes	
No	

27. As a result of the befriending scheme have you learnt about new services that are available to you within your community?	
No	
Yes (please state)	

28. Thinking over the time you have been a part of the befriending scheme, how often have you used the following services?									
	Not used in the year	More than one a week	Once a week	About once every 2 weeks	About once a month	About once every 3 months	About once every 6 months	About once in 12 months	Reason (if you want to discuss)
General practitioner									
District nurse									
Social Services									
Emergency hospital services									
Out-patient hospital services									
Age concern									
Carers Trust or similar									
Other									
Other									

29. Thinking about all of the things that have changed in your life since joining the befriending scheme, how much of this is a result of Ffrindia' itself (other people or organisations may also be important)?	
All of the changes are the result of the befriending scheme	
A lot of the changes are the result of the befriending	

scheme	
About half of the changes are a result of the befriending scheme	
A little of the changes are the result of the befriending scheme	
None of the changes are the result of the befriending scheme	

30. Have you experienced any negative changes as a result of being involved in the befriending scheme?	
No	
Yes (please state below)	

31. If you were not part of the befriending scheme, what do you think would be the result for you within one year? (please select as many as are appropriate)	
No change to my circumstances	
I would now look to become involved in a similar scheme	
I would actively go out and try to meet new people	
I would miss the company of people	
I would probably lose my independence and have to move into supported accommodation	
My health would deteriorate and I would have to rely more on other services	
I would have to rely on family and/or friends much more	
Other (please state)	

32. Please answer the following questions to the best of your knowledge.				
	Strongly disagree	Disagree	Agree	Strongly agree
I experience a general sense of emptiness				
I miss having people around				
I often feel rejected				

There are plenty of people I can rely on when I have problems				
There are many people that I can trust completely				
There are enough people I feel close to				

33. Below are some statements about feelings and thoughts. Please tick the box that best describes your experience of each over the last 2 weeks

	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future					
I've been feeling useful					
I've been feeling relaxed					
I've been feeling interested in other people					
I've had energy to spare					
I've been dealing with problems well					
I've been thinking clearly					
I've been feeling good about myself					
I've been feeling close to other people					
I've been feeling confident					
I've been able to make up my own mind about things					
I've been feeling loved					
I've been interested in new things					

Sut wnaethoch chi glywed am Ffrindia'/?/ How did you hear about Ffrindia'?

Llofnod Cydlynnydd/ Coordinators Signature	
Dyddiad/Date	

Volunteer Monitoring Documents

ENW/NAME	DYDDIAD/DATE
----------	--------------

Dyddiad cychwyn cyfeillio _____ gyda _____ <i>Date of starting befriending _____ with _____</i>
--

Beth ydych yn fwynhau fwyaf wrth wirfoddoli gyda Ffrindia’?/ <i>What do you enjoy most about volunteering with Ffrindia’</i>
--

Beth ydych yn hoffi leiaf a ydych wedi cael profiad o newidiadau negyddol o fod ynghlwm a Ffrindia’? <i>What do you least enjoy, and/or have you experienced any negative changes as a result of being involved with Ffrindia’?</i>	Beth yw’r budd mwyaf rydych yn ei gael/wedi ei gael wrth wirfoddoli gyda Ffrindia’?/ <i>How do you feel you benefit most from volunteering with Ffrindia’?</i>
---	--

Cyn ymuno a’r cynllun cyfeillio a oeddach, neu a ydych o hyd yn wirfoddolwyr rheolaidd yn rhywle arall? Before joining the befriending scheme, were you, or are you still a regular volunteer elsewhere? No Yes (please state)	What would you do on the day that you volunteer with Ffrindia’ if you didn’t? (please select 1 option) <ul style="list-style-type: none"> • Stay at home • See friends / family • Attend an alternative activity • Volunteer somewhere else • Take part in something else. If so, what?
---	--

Have you joined any new groups or started new activities since joining the befriending scheme? <ul style="list-style-type: none"> • No • Yes (if yes, please state) 	If you answered yes to question x, how often do you attend (if you do more than one new activity please add up the total)? <ul style="list-style-type: none"> • More than 1 day a week • 1 day a week • Once every two weeks • Once a month
---	--

Do you believe that volunteering with Ffrindia’ has improved your employability? Yes No N/A	As a result of joining the befriending scheme, have you met new people that you now meet with, or would call a friend (this can include the person you have befriended)? <ul style="list-style-type: none"> • Yes • No
--	--

How much of those things that have changed in your life since joining the befriending scheme are down to Ffrindia’ (other people and organisations may also have helped you)? <ul style="list-style-type: none"> • All • A lot • Quite a lot • A little

- None

Pa hyfforddiant rydych wedi ei dderbyn?/Which training have you received?

Sut yn eich barn chi mae'r unigolion yn elwa o'r cynllun?/In what way do the individuals benefit from the scheme in your opinion?

Below are some statements about feelings and thoughts.

Please tick the box that best describes your experience of each over the last 2 week

	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future					
I've been feeling useful					
I've been feeling relaxed					
I've been feeling interested in other people					
I've had energy to spare					
I've been dealing with problems well					
I've been thinking clearly					
I've been feeling good about myself					
I've been feeling close to other people					
I've been feeling confident					
I've been able to make up my own mind about things					
I've been feeling loved					
I've been interested in new things					

Sylwadau pellach?/ Further comments?

Llofnod/Signature (Gwirfoddolwr/Volunteer) _____ Llofnod/Signature

(Cydlynnydd/Coordinator) _____

Appendix 2 - Results from Volunteers 'Value-Games'

	Proportion selected during reviews (if question asked)	Proportion selected during value game	Average rank	Average value
Satisfaction from helping others / feel more useful	%	95%	1.38	£6,117.15
Gained new friendships	100%	82%	2.33	£5,084.49
Reduced loneliness	N/A	27%	2.50	£5,580.18
Improved mental health / avoided deterioration	N/A	23%	2.80	£4,919.04
Learnt new skills / interests	N/A	50%	3.18	£3,734.68
Have engaged with other services / activities	9%	41%	4.00	£3,175.31
Increased employability	9%	5%	6.00	£2,038.08

Volunteer Value-Game Material Items Values

Item	Value & Source	Additional Information
Full new wardrobe	£558 – Good housing guide	Annual spend on new clothes for females
Annual housing energy costs	£2,308.08 ONS – Department of Energy & Climate Change The National Archives OFWAT	Average annual electric bill (electric central heating) = £19.50 per week); Gas (no gas central heating = £12.04 per week) Annual total water bill for Dwr Cymru = £434 Council tax Gwynedd = £913.90
House decorated throughout	£2,855 - Which? http://local.which.co.uk/advice/cost-price-information-painters-decorators	Used 4x paint room previously wallpapered (£480ea); hallway & stairs £350; Paint exterior of house £435; Material costs. + £10 tins of paint at £15 ea.
Essential food shopping for a year	£2,901.60 - ONS Family Spending, 2015 Edition	http://www.ons.gov.uk/ons/rel/family-spending/family-spending/2015-edition/index.html
Garden landscaped	£3,520 - Which? http://local.which.co.uk/advice/cost-price-information-gardener-landscape-designer	
New furniture for the home	£3,872 - Santander survey; www.santanderbusinessguides.co.uk/bizguides/full/costcalc/calc1.asp?trade=22	
Annual rent	£7,800 – local housing agent	
Car (hire purchase) and annual running costs	£9,743.91 Mileage & car occupancy info https://www.gov.uk/government/statistical-data-sets/nts09-vehicle-mileage-and-occupancy	Assuming vehicle valued new at £18-25k = Standing charge = £3,678 per year Running costs = 22.83 (pence per mile (petrol) X £7,700 miles per year Mercedes B Class is in top 5 Which? Searches for MPV/people carrier

Appendix 3 – Explanation of the quantities of stakeholders experiencing outcomes

Number of individuals less lonely

Calculated using the triangulated data from individuals and volunteers directly interviewed and surveyed.

For individuals - number of individuals befriended X ((Sum of the number of individuals + volunteer befrienders who believed that Ffrindia' had positively impacted on the loneliness of the individuals in surveys) / (Sum of population from both surveys))

For volunteers – based on the results of the engagement during the 'value-games' 27% of volunteers highlighted that their loneliness was positively affected by Ffrindia'.

Outcome; Reduced GP appointments from people as a result of general reduced loneliness - potential cost reallocation

Campaign to end Loneliness Survey of GPs (2013) identified 30m annual visits to GP based on loneliness / 3 million lonely people in the UK (various sources identify approximate figures) = 10 visits per lonely person.

Outcomes; Reduced GP appointments & prescriptions from people as a result of improved mental health - potential cost reallocation

It was estimated that 24% of individuals' mental health would deteriorate without Ffrindia' by the individuals themselves – and this value was lower than estimates from other involved stakeholders, so was included as a conservative estimation. Estimating that 50% of these individuals would visit their GP and receive prescriptions monthly creates the number of appointments and prescriptions.

Outcome; Avoided GP appointments & prescriptions from people as a result of reduced blood pressure - potential cost reallocation

Measuring the changed social loneliness scores using Dr Jong Gierveld loneliness scale (first three questions relating to social loneliness), from the individuals' first to second reviews identified a 13% reduction. This has been included as a consistent measurement of the average reduction in social loneliness for those individuals befriended. Whilst volunteers did not answer the loneliness questions, through alternative engagement it was clear that a similar change had occurred for many volunteers. Therefore, 50% of the change experienced by individuals was included for volunteers as a conservative estimation of the extent of this change.

Therefore, when multiplied by the number of people involved in Ffrindia' the 13% change in blood pressure provides an indication of the number of people that are less likely to experience high blood pressure.

Outcome; Avoided health care services for stroke victims - potential cost reallocation

Avoided social care services for stroke victims - potential cost reallocation

Avoided housing department services for stroke victims - potential cost reallocation

There are 10.4m over 65 year olds in the UK (ONS, 2011 census data)

112,500 over 65s suffer a stroke each year (Age UK, 2016)

Therefore, chance of stroke is; $(10,400,000/112,500) = 1.08\%$ - this is the likelihood of strokes occurring in Ffrindia volunteers and individuals

Blood pressure measured in mmHg (mm of Mercury) Total variance for loneliness (-1 to +1) = 90mmHg (Bloodpressureuk.org)

Currently, data from individuals shows reduction in social loneliness of 13%. As proportion of 90mmHG, equates to 11.6mmHg

Assuming that 'standard' likelihood of stroke is at zero on loneliness scale (155mmHg) – according to review documents, individuals scored 0.81 out of 3 (27%). So, 27% along from 'standard' position is 12.15mmHg more than 155mmHg = 167.15mmHg; this represents starting point for blood pressure of Ffrindia' individuals, and is within the first additional 20mmHg of loneliness scale

For every increase of 20mmHg the chance of stroke doubles. If 20mmHg above standard doubles likelihood, this starting point is $(12.15/20) = 60.75\%$ more likely to suffer a stroke

Between standard starting position (1.08% chance of stroke) and 20mmHg more (2.16% chance of stroke) there is a difference of 1.08%; - 60.75% of this is 0.6561% **this is the estimated increased likelihood of stroke owing to high blood pressure as a result of loneliness for the included individuals**

Based on social loneliness reduction of 13% of 45mmHg = 5.85mmHg

Reducing starting point for lonely people by 5.85mmHg = 161.3mmHg and is a reduction of 29.25% of suffering a stroke within the first 20mmHg boundary. Therefore, of the potential increase of 1.08% this is a 0.3159% reduction in the **estimated likelihood of stroke**.

Outcome; Avoided trips / falls - potential cost reallocation

Stroke mortality = 1 in 8 within 30 days; (12.5%) (Stroke Association, 2016)

Simpson *et al.* (2011) identified a 77% increased likelihood of a fall for stroke victims in comparison to a control group.

Therefore, only considering those people that have been estimated to suffer a stroke, it is estimated that $1 - (1/8) \times 0.77 = 67\%$ of stroke victims will fall.

Outcome; Avoided vascular dementia - potential cost reallocation

Avoided social care costs for on-going support of vascular dementia sufferer - potential cost reallocation

Forette *et al.* (1998) identified that a reduction of 8.3mmHg reduced incidence of vascular dementia from 7.7 to 3.8 cases per 1000

Therefore, per 1mmHg reduction = $(3.9/8.3) = 0.47$ reduction in likelihood per mmHg

If change in loneliness is 11.6mmHg (13%) = $(11.6 \times 0.47) = 5.5$ reduction in likelihood per 1,000 people (so, from 7.7 per 1000 = reduction to 3.2 per 1000)

Based on population size of individuals and volunteers $(5.5/1000 \times 208 \text{ individuals}) + (5.5/1000 \times 211 \text{ volunteers}) = 2 \text{ people}$

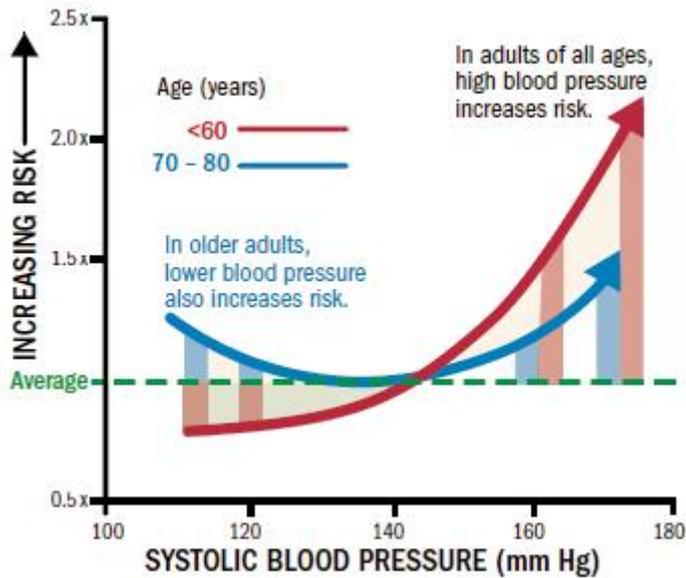
Outcome; Avoided heart disease - potential cost reallocation

Females aged 65-74 = 10% & 75+ = 19.3% of English population have CHD- assuming an average of 14.7% (British Heart Foundation, 2012) "Coronary heart disease statistics; A compendium of health statistics"

High blood pressure 140mmHg+ - high blood pressure makes you 3 times as likely to develop CHD

Using below illustration if individuals have mmHg of 166.6 = 1.5 times as likely for heart disease = average = 14.7%; therefore, equals 22.05%

Reducing by 11.6mmHG (consistent application from reduced blood pressure) brings down to 155. This is still approx. 20% above average likelihood 17.64% - therefore, the difference is $(22.05-17.64) = 4.41\%$ reduction in heart disease likelihood



Outcome; Avoided eye sight problems (AMD) - potential cost reallocation

Klein (2002) states that age-related macular degeneration (AMD) causes blind-spots and is leading cause of blindness in US over 65s. Evidence highlights that there is a three-fold increased risk for those that have smoked. Using this as a proxy for loneliness.

NHS (2015) states 1 in 10 over 65s have some form of AMD. Therefore, increased likelihood is 3 in 10 as a consequence of loneliness; so for those that are now less lonely there is a difference of 20% lonely over 65s that would likely experience AMD (30%) – over 65s that are likely to contract AMD (10%)

Outcome; Avoided Peripheral artery disease (PAD) - potential cost reallocation

Evidence highlights that an increase of 20mmHg increases chance of PAD by 63% (Emdin *et al.* (2015). Therefore, based on data that 20% of over 65s in UK have some form of PAD (British Heart Foundation, 2016) an increase of 63% means 32.6% would experience PAD, an increase of 12.6.

Therefore, based upon the consistent estimations that Ffrindia' affecting of loneliness has reduced blood pressure by 11.6mmHg (58% of 20mmHG). So, 58% of the potential 63% increase is avoided through Ffrindia' – so rather than 12.6% more people likely to experience PAD, 7.3% of this is avoided for individuals befriended and 3.6% for volunteer befrienders.

Outcome; Avoided Ankle Swelling (pressure ulcers) - potential cost reallocation

UK prevalence over 65s about 2% (Whiddon, 2007) – no direct source for statistical link to high blood pressure – therefore, have used consistent modelling from the increased likelihood for PAD of 63% for each 20mmHG increase. Therefore, based upon the consistent estimations that Ffrindia' affecting of loneliness has reduced blood pressure by 11.6mmHg (58% of 20mmHG).

So, 58% of the potential 63% increase is avoided through 'friendship' – equating to 0.73% of this is avoided for individuals befriended. The same calculation for volunteer befrienders using the consistent figure of 29% reduced blood pressure results in a reduced likelihood of 0.36% of pressure ulcers.

Outcome; Avoided dementia / Alzheimer's disease - potential cost reallocation

Avoided publically funded social care for dementia sufferers - potential cost reallocation

The Alzheimer's Society (2014) highlights that 7.1% of over 65s have some form of dementia or Alzheimer's disease and that loneliness can increase the likelihood by 200% (Wilson *et al.*), meaning an increase of 14.2%. Again using the consistent social loneliness reductions of 13% and 6.5% for individuals befriended and their volunteer befrienders respectively, there is a probable avoided number of people experiencing dementia of nearly 4 and 2 people respectively.

Appendix 4 – Outcome Valuation and Impact Information

Individual Befriended

Outcome	Quantity	Valuation Information	Deadweight	Attribution
Made new friends / improved social life	141 - relevant proportion of individuals as highlighted by primary research.	£3,875 - Global Value Exchange report Nattavudh Powdthavee (2008) Putting a price tag on friends, relatives, and neighbours, Journal of Socio-Economics Report value of £15,500 for seeing family/friends once/twice a week to most days. Assuming this to be a change of 4 days, Ffrindia' is provided for 1 day, so 25% of the value.	10% - most individuals found it extremely difficult to get out of their home alone, so would be very unlikely to experience this outcome alternatively.	20% - the influence of others needs to be included, such as other people that become friends whilst attending the over 50's youth club.
Reduced feelings of social loneliness	104 - relevant proportion of individuals as highlighted by primary research.	£5,580 – this is the same value the volunteers identified for the same outcome during the 'value-games'. HACT provide a wellbeing valuation of £2,337, but owing to the individuals' situations being more pronounced than that of the volunteers, it is unlikely that the value would therefore be lower. The average change experienced by individuals is 13% based on use of the De Jong Gierveld loneliness scale – however, this is for all individuals befriended, not those that identified the change.	10% - Silverline, the telephone-based befriending service is available in the area, although it was consistently stated that the nature of Ffrindia' provided unique benefits.	10% - representing the particular value of the volunteer befriender. Nevertheless, some value is created by others such as the owners of venues attended.
Improved mental health	50 - relevant proportion of individuals as highlighted by primary research.	£5,109 – HACT provide a wellbeing valuation of £39,302 for relief from depression/anxiety. This represents the binary of zero to perfect. To understand scale of change, the WEMWBS questions in reviews show a change of 13% - this therefore represents the proportion of value taken.	20% - representing the reasonably low likelihood that this outcome could have been achieved alternatively. Some services offered by Social Services and third sector providers may have created similar value.	
Improved physical health	50 - relevant proportion of individuals as highlighted by	£1,009 - HACT provide a wellbeing valuation of £20,186 for good overall health in over 50 year olds. This represents the binary of zero to perfect, and given the nature of the individuals involved and the physical		

	primary research.	activities, only 5% of this value has been incorporated.		
Increased engagement with other services	33 - relevant proportion of individuals as highlighted by primary research.	£1,850 – HACT provide a wellbeing valuation for over 50 year olds being a member of a social group.	10% - given the situations of most of the individuals befriended it is highly unlikely that they would have experienced this change without Ffrindia’.	50% - indicating the important role of the other services.
Maintained independent living (avoidance of loss)	32 - relevant proportion of individuals as highlighted by primary research.	£3,780 – ONS Family Spending (2015) report that average weekly spend on housing in 2014 (excluding mortgage and council tax payments) is £72.70 per week. Using the value of what one would pay to maintain living in a home, this is an approximation for independent living; albeit, one that considerably undervalues the outcome.	50% - given the additional cost of providing residential accommodation, a number of options can be explored to help maintain someone’s independence – although again the particular nature of Ffrindia’ addresses issues most others could not.	50% - the role of the befriender for this outcome could not in isolation prevent someone requiring supported accommodation. Therefore, organisations such as Social Services and health care professionals is recognised.
Avoided expenditure on health & social care requirements	2 3 17 - relevant proportions of individuals as highlighted by primary research.	£2,819 – 50% of reablement and adaptations costs £1,221 – 50% of reablement service & 100% of Telecare costs £1,044 – 50% of reablement service costs.	20% - Consistent with deadweight value for the individuals for the outcome of improved physical health.	10% - consistent with attribution value for the individuals for the outcome of improved physical health.
Increased feelings of dependency on the befriender	28 - relevant proportion of individuals as highlighted by primary research.	-£3875 – this is the same value used for the outcome of made new friends, and is used for consistency to demonstrate how a friendship can change and become a one-sided relationship.	90% - a 10% deadweight figure was included as the likelihood that people would make new friendships without Ffrindia’; the counter of this is then the logical inclusion for the likelihood that people would become dependent on their befriender.	20% - consistent with the attribution for making new friendships
Feeling more lonely	41 – those whose befriender finished the relationship factored by the	-£5,580 – this is the same value used to represent not feeling as lonely.	10% - consistent with the likelihood for people becoming less lonely without Ffrindia’.	10% - consistent with the attribution for feeling less lonely.

	relative proportion of individuals that reported being less lonely			
--	--	--	--	--

Individuals not accepted after being assessed

Feeling lonely	more	29 - proportion of people who were not accepted on Ffrindia' after being assessed who would likely have accepted the service.	-£5,580 – this is the same value used to represent not feeling as lonely. Given the fact that people have wanted a befriender and have been refused this could make them feel even worse; if a befriending scheme cannot help them, who can?	90% - a 10% deadweight figure was included as the likelihood that people would feel less likely without Ffrindia'; the counter of this is then the logical inclusion for the likelihood that people would feel increasingly lonely without the scheme.	10% - consistent with the attribution for feeling less lonely.
-----------------------	-------------	---	---	---	---

Volunteer Befriender

Outcome	Quantity	Valuation Information	Deadweight	Attribution
Engaged with more/new services	53 - relevant proportion of volunteers as highlighted by primary research.	£3,175 – Average of the volunteer value-games	50% - Indicates reasonably high likelihood that volunteers could experience some of the value; 35% of volunteer reviews indicate that they would volunteer elsewhere. Yet, given the unique nature of Ffrindia' it remains that the majority of value is a change that would not likely be experienced elsewhere to the same extent.	25% - Indicates the contribution of others, such as family members and other agencies.
Learnt new skills / new interests	106 - relevant proportion of volunteers as highlighted by primary research.	£3,735 – Average of the volunteer value-games		
Improved mental health	49 - relevant proportion of volunteers as highlighted by primary research.	£4,919 – Average of the volunteer value-games		

Made new friends / improved social life	192 - relevant proportion of volunteers as highlighted by primary research.	£5,084 – Average of the volunteer value-games		
Reduced feelings of social loneliness	57 - relevant proportion of volunteers as highlighted by primary research.	£5,580 – Average of the volunteer value-games		
Satisfaction from volunteering / feeling more useful	200 - relevant proportion of volunteers as highlighted by primary research.	£6,117 – Average of the volunteer value-games		
Negative feelings of guilt	21 - relevant proportion of volunteers as highlighted by primary research.	-£820 – Average of the volunteer value-games – using 1/6 th of the value of better mental health to represent a 2-month period whereby volunteer is unable to meet annually	35% - Reflecting that the same emotion would be experienced in alternative voluntary roles, albeit to a lesser extent (as a result of more intensive personal relationship).	
Negative feelings of bereavement if individual passes away	17 - relevant proportion of volunteers as highlighted by primary research.	-£5,084 – Average of the volunteer value-games – using the same valuation as making of friends for the passing of one	50% - Consistent with the likelihood that the volunteer could have made new friends elsewhere.	

Health Care Services

Outcome	Quantity	Valuation Information	Deadweight	Attribution
Reduced GP visits as a result of being lonely	159 – proportion of individuals and volunteers identified as lonely	£380 – Evidence suggests each lonely person visits the GP an extra 10 times as a means of reducing their isolation. PSSRU costs show each GP visit cost £38.	10% - Consistent with deadweight value for the individuals for the outcome of reduced loneliness.	10% - consistent with attribution value for the individuals for the outcome of reduced loneliness.

Reduced GP appointments & prescription costs as a result of improved mental health	46 – estimation that 50% of those that report an avoided reduced mental health would seek medical support	£456 – Annual value of GP appointment one a month £488 – Annual value of 1 prescription a month for a year	20% - Consistent with deadweight value for the individuals for the outcome of improved mental health.	10% - consistent with attribution value for the individuals for the outcome of improved mental health.
Avoided GP appointments from people as a result of reduced blood pressure	43 – based on the reduction in social loneliness	£228 – Annual cost of a GP appointment every 2 months for a year £977 – Annual cost of 2 prescriptions each month for a year.		
Avoided health care services for stroke victims	2 – representing an estimation of the No. of strokes avoided as a result of 13% reduction in social loneliness.	£704 – A & E costs – ISD Scotland National Statistics 2015) – table R040X £23,315 – Acute care and rehabilitation costs (Stroke Association, 2016) £1,600 – on-going health care costs (Effective route to better outcomes; By Jennifer Francis, Mike Fisher and Deborah Rutter 2011 p.10).		
Avoided trips / falls – as a result of avoided strokes	1 – proportion of fall victims avoided	£2,923 – Based on A & E admission, average of 11.6 days admitted to a ward (for 85% of patients).		
Avoided vascular dementia	2 – proportion of people less likely to avoid vascular dementia	£1,649 – Average geriatric assessment cost - ISD Scotland National Statistics 2015) – table R040X £488 – Cost of 1 prescription each month for a year.	20% - Consistent with deadweight value for the individuals for the outcome of improved physical health.	10% - consistent with attribution value for the individuals for the outcome of improved physical health.
Avoided heart disease	17 – estimation of number of people avoiding heart disease	£1,649 – Average geriatric assessment cost - ISD Scotland National Statistics 2015) – table R040X £2,084 – Average cardiology costs - ISD Scotland National Statistics 2015) – table R040X.		
Avoided eye sight problems (AMD)	84 – estimation of number of people avoiding/reducing AMD	£1,649 – Average geriatric assessment cost - ISD Scotland National Statistics 2015) – table R040X £2,268 – Average ophthalmology costs - ISD Scotland National Statistics 2015) – table R040X.		

Avoided Peripheral artery disease (PAD)	23 - estimation of number of people avoiding PAD	£1,649 – Average geriatric assessment cost - ISD Scotland National Statistics 2015) – table R040X £239 – On-going medical costs (4 GP appointments & 4 prescriptions).		
Avoided Ankle Swelling (pressure ulcers)	2 - estimation of number of people avoiding pressure ulcers	£2,744 – Average cost of General medicine - ISD Scotland National Statistics 2015) – table R040X.		
Avoided dementia / Alzheimer's disease	6 - estimation of number of people avoiding dementia / Alzheimer's disease	£5,456 – Alzheimer's Society average cost of health care.	20% - Consistent with deadweight value for the individuals for the outcome of improved mental health.	10% - consistent with attribution value for the individuals for the outcome of improved mental health.
Avoided demand on residential care (non-nursing care)	15 – average estimation of those that would enter residential care from individual and volunteer feedback	£24,277 - Gwynedd Council information on costs of care.	50% - Consistent with deadweight value for the individuals for the outcome of maintaining independence.	50% - Consistent with attribution value for the individuals for the outcome of maintaining independence.

Social Care Costs

Avoided social care services for stroke victims	2 – representing an estimation of the No. of strokes avoided as a result of 13% reduction in social loneliness.	£1,044 – 50% of reablement services (remaining paid by individual) £19,240 – Median community care package cost – PSSRU report £1,775 – 50% of lower level housing adaptations (remaining paid by individual).		
Avoided social care services for fall victims	1 – proportion of fall victims avoided	£1,044 - 50% of reablement services (remaining paid by individual)	20% - Consistent with deadweight value for the individuals for the	10% - consistent with attribution value for the

Avoided social care costs for on-going support of vascular dementia sufferer	0.1 – proportion of people less likely to avoid vascular dementia	£28,548 – Annual Gwynedd Council cost of residential nursing care for dementia sufferer	outcome of improved physical health.	individuals for the outcome of improved physical health.
Avoided social care costs for on-going support of heart disease patient	17 – estimation of number of people avoiding heart disease	£1,044 – 50% of reablement services (remaining paid by individual).		
Avoided publically funded social care for dementia sufferers	3 - estimation of number of people avoiding dementia / Alzheimer's disease	£5,710 - Alzheimer's Society average cost of social care.	20% - Consistent with deadweight value for the individuals for the outcome of improved mental health.	10% - consistent with attribution value for the individuals for the outcome of improved mental health.

Appendix 5 – Summary of Monetisation Approaches

Monetisations of value are used by SROI analyses to apportion value to intangible outcomes and can come from a variety of sources. Thinking of four areas of value as outlined below assists in understanding the nature of value;

- Changes to income – these proxies are fairly straight-forward to calculate and identify the *change* in income status. Importantly this must capture the net change in income, and not the new income level.
- Actual cost savings – these proxies relate to savings that can be identified as a result of an intervention. For example, if someone receives an improvement in health that means they no longer have to pay for prescriptions this is an actual saving for that stakeholder.
- Potential cost savings / cost reallocation opportunities – an intervention may create changes that result in outcomes such as a reduced reoffending rate, or a reduction in the use of health services. Whilst these are valuable changes, it is important to be aware that even though those particular individuals may not use the services, the demand in the system usually means that someone else will require the service. It is however relevant to examine the potential for the reallocation of costs, based on changes experienced.
- Stakeholder-led valuations – these valuations empower the stakeholder with experience of a change to identify a relevant value. This can be done by asking stakeholders’ willingness to pay, or level of compensation required to accept their current situation. Alternatively, the ‘value-game’ asks stakeholders to state their preference for the outcomes in relation to alternative market-based items, and wellbeing valuations are based on large-scale surveys of people’s preferences.

Appendix 6 – Chains of Change for Ffrindia’

The following pages present the chains of change for the individuals befriended, the volunteers and health and social care services

Key to the chains of change;

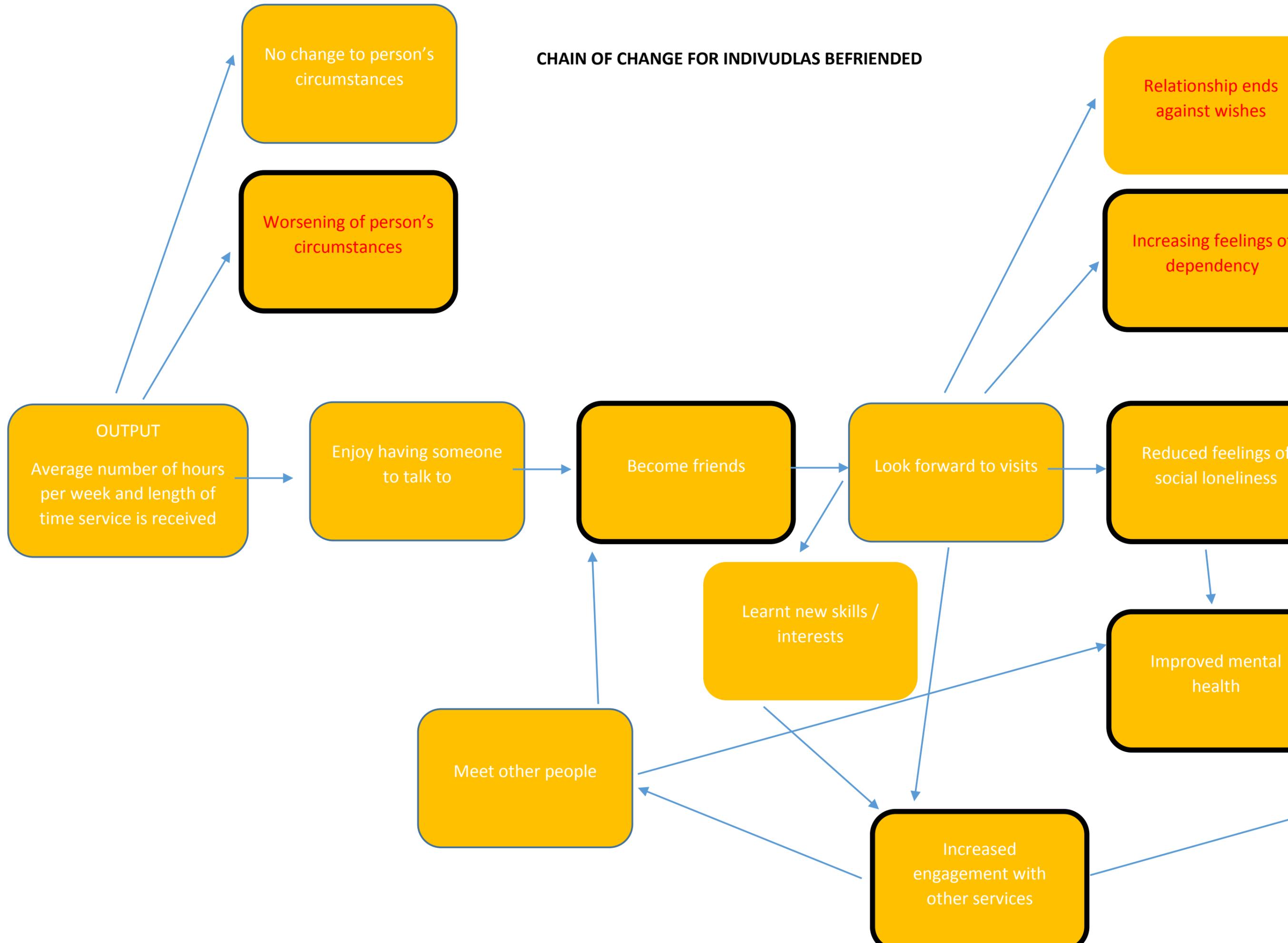
When any of the boxes have a bold outline they are the final outcome that is measured and valued on the value map

Individual /
volunteer

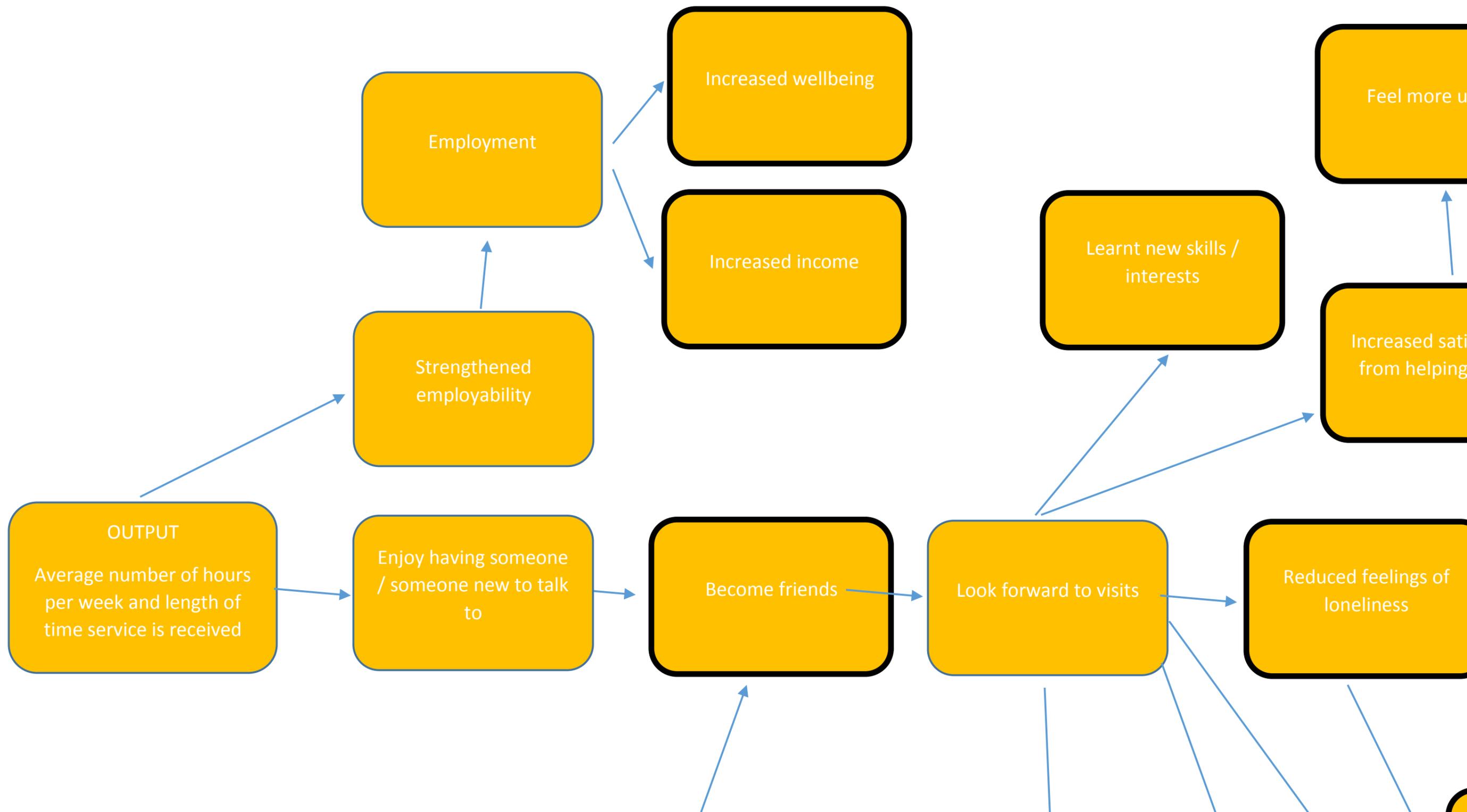
Health care

Social care

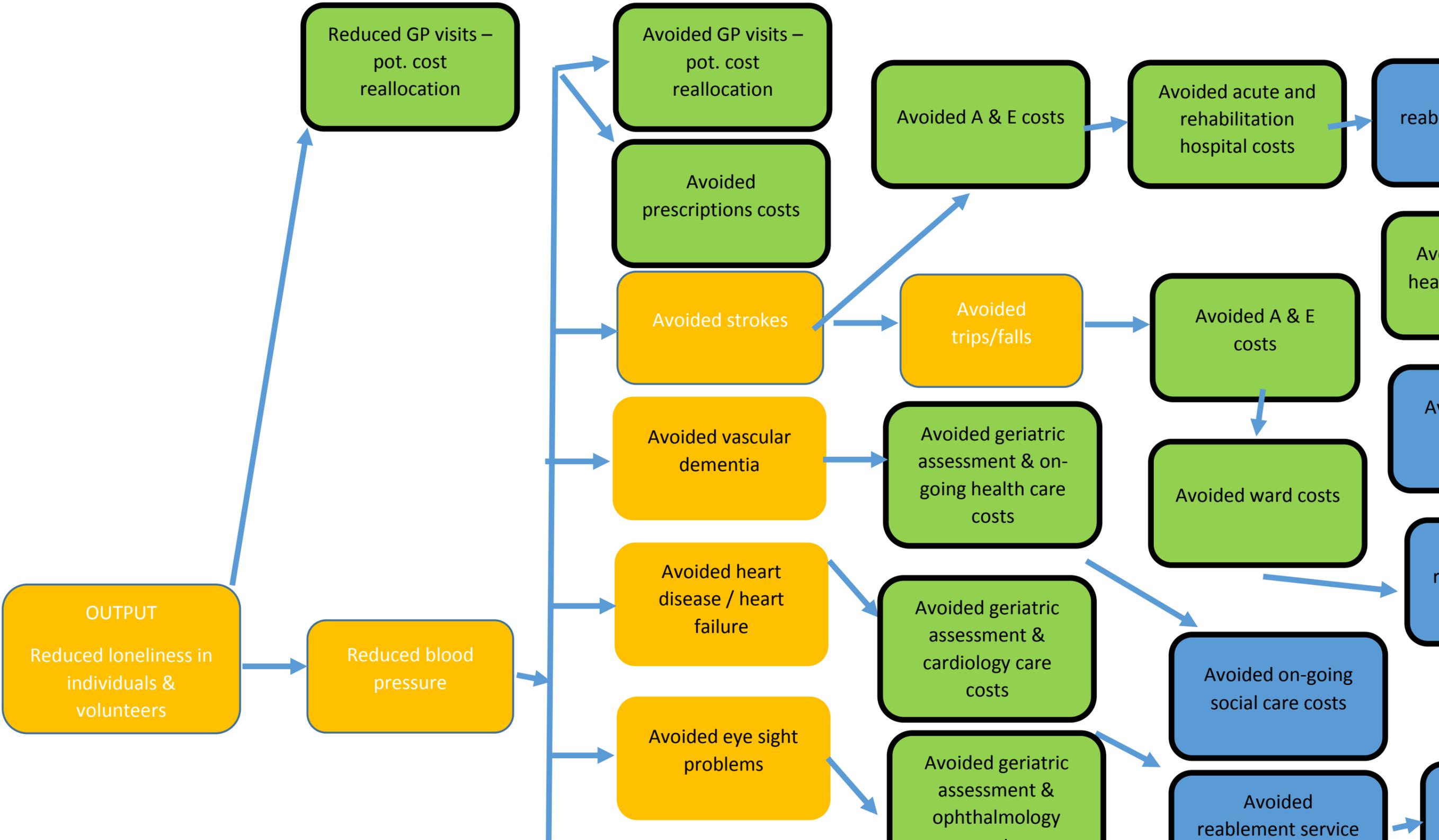
CHAIN OF CHANGE FOR INDIVIDUALS BEFRIENDED

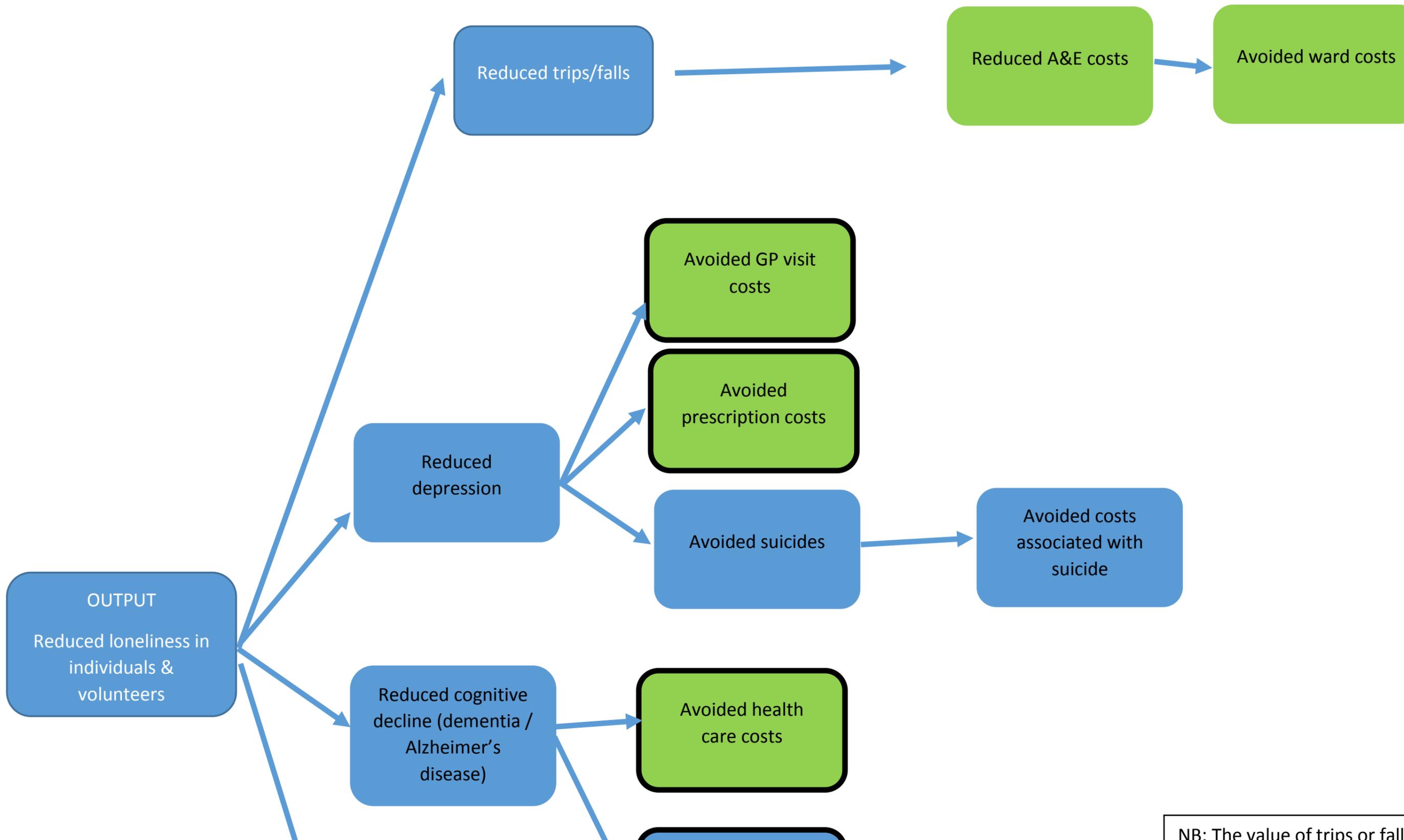


CHAIN OF CHANGE FOR VOLUNTEER BEFRIENDERS



CHAIN OF CHANGE FOR HEALTH & SOCIAL CARE SERVICES





NB: The value of trips or fall