Include Me Too!

Improving people's confidence to use technology and reduce isolation in East Kent
Social Return on Investment : Full Report

A report by

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Executive summary

Since February 2022, people living within the districts of Swale, Ashford and Canterbury have had the opportunity to learn digital skills and grow their confidence in using technology.

People over the age of 50 could attend drop-in sessions in local community venues where they could improve their confidence in using technology, whilst also reducing their social isolation. Volunteers were trained to run the sessions where they helped people to use mobile phones, tablets and computers to get online and build their confidence to use the internet.

The project had additional wider aims of helping people over the age of 50 to 'reach their potential' through the adoption of digital skills, as well as building strong relationships in and across communities. By being based in community settings and enabling people to become Digital Champions as well as delivering this piece of work in partnership with community organisations and volunteers has enabled us to complete our aim of involving the community.

Our analysis provides the evidence to show that this project has met all its objectives. Its biggest achievement is that it's enabled participants to access healthcare, social care, and online banking services, as well as reduce social isolation.

This project has generated a total £286,215.20 worth of social value, (£276,255.20 net present value), showing a return of £28.74 for every £1 invested.

Thanks to funding from the National Lottery Community Fund

Background

The need for this project is clearly evidenced by the national data around digital exclusion which shows the need for the development of digital skills (Essential Digital Skills Framework – GOV.UK), specifically in people aged over 50.

Both local and national Healthwatch have produced research which examines the varying approaches to reducing digital exclusion amongst this age group. (Healthwatch England National Reports library – Digital Exclusion, Digital Inclusion). (Healthwatch Kent – Supporting the Nepalese community in Folkestone to get online).

Research and data shows that prior to the COVID-19 pandemic people without access to the internet and digital skills were already at a significant disadvantage in terms of seeking job opportunities, accessing financial support, and connecting with organisations. The pandemic has dramatically exacerbated this situation. Many people, for the first time, have increasingly had to rely on the internet and digital devices to access support, get things done and to participate more fully in society.

Digital inequality can be particularly seen for those in mid to later life, with ONS data (2020) highlighting that prior to the pandemic, 32% of people who had never, or not recently, used the internet were aged between 50 and 69.

Other insights that informed this project included data from four volunteer 'befriending' schemes in Kent, which collectively support over 200 isolated people. This intelligence showed that digital exclusion is a key issue for the people that they befriend. Feedback from a survey of 50 people, who are aged 50 and over, who use the Ashford Volunteer Centre found that 78% of people felt "not very confident at all" about their computer/internet skills, 88% of people would feel more confident about using the computer/internet with a volunteer to help them and 90% of people would only trust a volunteer for help from a 'trusted' place such as a Volunteer Centre.

Introducing Social Return on Investment (SROI)

This report seeks to evaluate the outcomes of the project, capture the impact it had on the individuals involved, and measure the value of investment made. The total social return on investment figure is a calculation of the minimum social value generated by the project that we have been able to evidence and does not account for further impact experienced by individuals once they have left the parameters of the project, unless stated. The return-on-investment figures produced through the analysis within the report can be used as a future guideline to compare effectiveness of spending, as well as to demonstrate potential deliverables of further funding and investments. This report seeks to follow the seven principles of social value as provided by Social Value UK, as well as embed framework and tools provided by Social Value UK to complete Social Return on Investment calculations. This analysis has been produced upon completion of SROI (Social Return on Investment) practitioner training and incorporates a wide range of research sources.
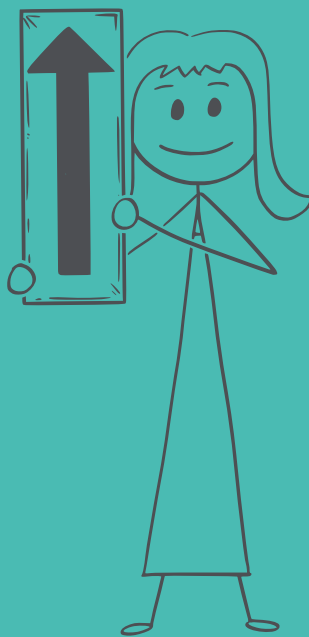
Stakeholders

Crucial to this project were the community partners across East Kent; Ashford Volunteer Centre, Canterbury and Herne Bay volunteer centre, Caring Altogether on Romney Marsh (CARM), Swale Centre for Voluntary Services.

Ashford Volunteer Centre - "Our mission is to inspire more people in Ashford to volunteer so they can enhance their lives, the lives of others and build resilient communities".

Canterbury District Volunteer Centre – "We aim to support, promote and develop volunteering within the Canterbury District for charities, voluntary or community groups' not for profit organizations as well as Public Sector organizations."

Caring Altogether on Romney Marsh – "CARM is the leading charity working within Romney Marsh and surrounding rural areas of South Ashford to reduce loneliness and isolation of older people. It offers one-to-one befriending, group meeting points and care setting reminiscence services to older people."

Swale Centre for Voluntary Services – "Swale Volunteer Centre helps people find a volunteering role which matches their skills, experience, and circumstances. Aiming to enhance the community in Swale by making volunteering easy."

15 volunteers were trained to become Digital Champions. They offered support to 61 people within their communities. Together they donated 220.5 hours of their time to help people to develop their skills and confidence.

The people who benefited from the project were:

- Men & women aged between 55 and 99
- From a mix of ethnicities including English/Welsh/Scottish/Northern Irish/British, Irish, Afghan & European
- Some were Carers or were living with a disability
- Lived in Ashford, Herne Bay, Canterbury and Swale

Outcomes

Mapping outcomes – Theory of change

We used a theory of change to map areas of need, and steps serving as outcomes which would help to achieve change in the short, medium, and long term. We also identified predicted impact to be experienced by beneficiary groups if outcomes were achieved. This helped us to write our surveys and capture evidence around outcomes and impact delivered by the project. It also ensured project delivery was driven by achieving change which focused on key beneficiaries.

Issue	Short term outcome	Medium term outcome	Long term outcome	Impact
People aged over fifty, not accessing health and social care services that have moved online. People aged over 50 needing digital skills development. Deprived areas of Kent	Digital champions trained	Target group received digital skills training	Digital skills improved	Increased access to health and social care
	People attending community hubs to take part in learning	Participants benefit from community setting	Participants learn how to contact friends and family using technology	Reduced Isolation
	Target participant group are aware of the opportunity	Participants engage with learning and give feedback on what works well/ what could improve	Participants know how they can develop their skills to support their needs	Increased confidence and independence of health management

Survey findings – Capturing outcomes

We were able to capture the following outcomes:

- Improved digital skills and confidence to use technology

- Improved Access to healthcare

- Improved management of finances

- Reduced Social isolation

- Increased personal independence and control over needs

- Increased life satisfaction

This includes outcomes related to the experience gained by the Digital Champions who delivered the project activity, as well as participants of the project.

Digital Champions captured outcomes and the amount of change experienced by each participant of the project, by asking them a set of before and after questions as listed below. 58 participants gave a score on a scale of 1-10 and our findings are below

Quantitative analysis

How confident are you using computers? Each participant told us that they felt their confidence had improved by 24% on average.

How confident are you using mobile devices? Participants recorded an 28% improvement in their use of mobile phones on average.

How would you rate your ability to use online forms for personal health? Each person reported an average of 27% improvement in their ability to use online forms.

How would you rate your ability to use online forms for personal finance? Average of 18% improvement for each participant.

How confident are you using email? Average of 21% improvement for each person.

How would you rate your ability to socialise with people online? Average of 33% improvement for each participant.

How would you rate your ability to identify what your next learning steps might be and what support you need? Average of 23% improvement for each participant.

We also asked the open question, of what difference participants felt each above improvement had made. We wanted to capture qualitative data to ensure we could grasp what change mattered most to people.

Positive impacts

☺ I'm less stressed about accessing services

☺ It means I can do more without needing help from others

☺ I'm not so isolated anymore

☺ I was able to book my Covid booster online and do some online banking

☺ It's nice to stay in touch with family who are not nearby

☺ Online is cheaper than using a phone so it saves me valuable pennies

☺ Can now access repeat prescriptions online

☺ I am able to book my doctor appointments using an app now, and can order my medication that way too which is very helpful

☺ I can manage my blue badge permit online now

☺ I can now send photos to my family on WhatsApp and I am always getting pictures of my great grandchildren which is lovely

☺ I have enjoyed my sessions and learnt a little more about using my phone. I could only switch it on when I first came to the sessions.

☺ It was nice having a group of people together and hearing about other issues with digital stuff as well.

☺ I've discovered I know more than I thought and I'm going to identify my weaker areas.

Feedback about the Volunteer Digital Champions

👍 "Pleasantly surprised with the informal nature and being able to address issues specific to me."

👍 "Amazing difference in short time."

👍 "She was absolutely super, very approachable and accommodating."

👍 "It was a lot better. I thought it would be like a classroom where we get taught certain things, but this was more geared towards each person's needs which was great."

👍 "I will recommend this form of tuition, especially to retired people. Now feel the confidence to learn to use a mobile phone."

👍 "Do it! It's well worth the time and the team are lovely. You don't feel stupid or lacking, you just get your knowledge and confidence increased."

👍 "Go along and give it a go; you won't regret it. Learning something new at my age is difficult but very beneficial. What have you got to lose?"

Further comments

"I now know how to access bank forms, but I have decided I do not want to do this. I would rather go into the banks."

"I would rather not access forms online."

"I don't really access forms online, but I would know how to if I did."

"It doesn't feel safe or secure to me, so I don't use them."

"I practiced doing online forms with my digital skills helper. So I know what to do if I want to do it. I would rather do it face to face though."

"I don't really use computers, but it's been nice watching others learn."

"I still don't use online forms, but it's good to know if I need to there is someone there that can help me."

"I could probably use eConsult but prefer to telephone the surgery."

"I know how to email but I prefer to talk to people."

"I don't socialise online."

"Due to my memory not being very good I was unable to retain all I had learnt each lesson so decided after a few sessions not to return as I do not use my phone very often."

Qualitative analysis

We can see from the quantitative analysis against the survey questions that people did experience several improvements to various skills and areas of need including using digital devices and accessing health and financial services because of participation in the project. There was little attribution offset within these outcomes, as people picked up the skills directly from sessions with the project. This shows value in the initiative and meets aims set out by the project, however when considering change that really matters to people, it is interesting to explore where most change was experienced by the stakeholder group and what change people considered most important.

The largest average improvement was seen in people's ability to socialise online, using digital tools such as emails, Facetime, Zoom and WhatsApp. This outcome was also the most frequently mentioned when asking participants what had worked well, and what they wanted to tell project leaders in feedback. This suggests a reduction in social isolation is the impact people felt most valuable and important. This was reflected in comments about the primary impact of attending group sessions and working with others, as well as the secondary impact of gaining skills needed to improve socialisation with family and friends through digital tools.

When reviewing the qualitative data there are some comments which suggest a level of displacement that exists in projects supporting elderly people to learn digital skills with the aim of accessing healthcare, social care, and banking services. These comments focus on the idea that such learning courses can create stress and other negative feelings about accessing services online as opposed to in person. For example, one participant shared that they felt 'more stress' and now knew how to access health and financial support online but would not choose to. Other participants echoed these comments, with concern around not being able to remember what they had learnt and feeling that accessing services online does not feel safe or secure. These comments have been listed below under further comments for accuracy.

It is worth considering that whilst initiatives around providing digital skills to older communities might address and overcome the issue of digital exclusion removing the barriers to access, actual increased access might not take place through a digital format. Focusing future initiatives around the highest valued outcome within this cohort, of meaningful connection and social opportunities in group settings, would see the highest return of social value.

Valuation & Monetisation of Outcomes

Outcome	Indicator of change	Valuation approach	Monetary valuation (£)
A) Increased confidence using technology	Survey capturing outcome with change measurement of % difference before and after involvement in the project.	**Financial proxy for improved digital skills.** Average cost of IT tutor is £15 an hour. Each participant received an average of 30 min in time from the champion.	7.50
B) Improved access to healthcare	Survey capturing outcome with change measurement of % difference before and after involvement in the project.	**Financial proxy** for GP visit to manage health needs Based on Bupa UK cost of a 15-minute private GP appointment at £79. We have also reflected the % amount of change experienced within this figure.	21.00
C) Improved management of finances	Survey capturing outcome with change measurement of % difference before and after involvement in the project	**Financial proxy for financial advisor** which UK valuation for average consultation and advice session with a financial advisor between £300 and £600. We will use the lower end of this range, as we do not know the intensity of financial information accessed and sought by participants when wanting to access online banking services. We have also reflected the % amount of change experienced within this figure.	54.90

Outcome	Indicator of change	Valuation approach	Monetary valuation (£)
D) Reduced social isolation	Survey capturing outcome with change measurement of % difference before and after involvement in the project.	**Wellbeing valuation** Statistical analysis and other studies value a significant increase in mental wellbeing between £10,000 and £15,000 per year. The value depends on tools used to measure the value, QALY calculations producing the higher sum and WELLBY values producing the lower. We have used 36% of this higher band total, as this is the amount of significant change the stakeholder group experienced on average.	4,500.00
E) Increased personal independence and control over needs	Survey capturing outcome with change measurement of % difference before and after involvement in the project.	**Financial proxy of development coach** Google searches for UK coaches' range between £195 and £300 per session. We have also reflected the % amount of change experienced within this figure based on 100% benefit value of £200.	46.00
F) Increased life satisfaction	Number of champions delivering support to the project.	**HACT Value Bank** This source shows social values associated with employed and work experience, based off WTP life satisfaction figures. For 'regular volunteering' it provides that for 25-year-olds and under the valuation is £2,003, £1,850 for people aged between 25 and 49 and £2,432 for people aged 50 and over. They list an average value of £2,357 for unknown ages so we are using this figure. Although the project ran over the period of a year, we can estimate that volunteers completed an average of 7 hours volunteer time each. We have reflected this within the figures.	666.30

Calculating the SROI

Attribution

Within SROI calculations, attribution considers if any other parties contributed to the change. For outcome (D) we have attached 25% attribution to the individuals taking part in the project, due to the need for them to take their skills outside the learning time and apply them to active socialising. This also considers the need for the individuals to have their own tech devices, or to seek access to tech devices.

Deadweight

Deadweight considers what will happen, or what would have happened without the intervention/ activity. For outcome (F) we have identified 25% deadweight, which reflects the number of individuals who would have sought other volunteering opportunities had this project not been running.

Displacement

Displacement considers negative impacts incurred by the stakeholder group, from participation in the project. We have attached 10% displacement to outcome (B) and (C), as this reflects the amount of people who expressed an increased anxiety around learning to access health and social care online. This is explored further within the qualitative analysis section of the report.

Drop off

Drop off considers decrease in impact of outcomes over time, where outcomes have duration of more than one year. For outcome (A) we have attached a 40% drop-off due to likelihood of participants forgetting learning over time. For (D) we have attached 60% drop-off, due to the ongoing impact of being able to communicate with family members and loved ones being a less-notable difference in improved wellbeing over time. The longer time passes, the less impactful the initial improvement feels to the individual.

Initial Funding

The only funding made to this project was the initial funding of £9,960. This was awarded following a successful bid to the National Lottery's Awards for All scheme.

Calculating the SROI

SROI figures

Total value generated within initial project delivery period (1 year)	£210,310.86
Total present value generated by project including duration of outcomes (2-year period)	£286,215.20
Net present value (present value minus the investment)	£275,225.20
Social Return Value (Value per amount invested)	£28.74

These figures are based on the experiences of fifty-eight participants and fifteen volunteers.

Research and references - Glossary

WELLBY - Green Book supplementary guidance: wellbeing - GOV.UK (www.gov.uk) - Taking a wellbeing-years approach to policy choice - The BMJ - WALY | Happiness Research Institute (happinessresearchinstitute.com)

QALYs - Cost utility analysis: health economic studies - GOV.UK (www.gov.uk) - guide-to-qalys.pdf (scottishmedicines.org.uk)

HACT value bank - UK Social Value Bank | HACT - Measure Social Impact | What is Social Value | HACT

EK360

We engage
We reflect
We improve peoples
lives