

GNSS 2015 Impact Briefing

SUMMARY

This report updates and elaborates on the economic impact work undertaken on Good Neighbours in 2009. It is clear that despite difficult issues of reduced funding, a continuing ageing of the local population profile and the acceleration in the centralising, or ceasing, of some key local services, Good Neighbours continues to thrive. As the network matures and the support service has become more targeted there has been a move away from an extensive to a more intensive model of growth. The majority of the increase in provision does not now come from the formation of new groups or the recruiting of new volunteers, which remained at its natural rate of growth (4% per annum), but from activities such as the welcome move to adapting the group and socially-based activities (20% per annum) along with existing groups and volunteers taking on more tasks (9% per annum).

Key results found are:

- The groups volunteer delivery hours of transport, informal local support and care and social activity has been conservatively valued at £5,288,386 (for the 2014/15 year).
- Greater centralisation of services, particularly in the NHS, is leading to an increase in demand for patient transport (a 32% increase since 2010), and it has been estimated that the Good Neighbours volunteer-based patient transport service results in estimated savings of £2,310,320 from potentially missed outpatient appointments alone and that replacing the current volunteer service with an equivalent staffed service would cost a minimum of £917,000 per annum.

- The last five years has seen a 106% increase in social and group-based activities, contributing to a greater positive impact on the prevention of ill-health and well-being.
- The period of greater investment in GNSS from Hampshire County Council and the NHS saw a 23% increase in volunteers and a 46% increase in tasks – this rate of growth in volunteers (4% per annum) and activity (9% per annum) is being maintained despite the recent cuts and in some areas of the network's work the rate of growth and development is being accelerated by the greater focus and the restructuring of GNSS. So for example, befriending has seen a 275% growth since 2010.
- For each £1.00 that Hampshire County Council and the National Health Service invest in the Good Neighbours Support Service they receive a £55.00 net social return.

These are impressive numbers, but they do not tell the whole story. The simple fact of a commitment being made by 4,000 volunteers and the presence of good neighbours groups across the County are tangible signs of stronger and healthier communities. It is not surprising therefore, that with the vital contribution and strong return on investment that the Hampshire Good Neighbours Network is generating that several other areas around the country are in the process of forming their own good neighbours networks.

INTRODUCTION

The Good Neighbours Network is a unique collection of local independent volunteer-led and volunteer-run groups providing health and social transport, befriending and social activities, informal care and other tasks for those who are isolated for various reasons, or are in temporary need of assistance. It is the largest volunteer-led local services in the country, with 4,036 volunteers in 123 independent local groups.

The Good Neighbours Network offers a highly flexible and personalised (transport, practical help and support) service, provided directly by local volunteers to local clients. It does a great deal and at a very low direct cost; at 82+% below the national average¹ for equivalent services, very low levels of management or administration and with a high-level of commitment

and sustainability in areas where more conventional private or public sector organisations could not afford to consistently deliver the equivalent level and quality of service.

This report outlines an updated estimation of the economic impact of the Good Neighbours Network (GNN) and the value-added of the Good Neighbours Support Service. The focus is on the economic value of the work done and the consequent benefits in terms of access to health services, social 'functioning' and improved health and well-being along with the wider community benefits of the Network's work. It also outlines the specific value-added of the unique facilitative and generative roles that are played by the Good Neighbours Support Service (GNSS).

CONTEXT

We 'know' we live in an ageing society and it is often in small and rural communities and types of [post-war] suburban areas where the effects of this demographic shift are being felt the earliest and arguably most acutely.² With the increasing trend towards the centralisation of services, shifts in providers and levels/models of provision, some clients or patients experience significant barriers of access to services, integration and health and well-being. With families more dispersed and people working and commuting for longer hours. In communities there is less informal, social and practical support and in some communities there is less social recognition, connection and trust, as the rate of population turnover has increased, there are inevitably wider economic and social changes.

These are long-term and 'wicked problems' for health, well-being and communities that cannot simply be managed or solved by a conventional service responses alone. They require a wider response based on a true collaboration, creativity, flexibility, personalised and co-produced responses. This would not be feasible or affordable if provided by the public, voluntary or the private sectors acting alone. Recent reports from government and non-government organisations have highlighted the necessity (and value) of a wider more community-based approach to engaging in the provision of formal and informal care and for promoting local well-being and quality of life.³ All sectors have a role to play and each has a contribution to make if a positive and sustainable solution is to be found.

¹ CAG Consultants (2004), Benefits of Rural Transport for Elderly Patients, Report to the Countryside Agency.

² Hampshire County Council and Hampshire PCT (2010), The Hampshire Joint Strategic Needs Assessment. Oxford Consultants (2009), Mapping the Level of Need: Assessing the Social Exclusion of Older Rural People. Commission for Rural Communities, Rural Commission (2009), The implications for health services of the ageing rural population. Holley-Moore G and Creighton H (2015), The Future of Transport in an Ageing Society, ILC-UK and Age UK.

³ See Oliver D et al. (2014), Making Our Health And Care Systems Fit For An Ageing Population. The King's Fund. Clarence E and Gabriel M (2014), People Helping People: the future of public services. NESTA.



THE GOOD NEIGHBOURS NETWORK & SUPPORT SERVICE

The Good Neighbours Network (GNN) is a well-tested model (that has been running for 40 years) providing services delivered by independent local groups well placed to understand what is required, all our facilitated by GNSS. GNN delivers a wide range of tasks. The largest activity is transport to and from outpatient and general practice appointments (44%) and in many cases the client is also accompanied to and from the appointment by the volunteer. It also provides a range of other transport activities (e.g. travel to optician, dentistry, podiatry etc. appointments, library and to social groups). Other activities are provided depending on local requirements and the interests of local groups such as befriending; gardening, shopping, basic household maintenance, coffee mornings, dog walking and the provision of/or visits to lunch clubs etc. Recent years has seen a significant growth in more social/group-based activities with an average increase of 103% since 2010. All of these activities and services can increase a client's independence and social functioning and reduce their isolation; with a positive impact on well-being and significant mental and physical health benefits, as well as being tangible signs of caring and flourishing communities.

The Good Neighbours Support Service (GNSS) provides group start-up advice, group development, and it promotes safety, shared learning and innovation with the groups. We can say categorically that the GNSS has an essential role as we have seen what actually happens when the GNSS is no longer provided, as was the case when Southampton and Portsmouth became unitary authorities and the

funding was withdrawn. Over the subsequent five years 80% of the existing groups closed and no new groups were formed. While during the same time the wider good neighbour's network continued to expand. A further rather simple observation would reinforce this point – in no other area of England is there an exact county-level equivalent of GNN or GNSS. Several other counties now have small council-initiated and led collaborations between groups (with an average of 11 groups), and several others have a small numbers of groups, or individual groups, often affiliated to national charitable organisations (and often with paid coordinators). However, none of these have achieved the scale, the level of safety and quality, breadth and sustainability of offer that GNSS has facilitated.

We have updated the findings of our earlier study on impact below (see table 1 below). It has identified conservatively, £5,288,386 worth of volunteer provided activity and further estimated savings in NHS service costs of £2,310,320. There are also significant additional benefits to better service access and usage, increased mobility, maintaining independent living, reduced isolation and an increased level of trust, safety, participation and well-being.⁴ Table 1 below presents some of the key results based on the better standardised and collected data that is now provided by groups and collated by GNSS. It utilises national benchmarks of health and social costs and the value of volunteering to make, rather conservative, value estimates for the Good Neighbours Network.

⁴ Vlachantoni A et al. (2015), The determinants of receiving social care in later life in England. Ageing and Society, Vol. 35.

TABLE 1: GOOD NEIGHBOURS IMPACT (UPDATED)

ITEM	2007/08	% INCREASE 2006-08	2014/15	% INCREASE 2010-15
GN group tasks	111,257	9% (4% annual)	158,051	46% (9% annual)
GN groups	114	4%	123	4%
GN group volunteers	3,625	10% (5% annual)	4,036	23% (5% annual)
Economic value of volunteer hours	£5,186,000	-	£7,932,579 (new method £5,288,386)	53%
Estimated savings for health and care services	Estimated minimum of £1,547,100 p.a.	-	Estimated minimum of £2,310,320 p.a.	33%
Estimated net social return of investment of £1 in GNSS	£1:44		£1:55	25%

Clearly the Good Neighbours approach represents extremely good value for money and is being increasingly recognised it forms a vital element in all localities of a proactive response to the changing demographic, social and health service demand conditions.



HEALTH IMPACTS RESEARCH

The health benefits that arise from the provision of health transport and other services, such as befriending, can be summarised in two main ways; firstly improved access and better usage of preventative health care and health-related services and secondly the reduction of social isolation and the provision of practical and social support.⁵ Our experience, observations and the published reviews of the research literature⁶ has confirmed this and show that there are significant potential health benefits from our work.

In addition to facilitating greater patient and carer choice and the enabling of greater self-management, two substantial national reviews of the health benefits of transport services⁷ have identified the key benefits of improved access (see below).

Locally, groups are reporting the greater centralisation of services, particularly in the NHS, is leading to an increase in demand for patient transport with a 32% increase since 2010. It is estimated the good neighbour volunteer patient transport services results in savings of £2,310,320 in potentially missed outpatient appointments alone. To replace the current volunteer service with an equivalent staffed service would cost a minimum of £917,000.

Nationally, 65% of single pensioners do not have a car. Even those with private access to a car, can become suddenly restricted by a personal or partner illness. People can become caught in a cycle of illness, reduced mobility, social isolation, and poorer mental health. Reduced access to primary, secondary and tertiary services can then compound, increase, or prolong, illness which leaves them more isolated and at high-risk of developing additional illnesses such as depression or developing further complications with their pre-existing conditions.

The informal social support element provided by groups is important in reducing social isolation, increasing vitality, function and well-being. This is not separate from direct health service usage; for example, reminding clients about their appointment, accompanying clients to their appointment can often reduce their anxiety and increase their confidence while providing someone to talk to about their related issues.

There is strong evidence that social interaction and participation provides a preventative and positive impact on several conditions including dementia, depression, diet and levels of physical activity. This is particularly of value for those who are living alone, those with limited or more distant support networks, those who are on a lower income (nearly 50% of local pensioners), or who are physically isolated due to no, or poor, access to transport and/or with an illness.¹⁰

While the service primarily helps older people, others such as socially isolated adults or those with a short-term illness or longer-term condition or disability also make use of the service. Finally, there are the significant health benefits for the volunteers themselves volunteering,¹¹ with many volunteers being from older age groups and in some cases; they are also previous beneficiaries of the service.

KEY BENEFITS OF IMPROVED ACCESS TO HEALTH SERVICES:

- Reducing “did not attend” rates for appointments (an estimated £2,310,320 local saving)
- Helping to free up hospital beds
- Improving access to GP services
- Facilitating early treatment and compliance (attending follow up appointments & informal support)
- Improving access to more distant specialist services
- Reducing the need for home visits by helping patients get to surgeries and services
- Savings on community and domiciliary services
- Improved access to other preventative services (pharmacy and social activities etc.)
- Enabling hospital visits by friends and relations
- Support for carers.

⁵ Hawton A et al. (2011), The impact of social isolation on the health status and health-related quality of life of older people. *Quality of Life Research*, Vol. 20. Dickens A (2011), Interventions targeting social isolation in older people: a systematic review. *BMC Public Health* Vol. 11. Yen I et al. (2009) Neighborhood Environment in Studies of Health of Older Adults: A Systematic Review. *American Journal of Preventative Medicine*, Vol. 37.

⁶ Department for Transport (2001), Older people: Their transport needs and requirements - Main report. Audit Commission (2001), *Going Places – Non Emergency Patient Transport*.

⁷ Health Development Agency (2004) *Improving patient access to health services: a national review and case studies of current approaches*. CAG Consultants (2004) *Benefits of Rural Transport for Elderly Patients*, Report to the Countryside Agency.

⁸ Gadalla T (2009), Determinants, correlates and mediators of psychological distress: a Longitudinal Study. *Social Science and Medicine*, Vol. 68, No 12.

⁹ Lamond A et al. (2008), Measurement and Predictors of Resilience amongst Community Dwelling Older Women, *Journal of Psychiatric Research*, Vol. 32, No 2.

¹⁰ Wang H et al. (2002), Late-life Engagement in Social & Leisure Activities is Associated with a Decreased Risk of Dementia. *American Journal of Epidemiology*, Vol. 155, No 12.

¹¹ Subramanian S et al. (2002), Social Trust & Self-Rated Health in US Communities: a Multilevel Analysis, *Journal of Urban Health* Vol. 79, No 4. Knesebeck von dem O et al. (2007), Emotional support, education and self-rated health in 22 European Countries. *BMC Public Health*, Vol. 7: 272.

¹² Dickens A (2011), Interventions Targeting Social Isolation amongst Older People: A systematic review. *BMC Public Health*, Vol. 11.

COMMUNITY & WELL-BEING

In addition to the remarkable 106% increase in befriending, group-based and social activity over the last five years we need to begin this section with a very important point; Good Neighbours groups would simply not have been able to attract and retain over 4,000 local volunteers if it was not perceived and experienced as a good thing by local people. The expressed commitment of such a high number and broad distribution of the volunteers in itself has a positive effect on personal well-being and the shared perceptions and dynamics of the 120+ local communities where there is an active good neighbour group.

In addition to the health impacts outlined above, we know that the informal social support element provided is important in reducing social isolation, increasing vitality, function and well-being.¹³ Community-level resources and benefits around greater social cohesion, population stability, positive norms and safety have also been clearly identified as important to well-being.¹⁴ Finally, we know that the absence of active social support, including informal neighbourly care and social integration, increases the use of residential care and health services.¹⁵

Various research bodies, foundations and agencies have been looking at several key social issues including increasing isolation, community disassociation, anxiety and ageing etc. and have been developing various frames and approaches to developing greater well-being, stronger and more resilient communities and the ideas of healthy ageing, alongside flourishing communities.¹⁶

A core theme identified across this work is the ability to generate conditions and mechanisms so that local environments can facilitate greater well-being, independence and inclusion. And, how new personal and collective resources can be co-created and coordinated informally, along with enabling increased levels of trust, greater confidence and participation.

When we look specifically at 'successful' ageing, in addition to basic physical and economic resources, we can identify key common 'success' factors including:

- increasing/maintaining physical activity,
- a good sense of well-being and self-rated health,
- increasing/maintaining social contact, activity and involvement.

We have applied the well-being framework developed by the New Economics Foundation¹⁷ which consider the enabling environment and personal conditions, relationships and resources along with the more intangible functioning and feelings required to facilitate greater well-being. This framework can show us how the Good Neighbours groups make a significant tangible and intangible contribution to the capacities and capabilities that enable well-being in our communities:



TABLE 2: GNN GROUPS' CONTRIBUTION TO WELL-BEING

	GOOD FUNCTIONING	GOOD FEELINGS
EXTERNAL CONDITIONS	<ul style="list-style-type: none"> • Transport for those affected by poor health • Transport for older and lower income groups • Accessible and affordable social activities 	<ul style="list-style-type: none"> • Place attachment and connection with others • Greater autonomy/mutuality • Increase in sense of trust and safety
PERSONAL RESOURCES	<ul style="list-style-type: none"> • Improved access to preventative services • Contribution to care of self and others (reciprocity) • Greater independence 	<ul style="list-style-type: none"> • Recognition of value (esteem) by others • Socially inclusive sociability • Increased life satisfaction

In addition to addressing the inequalities in access to transport and services, a greater reality and sense of independence, and with the enhanced sense of recognition (worth) and inclusion, there are significant wider potential spillovers from the good neighbourly work that has a positive benefit on the community as a whole and not solely on the affected volunteers and clients.

If we take community capacity as the ability of people in communities to participate in actions based on shared community interests, individually and through groups and networks, we will find in many communities across the County the local Good Neighbours group is an important element of local capacity. This is the case for the smallest and the largest of our communities. In some scenarios a village may have lost its bus service, post office, shop, pub etc. and the GNN therefore has become an essential service.

There is also the sense in many communities of “we can do this for ourselves”, both practically and without “help” and this is a tangible expression of community of a coming together and acting on its own behalf.

If our communities are going to positively and proactively respond to the exogenous challenges (e.g. changing working conditions) and the endogenous issues (e.g. changing community composition) they now face, we will need strong communities with a resilient community capacity and positive and inclusive community norms, where all people feel they are valued and they all have a stake, role and contribution in the present and future life of their community. We have looked at the relevant literature (also see footnotes 7 and 8) and have assessed the potential impact of Good Neighbours groups on those features which are considered to make up a strong community¹⁸ (see table 3 below).

TABLE 3: FEATURES OF A STRONG COMMUNITY: GN IMPACT

FEATURE	LEVEL OF IMPACT	RATIONALE
Citizenship, participation and engagement	Very strong	4,000 volunteers and 123 self-organising groups make GNN the largest volunteer-based organisation in the County.
Empowerment	Very strong	The 123 GNN groups are self-organising and are about local people collectively providing local solutions to locally identified issues without recourse to the state or market.
Supporting networks and neighbourliness	Very strong	GNN and GNSS is primarily about providing or supporting sustainable local networks that deliver good neighbourliness.
Volunteering and altruism	Very strong	4,036 volunteers participated last year all of whom are unpaid and who undertook 158,081 tasks.
Reciprocity	Very strong	Volunteers and all local residents are eligible to access the service and all are free to contribute. Clients can become contributors and volunteers can become clients – it is not perceived as a charity but as neighbours/friends.
Collective norms and values	Very strong	The existence and profile of the Good Neighbours group is a strong/tangible community-owned expression of local positive community norms and values. They also support other expressions such as the NHS, faith etc.
Belonging	Strong	Older people can feel marginalised and undervalued – a Good Neighbours group is a tangible expression of worth from their neighbours. A 2016 fairness review will assess inclusiveness.
Trust	Very strong	Relationships between groups, volunteers and clients are all trust based and self-regulated. The group’s presence increases a sense of symbolic and practical trust in neighbours.
Safety	Very strong	GNN group’s social activities reduce isolation, and “Help” based activities allow a sense that assistance is available and the community is (non-intrusively) “looking out” for all.
Good information flows	Very strong	GNN groups regularly review the issues in their local community and discuss them with stakeholders such as councillors and G.P’s and gains feedback from volunteers and clients on their observations/experiences.

Care for our neighbours is a basic foundation stone for successful living in any society and community. If Good Neighbours groups did not exist locally, given the current social and demographic challenges society faces then it would have to be invented.

It is also an interesting comment to those that are cynical about the ability or willingness of local communities to help themselves and proves that it is possible to have lives that transcend the self and do not hold an over reliance on the state or market.



¹³ Lamond A et al. (2008). Measurement and Predictors of Resilience amongst Community Dwelling Older Women, *Journal of Psychiatric Research*, Vol. 32, No 2.

¹⁴ Degen C et al. (2015), *Socialising Place Attachment: place, social memory and embodied affordances*. *Ageing and Society*, September. Godfrey M (2004), *Building a Good Life for Older people in Local Communities*. Joseph Rowntree Foundation. Van Dijk H et al. (2013), *Social cohesion as perceived by community dwelling*

older people: the role of individual and neighbourhood characteristics. *International Journal of Ageing and Later Life*, Vol. 8, No 2.

¹⁵ Vlachantoni A et al. (2015), *The determinants of receiving social care in later life in England*. *Ageing and Society*, Vol. 35.

¹⁶ Allen M et al (2015), *Landscapes of Helping: Kindliness in neighbourhoods and communities*. Joseph Rowntree Foundation. Dalley G et al. (2012), *Risk, Trust and Relationships in an Ageing Society*. Joseph Rowntree Foundation. Harris K (2008), *Neighbouring and Older People: an enfolding community*. Community Development Foundation.

¹⁷ Centre for Well-being (2012), *Measuring Well-being: a guide for practitioners*. New Economics Foundation.

¹⁸ Institute of Public Care (2010), *Literature Review - Community Building*. Oxford Brookes University).

GOOD NEIGHBOURS SUPPORT SERVICE

The Good Neighbours Support Service (GNSS) model is simple; where GNSS helps to establish groups and then facilitates the safe, and quality assured, development and maintenance of groups, which operate **independently** at a local level. GNSS is vital to the development and sustainability of the service and many groups would struggle and probably eventually fold, were the service not available.

Over recent years GNSS has been evolving, looking afresh at the wider social and cultural changes facing groups and their clients; working out the best way to encourage group development; and increasing the range, level and impact of services. The strategic review carried out in 2013 which resulted in some major changes is now bearing fruit. We can see the impact that can be attributed to GNSS's work with groups in one major area of focus over recent years, befriending, where we have seen a 275% increase in provision.

Previous work on the impact of GNSS identified four key elements of its value-added:

- Closeness to groups, long **experience** of group development and relevant issues, and their promotion of best practice.
- Facilitating a network that is **trusted** by local groups and local service providers, ensuring that referrals can be made confidently and safely and groups are promoted widely.
- Provision of **accessible** services to groups ensuring the groups are aware and appropriately assisted in maintaining standards and can grow and develop.
- Independence and **relationships** developed with other key stakeholders that can unlock resources and volunteers for groups.

The Good Neighbours Network as a whole has experienced steady growth, with a 4% increase in the

number of groups or volunteers per annum in recent years. The emphasis is now on deepening the service rather than setting up new groups – unless specific gaps are identified. The rate of growth in activities that the network is achieving in the most recent period is 9%, or double the historic rate. Again, what has been particularly exciting in recent years has been the success of promoting new befriending and social/group-based activities (particularly effective at reducing isolation and improving mental health) with a 103% increase in the last five years (20% annual rate of increase) of the number of people now attending new befriending and social group-based services.

While there is significant potential for the scaling up of the network's success, these benefits will **only** be realised if the learning and core principles of the business and relationship model are fully adopted and sustained. The gift ethos is crucial to the success of the groups work, the vitality of the network and the relationship between GNSS and the groups (hence to the need to get the 'tone' right). This ethos does not always fit easily into a purely 'rational' or 'efficient' commissioning framework. It is the very diseconomies of scale and the occasional idiosyncrasies of the service which make it acceptable and viable at local levels where other providers are increasingly unable to deliver.

What has also become clear in recent years is the importance of both the supportive relationship with the key sponsors (Hampshire County Council, the NHS and the Church of England) and the independence of both the network groups and GNSS itself. Other localities are struggling with perceptions that the idea of good neighbours is simply a way of replacing previously publicly-provided services. They are also struggling to find the right 'home' or 'host' when many voluntary organisations are preoccupied with securing their own survival, or it risks simply becoming "part of the council". The anchoring and legitimacy of the base with the local Anglican dioceses is invaluable for stability and legitimacy.



CONCLUSION

At the beginning of the period covered by this report there was a burgeoning literature about doing “more and better and with less”, a “smarter state”, a “relational society” and inspiring and enabling communities to do more themselves along with the church’s call for more attention to be given to the common good. It is clear from the developments and trends that are found in the recent experience of the Good Neighbours Network and the Good Neighbours Support Service it is approaching a proactive and living example of some of this strengths-based and appreciative thinking.

The locally-owned and volunteer-based service delivery model allows for a very high degree of flexibility and personalisation for clients. It enables delivery that is focused on inclusiveness and independence at a very low or at no cost in areas where more conventional service models would simply not be viable or acceptable.

It is rightly in many ways still traditional and steeped in the gift ethos but, as this impact report demonstrates, along with the GNSS strategic review and the recent GNSS strategy - Good Neighbours is thriving, it is proactive and making a real difference across many communities and often in an increasingly challenging environment.

The recent amazing growth in social and group-based activity along with the 32% increase in patient transport over recent years are a testament to the generous nature of people and the abundance of communities who in seeing new, or greater, challenges and when inspired and enabled will respond wonderfully.

The clear theme that has emerged in undertaking this refreshed impact work has been the actual acceleration of this wonderful response to local challenges. The changes that GNSS is making in both the greater focus in its work and the more intangible change in the tone of its relationships with groups is proving to be very effective. The groups are clearly being increasingly reflexive and proactive in addressing the issues in their communities.

We need to be aware of the need to maintain the right level of proactive change and look forward to those longer-term challenges of generational and technological changes and shifts in expectations and values. It is very clear that the fundamental and generous idea of being good neighbours is continuing to prove to be a powerful and compelling imperative and driver for action in many of our communities.



CONTACT

For more information about the Good Neighbours Support Service and the work that we do, please contact the Revd Canon Nick Ralph at:

GNSS: First Floor, Peninsular House, Wharf Road, Portsmouth, Hampshire PO2 8HB.

e: nick.ralph@csrnet.org.uk

t: 023 9289 9671

w: www.goodneighbours.org.uk
