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Evaluating the Impact of Life Changes Trust Funded Dementia Friendly Communities in Scotland

Social Return on Investment Studies



‘The evidence outlined in this independent evaluation report demonstrates that although Scottish Dementia Friendly Communities are about enabling people, they are about more than removing barriers: they are about building bridges. Reducing isolation and loneliness is one aspect of the work of dementia friendly communities, but the foundation of their work is building strong, lasting relationships and making rights real for people with dementia and their families. It is our hope that this report will shape thinking on dementia friendly communities for a Fourth National Dementia Strategy and, most importantly, local dementia strategies.’

Anna Buchanan, CEO
Life Changes Trust

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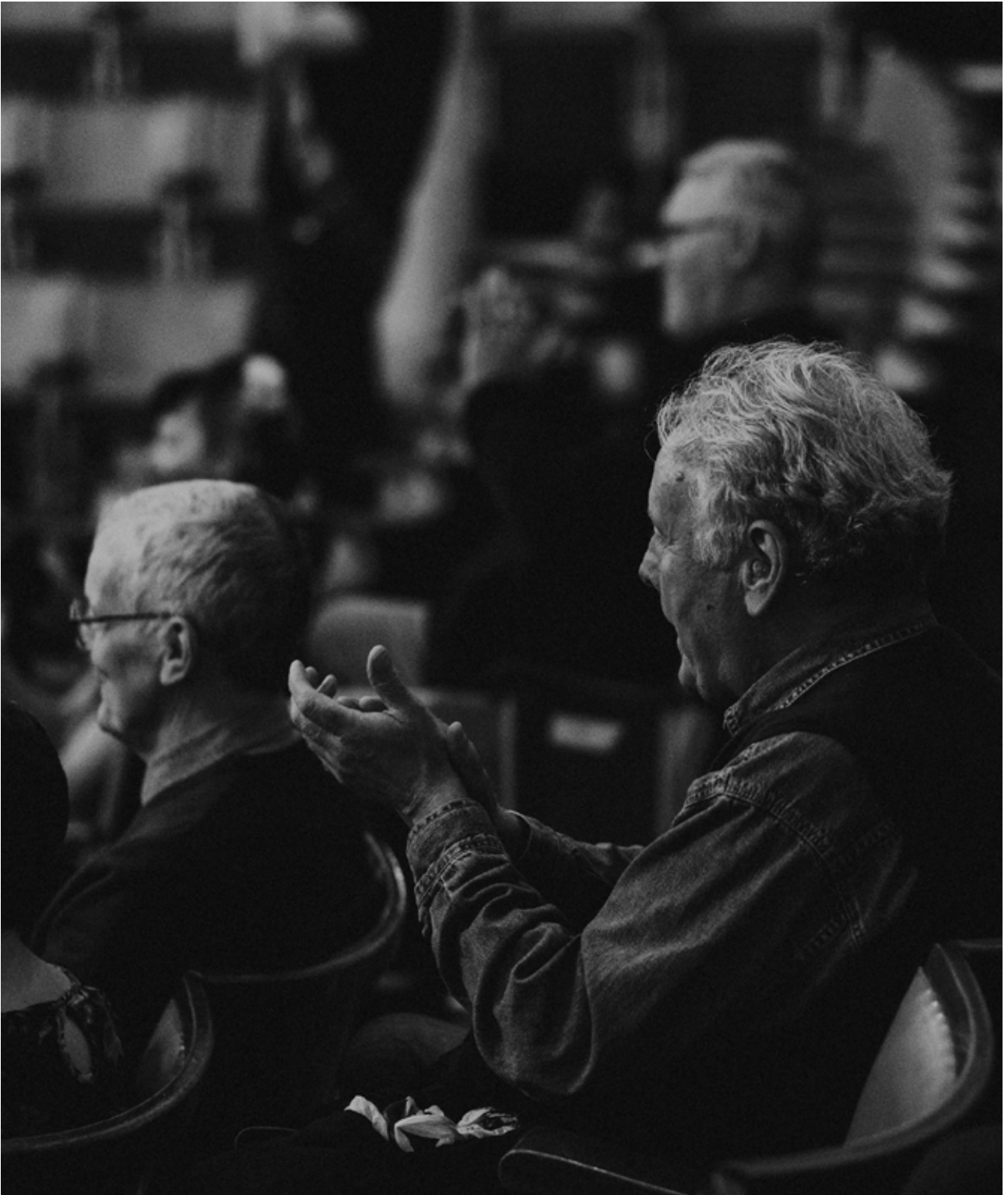
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Dementia Friendly Communities

About this report

This report presents two Social Return on Investment case studies, completed as part of the Evaluation of Life Changes Trust Funded Dementia Friendly Communities in Scotland. The report focuses on the social value contributed by a geographical community (Dementia Orkney) and a community of interest (Badenoch Shinty Memories Group).

See Christie, J., Yates-Bolton, N. and Thompson-Bradley, O. (2021) *Dementia Friendly Communities: Evaluating the Impact of Life Changes Trust Funded Dementia Friendly Communities in Scotland*. The Dementia Centre, HammondCare for the full evaluation report.



The joy of cinema, Movie Memories at Glasgow Film Theatre

Social Return on Investment

Much of the value associated with activities that take place in the real world is not easily measured in financial terms – things like happiness, dignity, respect. This can mean that outcomes which are important to people and communities are overlooked, or discounted. Social Return on Investment (SROI) is a method of evaluation developed by the New Economics Foundation¹ that aims to measure and communicate this broader value. SROI measures change in ways that are accepted by the people or organisations that experience the change (stakeholders) and articulates this from their perspectives. Importantly, relevant outcomes are identified by the stakeholders themselves.

SROI assigns a monetary value to these outcomes by identifying indicators which can be allocated a financial value (or proxy). Comparing this value to the investment required to achieve that benefit produces an SROI ratio. SROI takes standard financial measures of economic return a step further by capturing social as well as financial value.

This analysis recognises deductions for:

- Deadweight – a measure of the amount of an outcome that would have happened anyway, in the absence of the programme;
- Alternative attribution – where other agencies, including friends or family, may support stakeholders to achieve the identified outcomes;
- Drop-off – the proportion of the outcome that drops off after the first year (attrition);
- The time value of money – a calculation that reflects the present-day value of benefits projected into the future.

More information on SROI can be found at socialvalueuk.org.

¹<https://neweconomics.org/2009/05/guide-social-return-investment>

Social Return on Investment

Social Return on Investment
helps to tell the story of how
an activity, programme or
organisation **makes a**
difference in the world

How it works

SROI assigns a monetary value to these outcomes by identifying indicators which can be allocated a financial value (or proxy). Comparing this value to the investment required to achieve that benefit produces an SROI ratio. SROI takes standard financial measures of economic return a step further by capturing social as well as financial value.

Social Return on Investment

How it works

SROI assigns a monetary value to these outcomes by identifying indicators which can be allocated a financial value (or proxy). Comparing this value to the investment required to achieve that benefit produces an SROI ratio. SROI takes standard financial measures of economic return a step further by capturing social as well as financial value.

Stakeholders provide information about what changes and what matters for them



The research team gathers data from the projects to help evidence this change



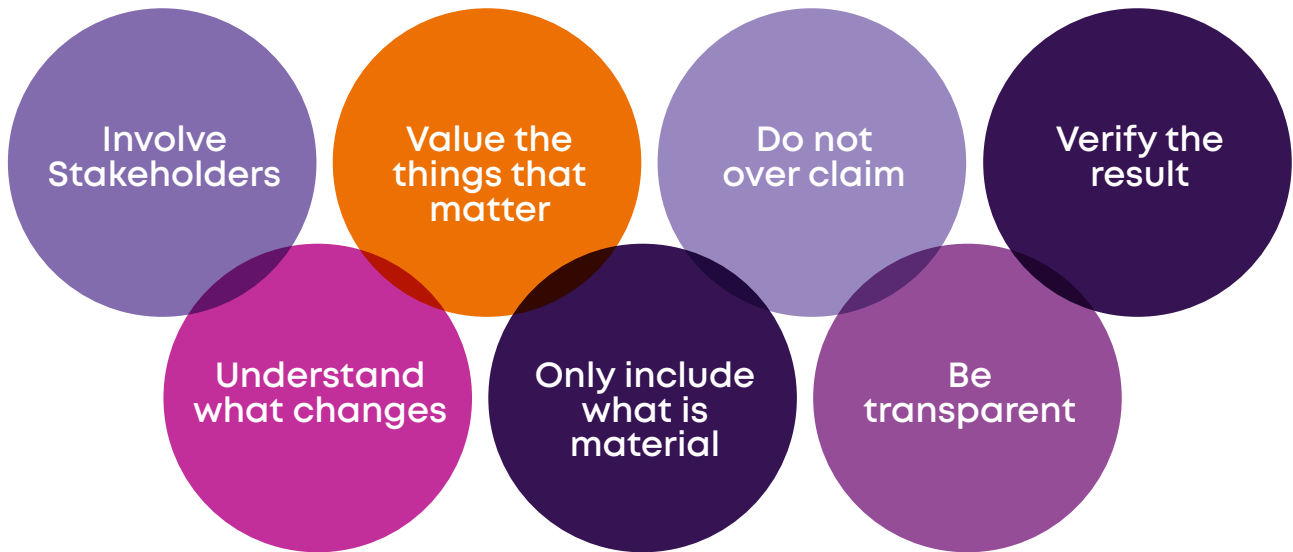
SROI assigns a financial value to these changes using standard rates (or proxies)



SROI presents these values in relation to the cost of the activity

Social Return on Investment

Seven principles of social value



Dementia Orkney: A Social Return on Investment case study

Dementia Orkney

Dementia Orkney, a geographical dementia friendly community funded for three years by the Life Changes Trust (the Trust), commenced in August 2017. Dementia Orkney was developed by Age Scotland Orkney, NHS Orkney and Dementia Friendly Orkney, with local people living with dementia and unpaid carers actively involved in helping to shape the community. Dementia Orkney aims to promote health and wellbeing, resilience, access to support and inclusion through activities which include local hub drop-in sessions, support for unpaid carers, information and advice, training and education, and signposting and referral.

This case study analysis focuses on the impact of Dementia Orkney on the lives of people living with dementia and unpaid carers. The analysis adopted a Social Return on Investment methodology to measure the impact of Dementia Orkney activities and to place a monetary value on them. It focuses on the value gained from involvement with Dementia Orkney for people living with dementia, carers, Age Scotland Orkney, local volunteers, NHS Orkney and Orkney Islands Council.



Stromness harbour, Orkney

Dementia Orkney: A Social Return on Investment case study

Laura's story

The Hub has been a warm, welcoming place to come during difficult times. A place where we are understood, accepted and supported.

We have made new friends who, by the nature of the disease, remain nameless but familiar. We find ourselves to be not alone; amongst others experiencing similar challenges on a daily basis. We have picked up tips on coping with an ever-changing way of life.

In Mum's own words, "It's right fine when you can have a laugh and fun with everyone.

What a lovely bunch of folk." She never remembers anything that has happened or anyone's names but knows she enjoys herself and has a good feeling about going to the Hub. She is always keen to go.

Attending the carers group meeting is a great opportunity to share experiences, gain an insight into what may lie ahead and how to cope with anything that crops up.

The Stress and Distress course was another helpful tool to have to hand when faced with new challenges but also knowing that self-care and preservation are vital too.



Members of the Age Scotland Orkney team

Dementia Orkney: A Social Return on Investment case study

Scope of the study

This analysis aims to understand the value created by Dementia Orkney in supporting people living with dementia and unpaid carers. The SROI analysis is based on Dementia Orkney investment, activity and outputs between August 2017 and October 2019.

A robust SROI analysis should consider the proximity of the benefit created to the actions of the organisation that is seeking to claim ownership of that benefit. We have focused only on outcomes that are directly attributable to Dementia Orkney activities and, where necessary, obtained evidence of the link between the outcome and Dementia Orkney activities.

Throughout our analysis, we have relied on data and assumptions provided by the Age Scotland Orkney team. However, preparatory work was undertaken to explore the database and methodology with key Age Scotland Orkney personnel to avoid erroneous claims or over-claiming.

Stakeholder engagement

In SROI analysis, stakeholders are the people or organisations that experience change, whether positively or negatively, because of the activity being evaluated.

Materiality: SROI only considers outcomes that **are material to the stakeholder.**

Any analysis should focus on the impacts that are relevant and significant to the stakeholder, **as identified by the stakeholder.**

Dementia Orkney: A Social Return on Investment case study

The evaluation team visited Orkney from 21st – 24th October 2019 to begin the SROI case study analysis. Ahead of this visit, we worked with Age Scotland Orkney to identify the range of stakeholders involved with Dementia Orkney. Table 1. details the identified stakeholders and the reason for their inclusion/exclusion from the analysis.

Key stakeholders identified were:

- People living with dementia
- Carers (unpaid/family)
- Age Scotland Orkney
- Volunteers (Dementia Friendly Orkney)
- NHS Orkney
- Orkney Islands Council

An engagement plan was developed and implemented to ensure that as many significant stakeholders as possible received the opportunity to contribute to the analysis. A mixed methods approach was adopted, and a degree of flexibility helped to ensure that the views and experiences of as many people as possible were heard and incorporated. Stakeholder engagement included questionnaires, semi-structured interviews, informal conversations and participant observation. Questions focused on the change experienced, other factors that contribute to the change (e.g. family and friends), what would have happened anyway (without Dementia Orkney), and how long any changes could be expected to last.

Age Scotland Orkney has also undertaken regular reporting on Dementia Orkney service uptake, delivery themes and outputs. This analysis builds on these data, which includes video footage, case studies, and a comprehensive hub activities log.

Table 1. Stakeholder groups and rationale

Stakeholder	Included	Rationale	Method of involvement
People living with dementia	Yes	Dementia Orkney aims to engage people living with dementia.	Informal conversations; observation
Carers (unpaid/ family)	Yes	Carers of people living with dementia who are involved with the group benefit, either directly or indirectly.	Semi-structured interviews; informal conversations; observation
Age Scotland Orkney	Yes	Age Scotland Orkney hosts the Dementia Orkney partnership and activities	Semi-structured interviews; informal conversations
Volunteers	Yes	Volunteers are a key part of the group's activities and are expected to benefit as a result of being involved.	Semi-structured interviews
NHS Orkney	Yes	NHS Orkney works in partnership with the group via a nurse specialist.	Semi-structured interviews
Orkney Islands Council	Yes	Orkney Islands Council works in partnership with the group via the Community Mental Health Team.	Semi-structured interviews
Local businesses	No	Local businesses may experience change as a result of Dementia Orkney, however, this change was likely to be too diffuse to measure in this analysis.	
Care and support staff (paid)	No	Care and support staff are employed to support their clients and any personal benefits are not material to the analysis.	

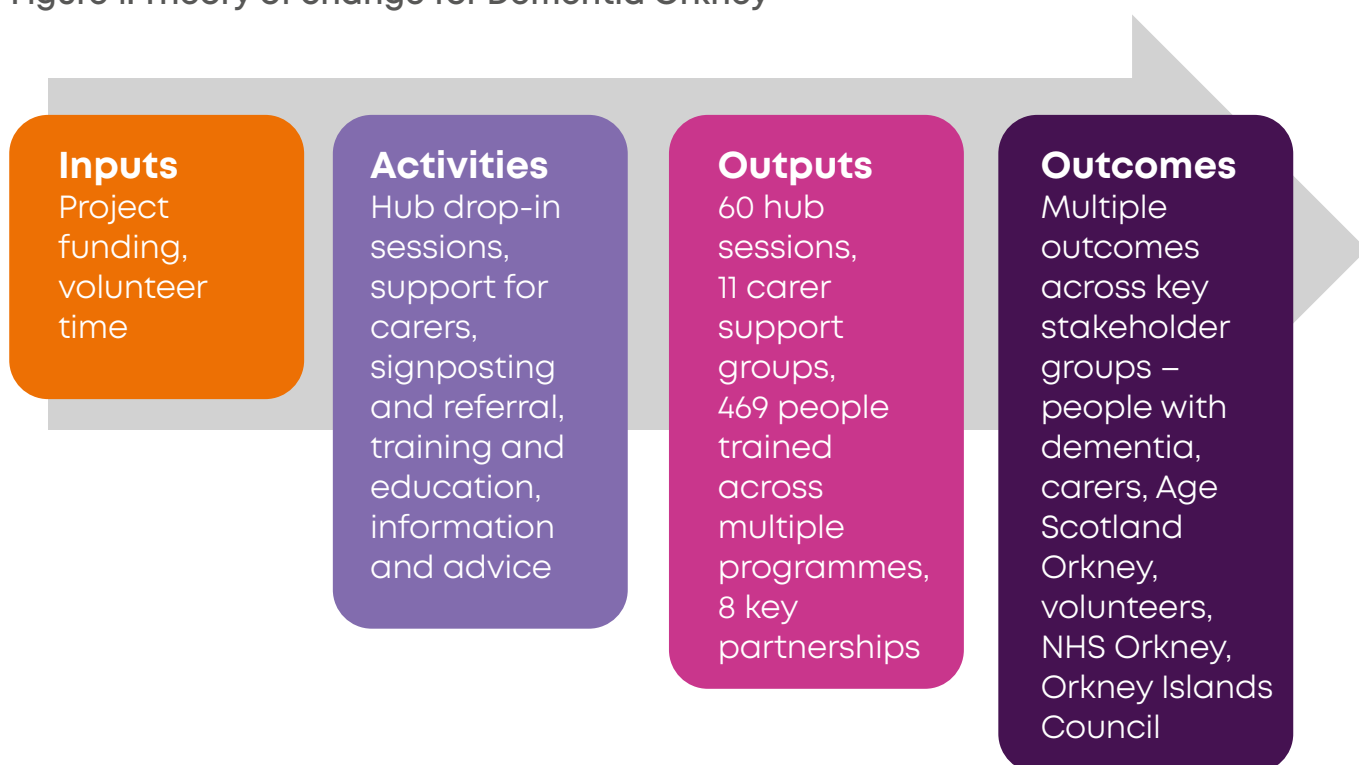
Dementia Orkney: A Social Return on Investment case study

Theory of change

The theory of change is the relationship between resources (inputs), activities, direct results (outputs) and longer term or more significant results (outcomes). It represents the story of how an activity, programme or organisation ‘makes a difference in the world’.²

Figure 1 summarises the theory of change for Dementia Orkney. Outputs represent data from August 2017 to October 2019.

Figure 1. Theory of change for Dementia Orkney



²The Guide to Social Return on Investment. 2012. The SROI Network.

Dementia Orkney: A Social Return on Investment case study

Project inputs

Inputs describe the resources required to deliver the Dementia Orkney programme. This includes both direct financial costs, in this case grant funding and volunteer time. In SROI analysis, both direct financial and in-kind contributions are combined to create the total value of inputs.

Project funding: Dementia Orkney was awarded £187,463 of funding from the Trust for service delivery between August 2017 and October 2019. This money was used to pay for staffing, offices, administration of the project and all related expenses.

Volunteers: Dementia Orkney benefits from in-kind contributions of volunteers. Up to October 2019, approximately 1,620 hours of volunteer time were given to the programme. Had these volunteers been paid at the National Minimum Wage³ rate of £8.21 per hour, the value of volunteer inputs for the programme can be estimated to be £13,300.

£ The total value of inputs to Dementia Orkney is £200,763.

³<https://www.gov.uk/national-minimum-wage-rates>

Dementia Orkney: A Social Return on Investment case study

John's story

John has been a regular Hub attendee for more than a year. He recently moved into residential care but has maintained his Hub attendance and continues to be part of the Hub community. He has identified a member of staff as his favourite 'hubbist' and says he enjoys coming along to see folk. He especially enjoys chatting to one of the other men who attends, who he has known for years, and reminiscing with him about playing sports together when looking through some of the local photo albums. John has a good sense of humour and often gives a witty response during discussions. He sometimes needs to be encouraged to take part in activities but usually enjoys them when he does. He recently had to leave a bit early as he was quite tired but said he didn't want to let folk down by going.



St Magnus Cathedral, Kirkwall

Dementia Orkney: A Social Return on Investment case study

Dementia Orkney outcomes

Outcomes are the changes experienced by stakeholders as a result of being involved in an activity. Through interviews and informal conversations with stakeholders, we identified a range of positive outcomes for people living with dementia, unpaid carers, Age Scotland Orkney, volunteers, NHS Orkney and the Orkney Islands Council related to Dementia Orkney. These outcomes are detailed in Table 2. This table also outlines the indicators used to evidence the change, as well as the financial proxies used within the analysis (see also Table 4).

The outcomes are also exemplified through the stories of some of the people we met, such as Laura's and John's stories.

When considering how long each outcome would last, in line with similar studies, we chose a maximum term of three years. For one outcome, reduced emergency hospital admission, we reduced this to one year since this benefit is only likely to be maintained in line with programme activities. Alternative assumptions were reviewed as part of the sensitivity calculations.

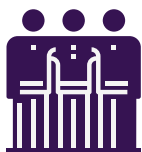
The reported outcomes are based on our engagement with the Dementia Orkney project team, people living with dementia, unpaid carers, volunteers, NHS Orkney and Orkney Islands staff.

Data on inputs (investment of time and money), activities and outputs relate to programme delivery between August 2017 and October 2019.

Within the SROI analysis, these outcomes are valued utilising a financial proxy representing the benefit accrued by the stakeholder involved.

Positive outcomes identified for a range of stakeholders related to Dementia Orkney

People living with dementia



Feel part of something/have a place to go/feel a sense of belonging

Connect with others

Have fun/enjoy themselves

Unpaid Carers



Develop supportive relationships with other carers, staff and volunteers

Increase capacity to cope through peer support, information, training and signposting

Reduced feelings of loneliness

Relieved of stress/burden

Know where to go for information

Age Scotland Orkney



Raised profile of Age Scotland Orkney

Build relationship with local partners

Challenge stigma/raise profile

Volunteers



Increased wellbeing

Increased knowledge

Improved capacity to support more people/a broader reach

Orkney Islands Council



Improved capacity to provide a personalised and responsive dementia support service

NHS Orkney



Reduced emergency hospital admissions (through early identification of infection/delirium)

Table 2. Outcomes of Dementia Orkney (DO), indicators of change and financial proxies used in the analysis.

Stakeholder	Outcome
People living with dementia	Feel part of something/have a place to go/feel a sense of belonging
	Connect with others
	Have fun/enjoy themselves
Unpaid Carers	Develop supportive relationships with other carers, staff and volunteers
	Increase capacity to cope through peer support, information, training and signposting
	Reduced feelings of loneliness
	Relieved of stress / burden
	Know where to go for information
Age Scotland Orkney	Raised profile of ASO
	Build relationships with local partners
	Challenge stigma/raise profile of dementia in Orkney
Volunteers	Increased wellbeing
	Increased knowledge
	Improved capacity to support more people/a broader reach
NHS Orkney	Reduced emergency hospital admissions (through early identification of infection/delirium)
Orkney Islands Council	Improved capacity to provide a personalised and responsive dementia support service

Indicator	Financial proxy
No. people with dementia regularly attending DO activities (defined as 10+ hub sessions)	Feel belonging to neighbourhood, age >50
	Member of social group, age >50
	Hobbies, age >50
No. carers regularly attending DO activities	Feel belonging to neighbourhood, all ages
	General training for job, all ages
	Member of social group, all ages
	Relief from depression/anxiety (adult), all ages
	Able to obtain advice locally, all ages
Increased no. requests for information, resources, advice, support	Monthly half-page ad in The Orcadian
Multiple key partnerships have been developed to support DO	1.0 FTE business development role (27 months)
Awareness raising events delivered; media articles/interviews; social media activity; organisations advised about becoming dementia friendly	Monthly quarter-page article in The Orcadian (27 months)
No. volunteers regularly supporting DO activities	Regular volunteering, all ages
	General training for job, all ages
Increased number of people attending singing groups and other volunteer-led activities	0.5 FTE engagement officer role
No. of avoidances of hospital admissions through early identification of infection/delirium that could be treated at home	Cost of A&E attendance plus inpatient stay at Balfour Hospital Kirkwall
A new partnership between the CMHT and ASO that supports direct referrals, particularly at the point crisis	0.5 FTE dementia coordinator role

Dementia Orkney: A Social Return on Investment case study

The social value

The SROI analysis demonstrates that Dementia Orkney activities contribute positive social value for multiple stakeholders that is greater than the cost of the investment.

$$\text{SROI} = \frac{\text{Present value}}{\text{Value of inputs}} = \frac{\text{£1,036,819}}{\text{£200,764}} = \text{£1: £5.16}$$

The social value contribution for every pound (£) of investment is estimated to be £5.16

Sensitivity analysis

SROI analysis contains estimations and assumptions, therefore, it is important to review where these decisions have had a significant effect on the overall SROI calculation. The sensitivity of the calculations is important in verifying the result and ensuring that outcomes are not over-valued or over-claimed.

Scenario 1: Altering duration of outcomes.

Some outcomes have been assigned a duration of three years in this analysis. Changing the duration of all outcomes to one year provides an SROI of £3.88.

Scenario 2: Altering deadweight, attribution and/or drop-off.

The three most significant outcomes, and the judgements made in arriving at the value of them, are examined in more detail in Table 3, with different scenarios being calculated. The most significant outcomes for sensitivity analysis are:

Dementia Orkney: A Social Return on Investment case study

- Relieved of stress/burden (49.4% of social value);
- Develop supportive relationships with other unpaid carers, staff and volunteers (9.3%); and
- Build relationships with other partners (5.9%).

The sensitivity analysis produces a range of ratios from £3.88 to £5.22 by amending the discount factors to explore the proposed effect of the programme.

Table 3. Sensitivity of key outcomes.

Stakeholder	Outcome	Factor	Change	Ratio
Carers	Relieved of stress/burden	Attribution (who else contributes)	Increase from 10% to 40%	£4.31
		Deadweight (what would have happened anyway)	Increase from 10% to 30%	£4.60
		Attribution and deadweight.	Increase from 10% to 40%	£3.74
Carers	Develop supportive relationships with other carers, staff and volunteers	Attribution	Increase from 10% to 40%	£5.06
		Deadweight	Increase from 10% to 50%	£5.03
		Attribution and deadweight	Increase from 10% to 40%	£5.00
Age Scotland Orkney	Build relationships with other partners	Attribution	Increase from 20% to 50%	£4.99
		Deadweight	Increase from 20% to 40%	£5.05
		Attribution	Decrease from 20% to 10%	£5.22

Dementia Orkney: A Social Return on Investment case study

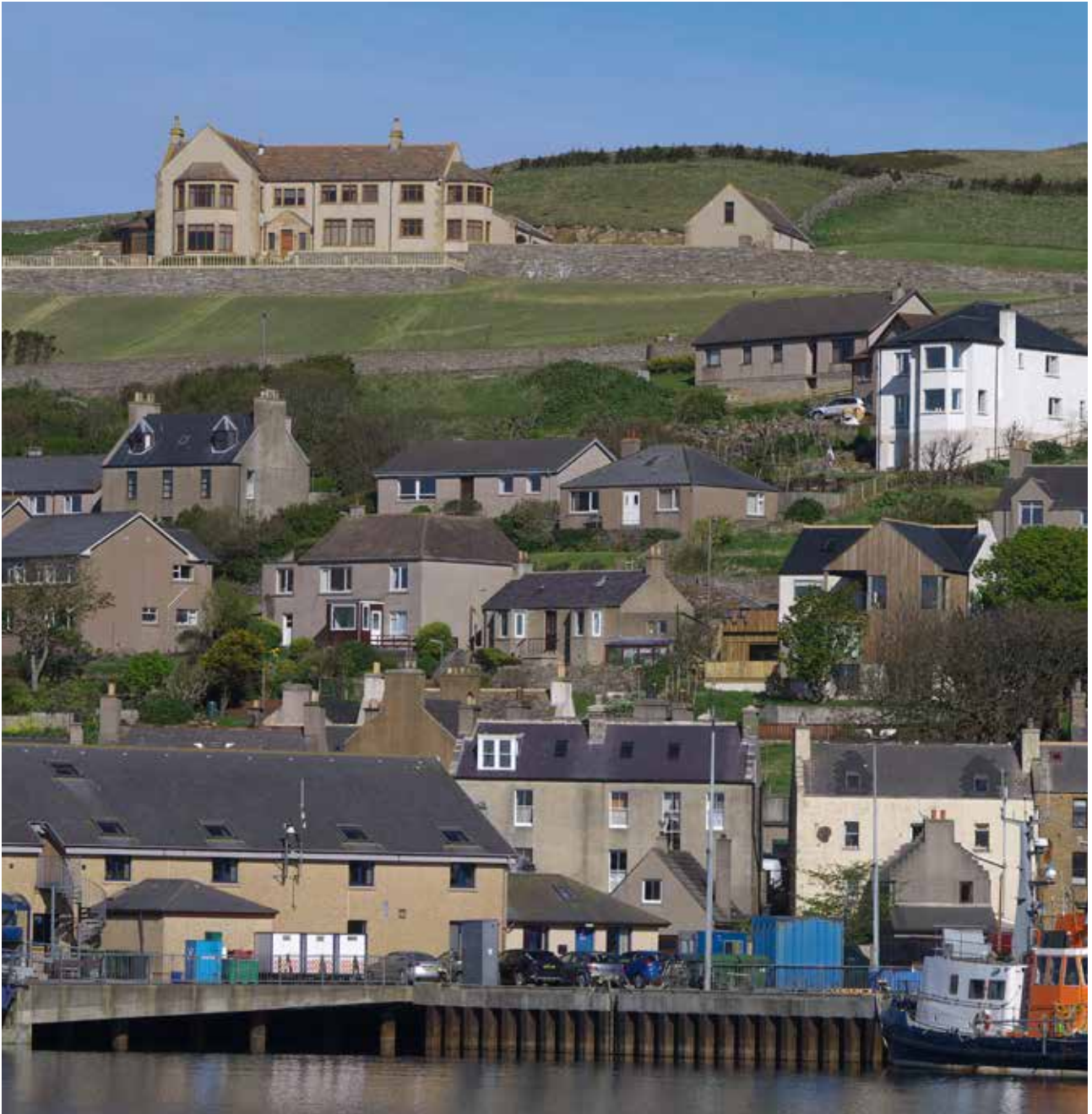
Post diagnostic support

Dementia Orkney is a notable example of a DFC providing post-diagnostic support for people living with dementia and unpaid carers across the 5 Pillars of peer support, community connections, understanding the illness and managing symptoms, and planning for future decision making and care. This happens in a way that is dynamic and highly personal. Post-diagnostic support is not prescriptive or fixed; it is organic, gained through connection, engagement, and everyday experiences. People living with dementia and unpaid carers are not passive recipients of support in a traditional patient/practitioner relationship – they are valued members of an evolving community, highly involved, contributing solutions and shaping support, and often providing support to others.

Dementia Orkney also works across several strands of the 8 Pillars Model, primarily supporting community connections, personalised support, support for unpaid carers, and contributing to an enabling local environment. It delivers support within the strands of health care and treatment and therapeutic interventions, including linking directly with local health and social care teams and delivering cognitive stimulation therapy.

Support gained by being part of a DFC is not dependent on being at a particular stage in the dementia journey; it is more vibrant and meaningful than that. DFC staff and volunteers provide tailored, individualised engagement opportunities so separate activities, organisations and communities do not have to be joined to meet short, medium, and long-term needs.

Dementia Orkney: A Social Return on Investment case study



Waterside Houses, Orkney Mainland, Stromness Harbour

Table 4. Financial proxies used within the analysis

Stakeholder	Outcome	Financial proxy
People living with dementia	Feel part of something/have a place to go/feel a sense of belonging	Feel belonging to neighbourhood, age >50
	Connect with others	Member of social group, age >50
	Have fun/enjoy themselves	Hobbies, age >50
Unpaid Carers	Develop supportive relationships with other carers, staff and volunteers	Feel belonging to neighbourhood, all ages
	Increase capacity to cope through peer support, information, training and signposting	General training for job, all ages
	Reduced feelings of loneliness	Member of social group, all ages
	Relieved of stress / burden	Relief from depression /anxiety(adult), all ages
	Know where to go for information	Able to obtain advice locally, all ages
Age Scotland Orkney	Raised profile of ASO	Monthly half-page ad in The Orcadian
	Build relationships with local partners	1.0 FTE business development role
	Challenge stigma/raise profile of dementia in Orkney	Monthly quarter-page article in The Orcadian (27 months)
Volunteers	Increased wellbeing	Regular volunteering, all ages
	Increased knowledge	General training for job, all ages
	Improved capacity to support more people/a broader reach	0.5 FTE engagement officer role
NHS Orkney	Reduced emergency hospital admissions (through early identification of infection/delirium)	Cost of A&E attendance plus inpatient stay at Balfour Hospital Kirkwall
Orkney Islands Council	Improved capacity to provide a personalised and responsive dementia support service	0.5 FTE dementia coordinator role

HACT Social Value Bank 4.0: Community investment and homelessness values from the Social Value Bank. HACT and Simetrica. www.socialvaluebank.org. Creative Commons Attribution-NonCommercial-NoDerivatives license (http://creativecommons.org/licenses/by-nc-nd/4.0/deed.en_GB).

Cost	Data source
£6,004	HACT Social Value Bank 4.0
£1,850	HACT Social Value Bank 4.0
£2,424	HACT Social Value Bank 4.0
£3,919	HACT Social Value Bank 4.0
£1,515	HACT Social Value Bank 4.0
£1,850	HACT Social Value Bank 4.0
£36,827	HACT Social Value Bank 4.0
£1,977	HACT Social Value Bank 4.0
£561.60	The Orcadian advertising rates, 02/2020
£30,812	reed.co.uk (average salary for business development role)
£390	The Orcadian advertising rates, February 02/2020
£3,199	HACT Social Value Bank 4.0
£1,515	HACT Social Value Bank 4.0
£26,268	glassdoor.co.uk (approx. salary)
£263 (A&E, per attendance) + £6,094 (inpatient stay, per case)	iSD Scotland Costs Book 2018/19
£24,155	Orkney Islands Council Grade 5 salary

Badenoch Shinty Memories Group: A Social Return on Investment case study

Badenoch Shinty Memories Group

Badenoch Shinty Memories Group (BSMG), a dementia friendly community of interest, received a development grant from the Trust in June 2019. The group is part of the wider shinty community under the umbrella of Shinty Memories Scotland, a network of groups set up in shinty-playing communities that uses the sport's archives and resources to support people with dementia and people experiencing isolation, mental health challenges and loneliness. These Shinty Memories groups have evolved from a Sports Heritage Scotland initiative, involving shinty's governing body, the Camanachd Association and Alzheimer Scotland. BSMG works in partnership with the Highland Folk Museum, using a shared project officer post to support the objectives of the two organisations in developing a compassionate, inclusive community.

Prior to March 2020, when COVID-19 restrictions began, BSMG hosted one community event per month. These events focused on engaging the community, particularly people living with dementia and older people at risk of isolation, over shared memories of shinty. The group also hosted rotating, biweekly 'Time Travellers' reminiscence sessions in four local care homes and sheltered housing schemes. The last of these sessions was held on 11th March 2020.

Since pandemic restrictions began, BSMG volunteers have maintained regular contact with people who had been attending the events, as well as care home and sheltered housing staff. The group has found new and creative ways to connect with people, including accessible, USB film compilations and a quarterly paper and digital newsletter featuring shinty memories, photos and stories, as well as quizzes, community news and recipes. Local people are invited to contribute content to the newsletter. In addition to care homes and sheltered housing, BSMG has developed a working relationship with the local high school. In the absence of face-to-face events,

Badenoch Shinty Memories Group: A Social Return on Investment case study

high school pupils wrote letters to local residents identified by BSMG, aiming to reduce feelings of isolation and to maintain a sense of connectedness within the local community.



Former shinty rivals and long-time friends, John and Donnie, touch camans

Badenoch Shinty Memories Group: A Social Return on Investment case study

Scope of the study

This SROI analysis is based on BSMG investment, activity and outputs between June 2019 and December 2020. It focuses on the value gained from involvement with BSMG for people living with dementia, unpaid carers, care home residents and sheltered housing tenants, local volunteers, and the Highland Folk Museum.

A robust SROI analysis should consider the proximity of the benefit created to the actions of the organisation that is seeking to claim ownership of that benefit. We have focused only on outcomes that are directly attributable to BSMG activities and, where necessary, obtained evidence of the link between the outcome and BSMG activities.

Throughout our analysis, we have relied on data provided by the BSMG project team. However, work was undertaken to explore the methodology with key personnel to avoid erroneous claims or over-claiming.

Ian's story

Mum and Dad have emotionally and physically benefitted hugely by being supported through the Life Changes Trust and Badenoch Shinty Memories.

Having this has kept them active and safe within their community, meeting new and old friends alike.

They have also given us, their family, peace of mind and

strength knowing that they are being thought of and looked after by so many caring people and that is nothing other than priceless.

As a family, we would love to give many thanks to the Life Changes Trust and BSMG for all the care and consideration they give to so many.

*Name changed

Badenoch Shinty Memories Group: A Social Return on Investment case study

Stakeholder engagement

The evaluation team consulted with BSMG stakeholders between October – December 2020. Ahead of these discussions, we worked with the project team to identify the range of stakeholders involved with BSMG. Key stakeholders identified were:

- People living with dementia
- Carers (unpaid/family)
- Care home residents
- Sheltered housing tenants
- Volunteers
- Highland Folk Museum

Stakeholder engagement was conducted remotely due to the COVID-19 pandemic and included semi-structured interviews, informal conversations, a review of focus group transcripts and a review of archive video and written materials produced by the group. Questions focused on any change experienced as a result of being involved with the group, other factors that contribute to the change (e.g., family and friends), what would have happened anyway (without BSMG), and how long any changes could be expected to last.

BSMG has also undertaken regular reporting to the Trust on key activities and outputs. This analysis builds on these data, which includes a number of case studies.

Table 5. Stakeholder groups and rationale

Stakeholder	Included	Rationale	Method of involvement
People living with dementia	Yes	BSMG aims to engage people living with dementia.	Informal conversations
Carers (unpaid/family)	Yes	Carers of people living with dementia who are involved with the group benefit, either directly or indirectly.	Informal conversations
Care home residents	Yes	Care home residents engage in BSMG activities.	Semi-structured interviews with care home staff
Sheltered housing tenants	Yes	Sheltered housing tenants engage in BSMG activities.	Semi-structured interviews with support staff
Care and support staff (paid)	No	Care home and sheltered housing staff are employed to support their residents/tenants and any personal benefits are not material to the analysis.	
Volunteers	Yes	Volunteers are key to the group's activities and are expected to benefit as a result of being involved.	Semi-structured interviews
Highland Folk Museum	Yes	The museum works in partnership with the group, using a shared project officer post to support the objectives of the two organisations	Semi-structured interview
Kingussie High School	No	Pupils may experience change because of their involvement with BSMG, however, this change was likely to be too diffuse to measure within the analysis.	Semi-structured interviews

Badenoch Shinty Memories Group: A Social Return on Investment case study

Theory of change

The theory of change is the relationship between resources (inputs), activities, direct results (outputs) and longer term or more significant results (outcomes). It represents the story of how an activity, programme, or organisation ‘makes a difference in the world’.⁴

Figure 2 summarises the theory of change for BSMG. Outputs represent data from June 2019 to December 2020.

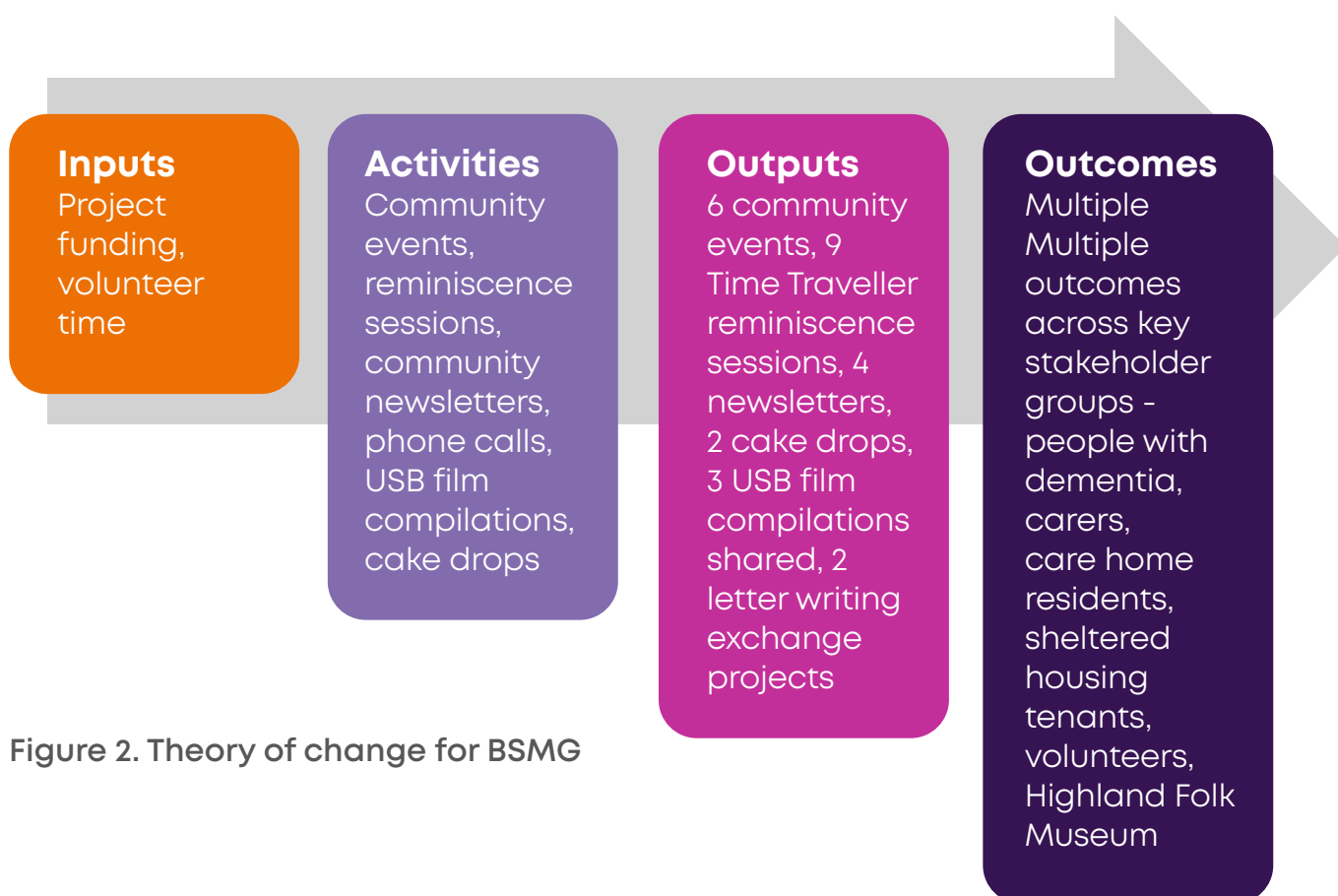


Figure 2. Theory of change for BSMG

⁴ The Guide to Social Return on Investment. 2012. The SROI Network.

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Project inputs

Inputs describe the resources required to deliver the BSMG programme. This includes both direct financial costs, in this case grant funding and volunteer time. In SROI analysis, both direct financial and in-kind contributions are combined to create the total value of inputs.

Project funding: BSMG used £30,810 of funding from the Trust and £27,485 from High Life Highland between June 2019 and December 2020. This money was used to pay for a project officer, administration of the group and related expenses.

Volunteers: BSMG benefits from in-kind contributions of volunteers. Up to December 2020, approximately 2,610 hours of volunteer time were given to the programme. Had these volunteers been paid at the National Minimum Wage⁵, the value of volunteer inputs for the programme can be estimated to be £22,094.

£ The total value of inputs to Badenoch Shinty Memories Group is £80,389.

⁵ <https://www.gov.uk/national-minimum-wage-rates>; £8.21/hr up to March 20; £8.72 from 1 Apr 2020

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Community members remembering the 1951 Newtown more Shinty Queen.

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Badenoch Shinty Memories Group outcomes

Outcomes are the changes experienced by stakeholders as a result of being involved in an activity. Through interviews and informal conversations with stakeholders, we identified a range of positive outcomes for people living with dementia, unpaid carers, care home residents and sheltered housing tenants, local volunteers and the Highland Folk Museum related to BSMG. These outcomes are detailed in Table 6. This table also outlines the indicators used to evidence the change, as well as the financial proxies used within the analysis (see also Table 8).

Most people living with dementia who were involved with BSMG were care home residents or sheltered housing tenants. The outcomes for people with dementia were similar, regardless of where they lived, therefore, the stakeholder group 'People living with dementia' includes these care home residents and sheltered housing tenants. All other care home residents and sheltered housing tenants are considered together, since the outcomes for these stakeholders were also the same.

When considering how long each outcome would last, in line with similar studies, we chose a maximum term of three years. For one outcome, time for carers' own lives, we reduced this to one year since this benefit is only likely to be maintained whilst activities are ongoing. Alternative assumptions were reviewed as part of the sensitivity calculations.

Positive outcomes identified for a range of stakeholders related to BSMG

People living with dementia



Feel part of something/have a place to go/feel a sense of belonging

Connect with others/share stories and experiences through reminiscence

Unpaid Carers



Develop supportive relationships with other carers, staff and volunteers

Have time for own lives

Carehome residents/sheltered housing tenants



Re/connect with others, talk and share stories/memories

Feel connected to wider community/sense of belonging

Volunteers



Increased wellbeing

Get to know people in community better

Increased knowledge about dementia

Highland Folk Museum



Museum more dementia enabling

Buy-in for ongoing community outreach based on partnership

Informs museum shinty collection

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Table 6. Outcomes of Badenoch Shinty Memories Group, indicators of change and financial proxies used in the analysis

Stakeholder	Outcome
People living with dementia	Feel a sense of belonging/involvement in community
	Connect with others/share stories and experience through reminiscence
Unpaid carers	Develop supportive relationships with other carers and staff
	Have time for own lives
Care home residents/ sheltered housing tenants	Re/connect with others, talk, and share stories/memories
	Feel connected to wider community/sense of belonging
Volunteers	Increased wellbeing
	Get to know people in the community better
	Increased knowledge about dementia
Highland Folk Museum	Museum more dementia enabling
	Buy-in for ongoing community outreach based on partnership
	Informs museum shinty collection

Indicator	Financial proxy
No. people with dementia regularly involved with BSMG activities	Feel belonging to neighbourhood, age >50
	Member of social group, age >50
No. carers regularly attending BSMG activities	Member of social group, age >50
No. of carers whose relative/friend regularly attends BSMG activities (who do not attend themselves)	Cost per client hour of day care for older people
No. residents/tenants regularly involved with BSMG activities	Member of social group, age >50
	Feel belonging to neighbourhood, age >50
No. volunteers regularly supporting BSMG activities	Regular volunteering, all ages
	Member of social group, all ages
	General training for jobs, all ages
Staff trained as Dementia Friends, design training	Dementia awareness training
Relationships built with local partners - dementia on agenda	0.5FTE business development role
Shinty collection expanded	0.25FTE assistant curator role

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The social value

The SROI analysis demonstrates that Badenoch Shinty Memories Group activities contribute positive social value for multiple stakeholders that is greater than the cost of the investment.

$$\text{SROI} = \frac{\text{Present value}}{\text{Value of inputs}} = \frac{£388,392}{£80,389} = \text{£1: } £4.83$$

The social value contribution for every pound (£) of investment is estimated to be £4.83

Sensitivity analysis

SROI analysis contains estimations and assumptions, therefore, it is important to review where these decisions have had a significant effect on the overall SROI calculation. The sensitivity of the calculations is important in verifying the result and ensuring that outcomes are not over-valued or over-claimed.

Scenario 1: Altering duration of outcomes.

Some outcomes have been assigned a duration of three years in this analysis. Changing the duration of all outcomes to one year provides an SROI of £3.71.

Scenario 2: Altering deadweight, attribution and/or drop-off.

The three most significant outcomes, and the judgements made in arriving at the value of them, are examined in more detail in Table 7, with different scenarios being calculated. The most significant outcomes for sensitivity analysis are:

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- Feel a sense of belonging/involvement in community (32.8% of social value);
- Feel connected to wider community/sense of belonging (28.9%);
- Re/connect with others, talk and share stories/memories (10.1%).

The sensitivity analysis produces a range of ratios from £3.71 to £5.23 by amending the discount factors to explore the proposed effect of the programme.

Table 7. Sensitivity of key outcomes

Stakeholder	Outcome	Factor	Change	Ratio
People living with dementia	Feel a sense of belonging/involvement in community	Attribution (who else contributes)	Increase from 20% to 50%	£4.24
		Deadweight (what would have happened anyway)	Increase from 10% to 30%	£4.48
		Attribution and deadweight.	Decrease from 30% to 10%	£5.03
Care home residents/sheltered housing tenants	Feel connected to wider community/sense of belonging	Attribution	Increase from 30% to 50%	£4.43
		Deadweight	Increase from 20% to 50%	£4.31
		Attribution and deadweight	Decrease from 30% to 10%	£5.23
People living with dementia	Re/connect with others, talk and share stories/memories	Attribution	Increase from 20% to 50%	£4.65
		Deadweight	Increase from 10% to 50%	£4.61
		Attribution	Decrease from 20% to 10%	£4.89

Table 8. Financial proxies used within the analysis

Stakeholder	Outcome	Financial proxy
People living with dementia	Feel a sense of belonging/ involvement in community	Feel belonging to neighbourhood, age >50
	Connect with others/share stories and experience through reminiscence	Member of social group, age >50
Unpaid Carers	Develop supportive relationships with other carers and staff	Member of social group, age >50
	Have time for own lives	Cost per client hour of day care for older people
Care home residents/ sheltered housing tenants	Re/connect with others, talk and share stories/memories	Member of social group, age >50
	Feel connected to wider community/sense of belonging	Feel belonging to neighbourhood, age >50
Volunteers	Increased wellbeing	Regular volunteering, all ages
	Get to know people in community better	Member of social group, all ages
	Increased knowledge about dementia	General training for job, all ages
Highland Folk Museum	Museum more dementia enabling	Dementia awareness training
	Buy-in for ongoing community outreach based on partnership	0.5FTE business development role
	Informs museum shinty collection	0.25FTE assistant curator role

Cost	Data source
£6,004	HACT UK Social Value Bank calculator 4.0
£1,850	HACT UK Social Value Bank calculator 4.0
£1,850	HACT UK Social Value Bank calculator 4.0
£13 per client hour	PSSRU Unit Costs of Health & Social Care 2019
£1,850	HACT UK Social Value Bank calculator 4.0
£6,004	HACT UK Social Value Bank calculator 4.0
£3,199	HACT UK Social Value Bank calculator 4.0
£1,850	HACT UK Social Value Bank calculator 4.0
£1,515	HACT UK Social Value Bank calculator 4.0
£895/session	Alzheimer's Society; https://www.alzheimers.org.uk/dementia-professionals/training-consultancy/dementia-awareness-training
£30,682pa	reed.co.uk; average salary for business development role
£18,000pa	prospects.ac.uk; approximate salary for assistant curator role

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Social bonding and social bridging

BSMG illustrates well how a DFC can help to build social bonding capital across a range of stakeholders. Older people, with and without dementia, connect with others and share their stories and experience through reminiscence sessions and local newsletters. Whilst these activities initially focused on shinty memorabilia and memories, they have evolved to include resources that more broadly represent life in Highlands communities, thereby drawing more people in; one person described the activities as ‘community memories.’ Members of the community living in supported housing or care settings are involved and feel remembered and reconnected to the community beyond their accommodation. Contrary to what might be expected of a DFC, it is people living in care and support settings who make up the majority of the BSMG stakeholders. Unpaid carers develop supportive relationships with others based on mutual experiences. Volunteers also benefit by getting to know people in their community better.

BSMG is woven into the wider community through its volunteer network but also a wide range of partnerships, including the local high school, the Highland Folk Museum, Church of Scotland, and Alzheimer Scotland. The group has made considerable contributions to raising awareness and understanding of dementia in the community, while generating buy-in from the local high school and museum in terms of sustained community outreach activities. The group facilitates access to the wider community and the available resources, support, and information, acting as an important social bridge for many.

Figure 3 summarises the estimated social value contributions of BSMG in terms of how the group builds social bonding and bridging capital for community members.

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£344,084 Social bonding value

- People living with dementia feel a sense of belonging/ involvement in community and connect with others/share stories and experience through reminiscence
- Unpaid carers develop supportive relationships with other carers and staff and have time for own lives
- Care home residents and sheltered housing tenants connect or reconnect with others, talk and share stories/memories, and feel connected to their wider community /have a sense of belonging
- Volunteers have increased wellbeing and get to know people in community better

£44,308 Social bridging value

- Volunteers have increased knowledge about dementia
- The Highland Fold Museum is more dementia enabling, has buy-in for ongoing community outreach based on the partnership with BSMG and has an informed shinty collection

Figure 3. BSMG contributes significant social bonding and social bridging capital to the local community.⁶

⁶ Based on the present value of each outcome that contributes to social bonding or social bridging capital.

Appendix

Value maps



Who and how many?		At what cost?		Outputs	What changes?
Stakeholders	Inputs	Financial value (for the total population for the accounting period)	What will/did they invest and how much (money, time)?		
<p>Who do we have an effect on?</p> <p>Who has an effect on us?</p>	<p>How many in group?</p>			<p>Summary of activity in numbers</p>	<p>What is the change experienced by stakeholders?</p>
<p>People with dementia</p>	<p>Time</p>	<p>0</p>	<p>9 people with dementia regularly attend DO activities (defined as 10+ hub sessions; average of 17 sessions attended)</p>	<p>9 people with dementia regularly attend DO activities (defined as 10+ hub sessions; average of 17 sessions attended)</p>	<p>Feel part of something/have a place to go/feel a sense of belonging Connect with others Have fun/enjoy themselves</p>
<p>Unpaid carers</p>	<p>Time</p>	<p>0</p>	<p>14 carers regularly attend DO activities</p>	<p>14 carers regularly attend DO activities</p>	<p>Develop supportive relationships with other carers, staff and volunteers Increase capacity to cope through peer support, information, training and signposting Reduced feelings of loneliness Relieved of stress / burden Know where to go for information</p>
<p>Age Scotland Orkney</p>	<p>Time, funding</p>	<p>187,463.00</p>	<p>Age Scotland Orkney has raised the profile of dementia in Orkney, while raising its organisational profile and building key relationships with local partners</p>	<p>Age Scotland Orkney has raised the profile of dementia in Orkney, while raising its organisational profile and building key relationships with local partners</p>	<p>Raised profile of ASO Build relationships with local partners Challenge stigma/raise profile of dementia in Orkney</p>

STAGE 2

Who and how many?		At what cost?		Outputs	What changes?
Stakeholders	Inputs	Who will/did they invest and how much (money, time)?	Financial value (for the total population for the accounting period)		
Who do we have an effect on?	How many in group?			Summary of activity in numbers	What is the change experienced by stakeholders?
Who has an effect on us?					
Volunteers	12	Time - 1,620 hrs x £8.21/hr (minimum wage)	13,300.00	12 volunteers regularly support DO activities and, in doing so, have increased wellbeing and knowledge of dementia. The formal partnership also helps volunteers reach more local people.	Increased wellbeing Increased knowledge Improved capacity to support more people/a broader reach
NHS Orkney	1	Time		5 emergency hospital admissions were avoided (through early identification of infection/delirium)	Reduced emergency hospital admissions
Orkney Islands Council	1	Time		The partnership supports the council to provide a more personalised and responsive dementia service	Improved capacity to provide a personalised and responsive dementia support service

Total	200,763.00
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STAGE 3

How much?		How long?		How valuable?		
Indicator and source	Quantity (scale)	Duration of outcomes	Outcomes start	Express the relative importance (value) of the outcome	How important is the outcome to stakeholders (expressed in monetary terms)?	
Describe how you will measure the described outcome (including any sources used)	Number of people experiencing described outcome.	How long (in years) does the outcome last for?	Does the outcome start in Period of activity or in the Period after?	Monetary valuation Describe the monetary valuation approach used to express the relative importance (value) of each outcome.		
People with dementia	No. people with dementia regularly attending DO activities	9	3	Period of activity	Feel belonging to neighbourhood, age >50 (HACT Social Value Bank 4.0)	6,004.00
	No. people with dementia regularly attending DO activities	9	3	Period of activity	Member of social group, age >50 (HACT Social Value Bank 4.0)	1,850.00
	No. people with dementia regularly attending DO activities	9	3	Period of activity	Hobbies, age >50 (HACT Social Value Bank 4.0)	2,424.00
Unpaid carers	No. carers regularly attending DO activities	14	3	Period of activity	Feel belonging to neighbourhood, all ages (HACT Social Value Bank 4.0)	3,919.00
	No. carers regularly attending DO activities	14	3	Period of activity	General training for job, all ages (HACT Social Value Bank 4.0)	1,515.00
	No. carers regularly attending DO activities	14	3	Period of activity	Member of social group, all ages (HACT Social Value Bank 4.0)	1,850.00

STAGE 3

How much?		How long?	How valuable?	
Indicator and source	Quantity (scale)	Duration of outcomes	Outcomes start	Express the relative importance (value) of the outcome
Describe how you will measure the described outcome (including any sources used)	Number of people experiencing described outcome.	How long (in years) does the outcome last for?	Does the outcome start in Period of activity or in the Period after?	Monetary valuation Describe the monetary valuation approach used to express the relative importance (value) of each outcome. How important is the outcome to stakeholders (expressed in monetary terms)?
Unpaid carers	14	3	Period of activity	Able to obtain advice locally, all ages (HACT Social Value Bank 4.0) 1,977.00
Age Scotland Orkney	1	3	Period of activity	Monthly half-page ad in The Orcadian (The Orcadian advertising rates, 02/2020) 15,163.20
8 key partnerships have been developed to support DO (incl. DO partnership itself)	1	3	Period of activity	1.0FTE business development role for 27 months (reed.co.uk) 69,327.00
8 awareness raising events delivered; 14 media articles/ interviews; social media activity; 12 organisations (72 people) advised about becoming dementia friendly	1	3	Period of activity	Monthly quarter-page article in The Orcadian (The Orcadian advertising rates, 02/2020) 10,530.00

STAGE 3

How much?		How long?		How valuable?	
Indicator and source	Quantity (scale)	Duration of outcomes	Outcomes start	Express the relative importance (value) of the outcome	How important is the outcome to stakeholders (expressed in monetary terms)?
Describe how you will measure the described outcome (including any sources used)	Number of people experiencing described outcome.	How long (in years) does the outcome last for?	Does the outcome start in Period of activity or in the Period after?	Monetary valuation Describe the monetary valuation approach used to express the relative importance (value) of each outcome.	
Volunteers	No. volunteers regularly supporting DO activities	12	3	Period of activity	General training for job, all ages (HACT Social Value Bank 4.0)
	Increased number of people attending singing groups	1	3	Period of activity	0.5FTE engagement officer role for 27 months (glassdoor.co.uk)
NHS Orkney	No. of avoidances of hospital admissions through early identification of infection/delirium that could be treated at home	5	1	Period of activity	Cost of A&E attendance (£263) plus inpatient stay (£6,094) at Balfour Hospital Kirkwall (ISD Scotland Costs Book 2018/19)

STAGE 4

		How much caused by the activity?				Still material?		
Deadweight %		Displacement %	Attribution %	Drop off %	Impact calculation			
What will happen/what would have happened without the activity?		What activity would/did you displace?	Who else contributed to the change?	Does the outcome drop off in future years?	Number of people (quantity) times value, less deadweight, displacement and attribution	Calculating Social Return		
						Discount rate	3.5%	
						Year 0	Year 1	
							Year 2	
People with dementia	10%	0%	10%	80%	43,769.16	43,769.16	8,753.83	1,750.77
	10%	0%	10%	80%	13,486.50	13,486.50	2,697.30	539.46
	10%	0%	10%	80%	17,670.96	17,670.96	3,534.19	706.84
Unpaid carers	10%	0%	10%	70%	44,441.46	44,441.46	13,332.44	3,999.73
	10%	0%	10%	60%	17,180.10	17,180.10	6,872.04	2,748.82
	10%	0%	10%	80%	20,979.00	20,979.00	4,195.80	839.16
Age Scotland Orkney	10%	0%	10%	80%	417,618.18	417,618.18	83,523.64	16,704.73
	10%	0%	10%	50%	22,419.18	22,419.18	11,209.59	5,604.80
	10%	0%	10%	30%	12,282.19	12,282.19	8,597.53	6,018.27
	20%	0%	20%	30%	44,369.28	44,369.28	31,058.50	21,740.95
	10%	0%	10%	30%	8,529.30	8,529.30	5,970.51	4,179.36

STAGE 1

STAGE 2

Who and how many?		At what cost?		Outputs	What changes?
Stakeholders	Inputs	How many in group?	What will/did they invest and how much (money, time)?		
Who do we have an effect on? Who has an effect on us?	Financial value (for the total population for the accounting period)			Summary of activity in numbers.	What is the change experienced by stakeholders?
People with dementia	Time	24	0	4 people with dementia regularly attend/engage in BSMG activities	Feel a sense of belonging/ involvement in community Connect with others/share stories and experience through reminiscence
Unpaid carers	Time	2	0	1 carer regularly attends/ engages in BSMG activities and 1 carer benefits from time for their own life	Develop supportive relationships with staff and volunteers Have time for own lives
Care home residents/ sheltered housing tenants	Time	27	0	47 residents/tenants regularly involved with BSMG activities, including the newsletter, reminiscence sessions, cake drops	Re/connect with others, talk and share stories/memories Feel connected to wider community (via newsletters)/ belonging/know they are remembered/involved

STAGE 1

STAGE 2

Who and how many?		At what cost?		Outputs	What changes?
Stakeholders	Inputs	How many in group?	What will/did they invest and how much (money, time)?		
Who do we have an effect on?	Who has an effect on us?	Financial value (for the total population for the accounting period)	Summary of activity in numbers.	What is the change experienced by stakeholders?	
Volunteers	7	22,094.00	Volunteer time - 2,610 hrs x £8.21/hr (minimum wage) up to Mar 20; £8.72 from 1 Apr 20	7 volunteers regularly support BSMG activities and, in doing so, have increased wellbeing, get to know other people in their community better,	Increased wellbeing Get to know people in community better Increased knowledge about dementia
Highland Museum	1	58,295.00	Time and funding from High Life Highland	The partnership supports the museum to become more dementia enabling, while members inform the development of the shinty collection. The museum also benefits from a commitment for ongoing community outreach based on the partnership.	Museum more dementia enabling Buy-in for ongoing community outreach based on partnership Informs museum shinty collection
Total					80,389.00

STAGE 3

How much?		How long?		How valuable?		
Indicator and source	Quantity (scale)	Duration of outcomes	Outcomes start	Express the relative importance (value) of the outcome	How important is the outcome to stakeholders (expressed in monetary terms)?	
Describe how you will measure the described outcome (including any sources used)	Number of people experiencing described outcome.	How long (in years) does the outcome last for?	Does the outcome start in Period of activity or in the Period after?	Monetary valuation Describe the monetary valuation approach used to express the relative importance (value) of each outcome.		
People with dementia	No. people with dementia regularly attending BSMG activities	24	3	Period of activity	Feel belonging to neighbourhood, age >50 (HACT Social Value Bank 4.0)	6,004.00
	No. people with dementia regularly attending BSMG activities	24	3	Period of activity	Member of social group, age >50 (HACT Social Value Bank 4.0)	1,850.00
Unpaid carers	No. carers regularly attending BSMG activities	1	3	Period of activity	Member of social group, age >50 (HACT Social Value Bank 4.0)	1,850.00
	No. of carers whose relative/friend regularly attends BSMG activities (who do not attend themselves)	1	1	Period of activity	Cost per client hour of day care for older people (PSSRU Unit Costs of Health & Social Care 2019)	936.00

STAGE 3

How much?		How long?		How valuable?	
Indicator and source	Quantity (scale)	Duration of outcomes	Outcomes start	Express the relative importance (value) of the outcome	Monetary valuation
Describe how you will measure the described outcome (including any sources used)	Number of people experiencing described outcome.	How long (in years) does the outcome last for?	Does the outcome start in Period of activity or in the Period after?	Describe the monetary valuation approach used to express the relative importance (value) of each outcome.	How important is the outcome to stakeholders (expressed in monetary terms)?
No. volunteers regularly supporting BSMG activities	7	3	Period of activity	Regular volunteering, all ages (HACT Social Value Bank 4.0)	3,199.00
No. volunteers regularly supporting BSMG activities	7	3	Period of activity	Member of social group, all ages (HACT Social Value Bank 4.0)	1,850.00
No. volunteers regularly supporting BSMG activities	7	3	Period of activity	General training for job, all ages (HACT Social Value Bank 4.0)	1,515.00
Staff trained as Dementia Friends	1	3	Period of activity	Cost of dementia awareness training, Alzheimer's Society - based 1 session/year (https://www.alzheimers.org.uk/dementia-professionals/training-consultancy/dementia-awareness-training)	1,790.00
Relationships built with local partners - dementia on agenda	1	3	Period of activity	0.5FTE business development role for 18 months (reed.co.uk)	23,011.50
Shinty collection expanded	1	3	Period of activity	0.25FTE assistant curator role for 18 months (prospects.ac.uk)	6,750.00

STAGE 4

How much caused by the activity?					Still material?	
Deadweight %	Displacement %	Attribution %	Drop off %	Impact calculation	Calculating Social Return	
What will happen/ what would have happened without the activity?	What activity would/did you displace?	Who else contributed to the change?	Does the outcome drop off in future years?	Number of people (quantity) times value, less deadweight, displacement and attribution	Year 0	Year 2
10%	10%	20%	80%	103,749.12	103,749.12	4,149.96
10%	10%	20%	80%	31,968.00	31,968.00	1,278.72
10%	10%	20%	80%	1,332.00	1,332.00	53.28
20%	20%	20%	100%	599.04	599.04	0.00
20%	20%	30%	80%	27,972.00	27,972.00	1,118.88
20%	20%	30%	80%	90,780.48	90,780.48	3,631.22
40%	40%	20%	80%	10,748.64	10,748.64	429.95
30%	30%	20%	30%	7,252.00	7,252.00	3,553.48
30%	30%	20%	50%	5,938.80	5,938.80	1,484.70

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