

**Auriga Services:** *Changing lives every day*

# Social Return on Investment

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A Social Return on Investment of income maximisation and welfare benefits to kidney dialysis patients at University Hospitals Birmingham



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# Executive summary

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## Auriga services for renal patients

Auriga is a not for profit organisation that has been delivering services to renal patients under the care of University Hospitals Birmingham Trust (UHB) since May 2016. The cost of the UHB service delivered by Auriga is provided by an NHS contract together with contributions from Severn Trent Water Charitable Trust Fund and the Money Advice Service.

The service includes: welfare benefits checks and support with benefit and tax credit applications; arrears and debt rescheduling and advice; utility tariff review and switching; and referral to statutory and charitable organisations for grants and welfare support.

Auriga have worked with just over 900 people in the first two years of delivery for UHB, of which 700 had a positive change as a result of Auriga's intervention. These changes are confirmed through patient feedback, with over 90% of patients receiving a service stating that Auriga has made a significant difference to their situation and reduced their stress levels.

## The potential returns for renal patients

Renal patients are drawn from all walks of life but are more concentrated in deprived areas of the Midlands. Whilst UHB deals with patients from all age groups, a high proportion of patients are older people.

Patients often have serious illnesses related to their condition, as well as physical disabilities. The mental health of people with kidney disease can be adversely affected by their illness, and the impact of diagnosis with a lifelong illness also impacts on the mental health of patients in UHB care. They can find it hard to be economically active due to these restrictions, and many are reliant on state benefits for unemployment or for disability related benefits. This means renal patients require specific support services because of the very debilitating nature of their illness and the treatment regime. This has been recognised by UHB which has commissioned Auriga to support their renal patients.

Renal patients are vulnerable in other ways due to their condition, including requiring higher than average heating in their homes, and have an increased level of water usage for personal and household hygiene. Where they are reliant on welfare benefits, they are on a low income, and therefore constantly at risk of fuel poverty should their income drop or worsen for any reason.

Renal patients also require a specific, healthy diet to support renal health, which requires suitable shopping, food preparation and storage facilities. Where their income is low, their diet can also be adversely affected as they cut back on food to cover other outgoings.

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Of all the things that I have done for kidney patients this service has made the most difference to patients' lives.

CLARA DAY, CONSULTANT  
NEPHROLOGIST



**£14.52 for  
every £1.00  
invested**

### **Financial comfort, reducing stress, feeling in control of your life and gaining confidence**

People with renal disease can become very anxious and stressed where they do not have all the financial and personal support, they need to enable them to live an independent life, and where they do not feel in control of their own situation. This has the potential to exacerbate the psychosocial impact of their condition. This is recognised by the NHS team at UHB, and the reason for the commissioning of Auriga to provide support services for their patients.

Conversely where patients can control their household budget by reducing debt and outgoings, can heat and clean their home, and are able to access a healthy diet, they regain a level of financial comfort which reduces their anxiety and stress levels and builds their confidence. These changes are evidenced through the discussions which took place with patients and stakeholders for this study. Both financial comfort and reduced stress equate to social outcomes that are measurable through SROI.

Depending on the level of their disability, people with renal disease may need support to regain or retain their ability to live independently, such as having the care and support they need to continue to live in their home. They may need aids and adaptations to reduce the physical challenges living at home entails, and on receiving these can feel greater confidence in living at home with their condition, and confidence in their future.

Other disability related support such as Blue Badges for parking and travel passes can also significantly support patients to feel in control of their life, enabling them to move around their community and participate in family and social life. Feeling in control of your life is also a social outcome, which can be valued through the SROI process.

For patients the relief from debt and financial worries that led

from Auriga's intervention led to them expressing immense relief from stress and worry enabling them to regain control of their lives. In addition, they indicated an ability to return to some of their former activities such as paid work or supporting their children and being able to make plans. Other stakeholders such as care staff corroborated these changes for patients.

### **Social and financial returns calculations**

The SROI calculation is £14.52 generated for each £1.00 spent.

Around 350 clients received this level of value in each year with an input costs for the service valued at £180,000 from the Auriga contract itself and inputs from NHS staff time.

The outcome values are assumed to last for up to 4 years on average for each client, with a drop off in value as show above, annually after the year of the intervention. Where clients have not had a recorded positive output from their service or have only had a brief discussion on their situation, we have excluded them from the calculation.

The direct financial uplifts from welfare benefits and trust fund payments to patients accrued to around 300 across two years or 150 average in each year. For those who received a financial uplift each year, this equates to an average monetary gain of £5,688 per person to each individual, and this is added into the overall SROI calculation.

There are also benefits to the NHS in terms of the service provided. NHS staff report a positive impact on the health of their patients mentally and physically as they eat a better diet and their stress levels are reduced. It is likely there is a reduced pressure on the NHS as result, especially related to a reduced number of falls amongst patients, but this saving has not been calculated at this stage as the data set required is complex and not yet available.



**The SROI calculation is £14.52 generated for each £1.00 spent. Around 350 clients received this level of value in each year with an input costs for the service valued at £180,000 from the Auriga contract itself and inputs from NHS staff time.**

## Conclusions

Auriga's services for UHB are providing value for money, strong social return on investment and a much-needed service for renal patients. The SROI ratio for the service is very positive with each pound invested providing considerable returns, both in social and economic benefits for patients over the first two years of the service. This ratio is achieved using modest claims for social values, in line with the social value guidance not to overclaim. The SROI therefore provides a strong endorsement of the investment made in the UHB service provided by Auriga, and an indicator of how Auriga could provide value in supporting other patient groups in the Midlands and elsewhere.

Recommendations include annual surveys of patients to increase the quality of data available, and improvements to capture more fully the outputs and outcomes disaggregated by patient characteristics. It will be helpful in future to have a research methodology and data available to assess the health impact of Auriga's work with patients.





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The SROI ratio for the service is very positive with each pound invested providing considerable returns.



## Chapter 1: Background

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### Auriga services with kidney patients

Auriga has been delivering advice and support work with haemodialysis (renal) patients in the care of the University Hospitals Birmingham Trust (UHB) Queen Elizabeth Hospital since May 2016, as part of their wider suite of advice and services delivered. The UHB programme looks after over 1,300 people on different types of renal dialysis treatment across the region.

Auriga provides services delivered within dialysis units that are distributed throughout the region, and within patient's own homes. The catchment of the Queen Elizabeth Hospital renal services includes the West Midlands conurbation, including Birmingham, Sandwell, the Black Country and through to Hereford at the furthest reach of the service.

The Auriga service for renal patients under the care of UHB was initiated by the hospital trust to improve the holistic service they could offer their patients. The service specification for working with patients states that:

**“Kidney failure patients are treated in a multi-disciplinary environment to try to ensure all their medical and**

**psychosocial needs are addressed... A crucial member of the team ...is the individual who is able to guide the patient and their family through the increasingly complex welfare and benefits system.”**

(Extract from the UHB contract specification)

Auriga advises patients on a variety of financial and welfare issues, including: welfare benefits checks and support with benefit and tax credit applications; arrears and debt rescheduling and advice; utility tariff review and switching; and supports patient's applications to statutory organisations and grant making charities for welfare support and services. All advisers are members of the Institute of Money Advisers (IMA) and hold the IMA Certificate in Money Advice Practice accreditation.

Together these services increase the financial comfort of patients, by ensuring they are receiving all they are entitled to and are taking advantage of all relevant schemes and tariffs for disabled people. Their support also enhances the ability of patients to retain or regain control of their lives, by helping



them to live independently or with appropriate support for as long as possible. This can considerably reduce stress and enhance the confidence of the patients, which in turn enhances their wellbeing and mental health. Annex B summarises the service intervention model, its activities, outputs and service outcomes in a simple Theory of Change model.

Many patients need multiple interventions, and each person is helped by Auriga to maximise their income, manage their household budget and attain appropriate services to support them. Interventions go on throughout the year, and cases can remain open for long periods. Processes such as benefit applications, appeals and the follow through administration of the case can take many months, especially if they require a Tribunal hearing.

### Background to the Social Return on Investment

Auriga commissioned research into the financial capability and needs of their patients who were receiving dialysis for an evaluation of a Money Advice Service (MAS) project during 2017 and 2018<sup>1</sup>. Special permission was granted by the NHS service providers for the research to take place. It was apparent from this research that the services provided had both a direct financial value to patients (in the form of additional benefits, grants from renal charities, debt relief and reduced bills), but that there was also a substantial social value resulting from the work.

Patients surveyed and interviewed for the MAS research expressed a considerable number of personal, family and social outcomes resulting from Auriga's work with them. For example, Auriga carries out a survey of patients after they have received an intervention. Just over 90% of clients surveyed stated that Auriga had 'made a big difference to my

situation', whilst 94% of patients surveyed stated that they were 'feeling less stressed as a result of Auriga's work with them'. See Annex C for more details.

To enable these improvements for patients to be more fully captured, particularly around reductions in stress and the big differences Auriga made to people's situation, Auriga commissioned this follow up Social Return on Investment (SROI) study to assess the social value of the services Auriga was providing to kidney patients.

### Social return on investment and its evidence base

Much of the evidence for this SROI is taken from the consultations that were carried out for the MAS evaluation discussed above. The MAS evaluation included a baseline and follow up survey with patients, for which there were 152 baseline and 78 surveys returned respectively.<sup>2</sup> A set of 28 qualitative interviews and observations with medical staff, patients and project staff were also delivered, plus 8 patient case studies as part of the MAS evaluation. Where there are quotations within this report from patients or health care staff, this is the source.

In addition, Auriga's data records have been reviewed to support the SROI. Auriga's in-house data management system (a tailored version of standard software 'Advice Pro') records the details of interventions with patients each recorded under a case file number that preserves the anonymity of patients. This data has also been analysed. In addition, Auriga conducts a post service survey with patients and has been analysed as part of this SROI from a base of 79 returns.

Because this SROI is based on already known outcomes, rather than anticipated outcomes, it is an evaluative SROI.

1. Financial Capability of patients attending NHS units for Renal Services and Inherited Metabolic Disorders, 2018, Carolyn Hay for Auriga/Money Advice Service (MAS)

2. The potential population that had used the services at the time of the survey which was administered over a period of a year, and follow up was in the region of 8-900, of which around two thirds had had significant positive outcome from working with Auriga at the time of the survey.

## Social Return on Investment methodology

SROI is premised on the following:

- All activities create and destroy value – they change the world around us
- Social value is a means by which we can account for a much broader concept of value than accounting methods which use money in/ money out values
- SROI uses financial proxy values to quantify the value of outcomes from our activities
- Social value covers economic, environmental and social outcomes of interventions.

Centrally, social value is about gaining an understanding from those who are involved in delivery of a service, including those who receive the service, what is valuable to them. Social value principles refer to this aspect of SROI giving a voice to those excluded from markets but who are affected by market activities. This will influence the existing balance of power between different stakeholders.

The methodology used follows the standard SROI calculation process and templates developed by Social Value UK, a thought leader in SROI methods and training, and the values developed by Housing Association's Charitable Trust (HACT), as these are fully compatible with the HM Treasury Green Book and Magenta Book guidelines on evaluation.

SROI helps funders, policy makers and practitioners by revealing more value in service planning and delivery options, and so helps guide decisions and influence investment decisions. It also gives voice to those receiving services and what is important for them now and in the future. The aim of this report is to help Auriga and its investors make decisions on future partnerships, delivery methods and funding.

Social Value UK, states that: **“Analysis of social return is a story about change, that includes case studies, qualitative, quantitative and financial information...”** Accordingly, this study draws in all of these evidence types. To derive a social value for Auriga’s work, we need to have information on the following:

- **Inputs:** what resources are used in delivery of the intervention (costs of service provision – monetary and human)
- **Activity:** what is being done with those resources (the intervention taking place)
- **Outputs:** the number of patient beneficiaries reached, and the activities carried out with each one
- **Outcome:** the change arising in the lives of the beneficiaries and others affected by the service.

Annex B details these inputs, outputs and outcomes for the Auriga service in a Theory of Change model.



### Social value methodologies and financial proxies

SROI analysis takes place by assessing the resources inputted to deliver the service or activity against the value of the outputs and outcomes resulting for the beneficiaries (patients in this case). These are weighted according to how important they are for the recipients, and then by calculating the equivalent amount of money needed to increase someone’s wellbeing by this amount within a ‘marketplace’.

Thus, all important outcomes are given a monetary value using proxy values, against which the input costs can be weighed. All SROIs are, therefore, expressed as a financial calculation ratio of money in relative to money out: e.g. for every £1 spent £X amount of value is derived.

Because social values are generally not ‘priced’ within the market, SROI places a suitable financial or market value which is the proxy value. There are several means of deriving these proxy values, but the important thing about using proxy values is that they represent the value of the positive outcome to the beneficiary (patient).

For this report we have mainly used proxy values developed by HACT as part of their Wellbeing Valuation approach. The HACT values are the largest bank of methodologically consistent and robust social values available at this time derived from massive data sets. HACT values interventions based on their impact on individual life satisfaction. The Wellbeing Valuation approach ensures values are consistent and robust, which means that while we are examining values for different types of outcomes, we are still comparing like with like. Whilst Wellbeing Valuation does not seek to value each individual’s experience of the intervention, it represents the experience of the average person. These HACT values are supplemented by known and recorded data about Auriga patients and services collected with their in-house data management system and have been verified by an external evaluator of their services.

As is recommended with SROI studies, we have adjusted each HACT value for the following:

- **Displacement:** has our outcome prevented an equivalent outcome elsewhere?
- **Attribution:** how much of the outcome can we take credit for?
- **Deadweight:** what would have happened, even without the intervention?
- **Length and drop off:** how long does the impact last and does it start to reduce over time?

The SROI framework inevitably involves value judgements and some subjectivity particularly around these four areas of displacement, attribution, deadweight and drop off. The key to ensuring that the SROI is sound is to ensure transparency in the logic used to make the SROI value calculation. Peer review or independent verification is important to check this logic and the assumptions underlying the calculation of value.

A review of this SROI has been undertaken by Professor Nick Henry Professor of Economic Geography/Co-Director (Research Quality), Faculty Research Centre for Business in Society, Coventry University; and Professor Richard Tomlins, Research Associate, International Centre for Transformational Entrepreneurship, Coventry University and Director of Cohesia.

# Chapter 2: Vulnerabilities faced by people with kidney failure

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In considering the social returns from Auriga’s work with kidney patients, it is helpful to understand more about the nature of the personal and health challenges faced by people with kidney disease. It helps understand some of the major hurdles people who are dialysing face economically and socially. This gives us an understanding of why Auriga’s work with kidney patients is of high value and the significant impact Auriga’s work with patients can have in terms of social returns.

## Renal patients and kidney disease

There are around 30,000 dialysis patients in the UK and 64,000 with kidney failure. The disease is incurable. A person with kidney failure needs regular dialysis or a kidney transplant is needed for them to survive. Most people requiring dialysis have treatment around 3 times a week for 4 hours with an additional 4-8 hours of recovery time on each occasion.

The median age of renal patients using haemodialysis units is 65, making the majority either of non-working age or close to retirement. However, there are also younger people with

renal failure resulting from genetic disorders, disease or kidney damage who are on dialysis. The majority of patients have other concurrent illnesses and long-term conditions, which were either the cause of the renal failure or are a consequence of renal failure.

Kidney failure and disease is more common within Asian and African communities where it occurs earlier in life. The proportion of adults in the most deprived Index of Multiple Deprivation (IMD) quintile reporting that they had never been told they were at risk of kidney disease is double the proportion in the least deprived IMD quintile (8% and 4% respectively).<sup>3</sup> Hence there is a strong relationship between CKD and socioeconomic deprivation levels.

Kidney failure and its treatment affects not just the patient’s health but their ability to function within society and their relationships with family and friends. Renal failure can make the patient weak, fatigued and often depressed. Patients often experience difficulties with mobility, balance and eyesight, particularly for those people who also have diabetes – a common co illness.

3. Health Survey for England 2016: Kidney and liver disease, December 2017, NHS Digital

All these factors significantly impact upon patient's ability to carry out normal day to day activities or participate fully in family and community life. Generally, they cannot work once they commence renal dialysis, due to the commitment to long dialysis sessions three times per week, which leaves them extremely fatigued.

### Support available for kidney patients

Due to their severe illness, the majority of renal patients are eligible for disability related benefits including Personal Income Payments (PIP) which is replacing Disability Living Allowance (DLA). Those who are classified as also unemployed are generally eligible for Employment Support Allowance (ESA), Universal Credit or other benefits related to their inability to continue with employment. For those with high levels of care needs they will be entitled to carers related benefits such as Carers Allowance. Those with children may be entitled to Child Tax credits.

There are a range of other discounts available to people with long term health conditions and disabilities in relation to public transport, using their car, Council Tax and discounts on their utility bills. Understanding and claiming the right benefits is an area where many kidney patients require guidance and support. Additionally, where benefits are assessed by DWP at a lower level than expected by the patient, as has been experienced by a proportion of patients as they move from DLA to PIP, is also an area where an intervention from an external support agency such as Auriga is required.

In addition to the ongoing needs of renal patients, there is potential for rapid change in their health as they may quickly become more severely ill, or more physically disabled through loss of toes and fingers, eyesight or their ability to walk. This affects their ability to cope in their home environment without aids and adaptations such as handrails in the shower, or care support to help them with various daily tasks. Again, many patients require support in contacting the relevant agencies to get the right package in place.

### Ill Health, low income and financial comfort

Once at the stage of receiving dialysis, the majority of renal patients are receiving a low income as they become ill, lose their jobs and become dependent on state benefits. Renal patients cannot easily improve their financial position or reach any level of financial comfort due to the range of barriers discussed above. Kidney patients are in a similar position to other groups that experience financial difficulties resulting from periods of illness or longer-term disability. The World Bank reports that in an analysis of case studies of people and households that have become poorer worldwide, illness was one of the most common.<sup>4</sup> Changes that arise due to ill health can impact beyond the immediate and obvious consequences include:

- the overall change in general physical and mental well-being
- changes within the family role (e.g. partner becomes a carer, loss of household income)
- employment status changes (unemployment due to incapacity, loss of household income)
- accommodation (adjustments may be needed to the accommodation, potential arrears due to loss of income)
- education (accessibility issues due to reduced opportunities, incapacity or disability)<sup>5</sup>
- finances (lack of savings buffer, can't keep up with commitments, increased expenditure due to travel and hospital parking).<sup>6</sup>



Due to their severe illness, the majority of renal patients are eligible for disability related benefits including Personal Income Payments (PIP) which is replacing Disability Living Allowance (DLA).

4. Mukherjee, K., Poverty as a cause and consequence of ill health, Article 26, Volume 2, Issue 4 - Serial Number 5, (Autumn 2015), Page 209

5. Grant, U., Health and Poverty Linkages: Perspectives of the chronically poor, Background Paper for the Chronic Poverty Report 2008-09 (February 2005) Chronic Poverty Research Centre

6. A recent study indicates a number of these issues for households in Protecting Our Families, (March 2017), Aviva



Research carried out by Auriga and detailed below, confirms all these factors within the renal patient group within UHB.

### **Poverty and debt amongst renal patients**

The limitations of mental and physical ill health seriously affect patient's ability to plan and manage their household budget or access appropriate financial advice and support should they fall into poverty or financial discomfort/difficulty. Research undertaken by Auriga for the MAS in 2018 illustrated how this left renal patients vulnerable to financial hardship and in some cases, financial abuse.<sup>7</sup>

Healthcare staff interviewed for the MAS research recognised this vulnerability of their patients and expressed concerns that they were falling through the welfare benefit safety net leaving them vulnerable to falling into poverty, including fuel poverty.<sup>8</sup> They observed:

- patients were not claiming the right benefits, and were not aware of their entitlements
- patients receiving benefit sanctions leading to a significant reduction in their household income
- patients applying for hardship payments which then must be paid back leading to financial difficulties
- PIP with different tests than DLA which they have previously received and subsequent loss of benefits
- patient being unable to deal with benefit appeal and tribunal cases without advocacy and support
- arrears and debts accumulating through these issues.

Consequences of these situations include patients being unable to heat their homes properly or eat a healthy diet recommended for renal patients due to fear of overspending, according to the healthcare staff interviewed. One healthcare worker described the challenges that face their patients: "Patients are no longer able to work and maintain a lifestyle that they previously had. Patient's not knowing what benefits they are entitled to, cost of transport, housing costs. Patients not being fully aware of changes to benefits and what they need to do to stay up to date – this can sometimes result in debt... it's a hard-enough life as it is being on dialysis, so you want to try and take away the other stresses as much as possible."<sup>9</sup>

### **Stress, anxiety and depression amongst kidney patients**

Up to one third of haemodialysis patients have depressive symptoms consistent with the diagnosis of depression. Depression among patients with chronic kidney disease has been associated with earlier initiation of dialysis, and for those already on dialysis has been associated with higher rates of hospitalization and death.<sup>10</sup>

The UHB recognises the impact that financial problems can have on patients, increasing their anxiety and stress level further. According to the service specification for Auriga's work for the UHB: "Changes in financial circumstances are common in such patents because such profound ill health and are often a source of considerable anxiety, compounding the frequently marked

7. Money Advice Service research

8. Money Advice Service research

9. Money Advice Service research

10. Chronic Kidney Disease: Depression in Chronic Kidney Disease, Renal and Urology News, 2018, Haymarket Media

psychological impact of their chronic illness.”<sup>11</sup> Reducing the financial stresses on their patients was, therefore, paramount in the contracting of Auriga to the UHB. The MAS project evaluation identified that amongst their sample of patients around half reported being often stressed about finances. Qualitative interviews corroborated this high level of stress amongst patients about finances, especially where there were sudden changes to their benefit levels, as PIP replaced DLA, or benefits reviews or sanctions reduced or stopped their benefits income for a period.

Other stresses related to the loss of the income from a job and moving to welfare benefits, running out of savings, and changes to family circumstances, whereby carers gave up work to care for the person with kidney failure. There were other cases which had proven very stressful for patients where financial abuse had taken place or family breakup had resulted in the sale of property at a loss, and division of family assets. There were also examples of patients being threatened with eviction and having high levels of debt and fearing homelessness on top of their severe ill health. One patient reported losing his job, his partner and suffering financial abuse resulting in an attempted suicide and was under the care of a Community Psychiatric Team.<sup>12</sup>

### Specialist support versus self-referral

Auriga’s work with patients can support increased knowledge and skills amongst patients, by making them aware of additional sources of help and how to gain support. However, the survey undertaken for the MAS evaluation show a strong preference amongst respondents to have specialist support for money or benefit problems with 88% preferring an adviser helping and supporting them with claims and referrals. This can be explained because many remained unaware and/or unconfident in claiming the right benefits or using the internet to research complex benefit claims. The patient survey indicated the group’s lack of confidence with digital comparison.<sup>13</sup> The survey showed that although 44% felt that ‘If I had debt or money problems, I would seek advice and know where to get help’, few would be able to do this online. Results such as: ‘I have the skills and confidence to check if I am entitled to claim benefits’ showed only 33% felt they could do this; and ‘I am able to use the internet when I need information and advice about money or benefits’, showed only 25% felt they could do this. The ability and motivation of renal patients to seek support from family and friends was also relatively low at 37%.

Interviews bore this out: for example, one interviewee stated: “I am not thick, but I had never heard of Carer’s Allowance”. Given that this is a state benefit which is covered on the www.gov.uk website and most major charitable websites for patients, general knowledge of the more specific schemes Auriga was offering for utilities, grants and aids and adaptations was considered very specialist knowledge by patients.

A lack of confidence in going through the processes of application for benefits was also a factor. For example, one patient described how nervous she was in advance of her PIP interview in her home, having thought her DLA would just be transferred over. Whilst she can go through the process

alone, she stated that it would cause her additional stress to do so, which would be further detrimental to her health.

Healthcare staff also confirmed the importance of having specialist support for their patients and that this relieves them of an additional issue. This is central to any intervention in a healthcare setting, given the stretch on NHS services and budgets.

**“To have that expertise on hand it lessens the burden on us. They’re the experts. The patients get the best information, the best service because they can get the expertise. They (Auriga) know exactly what’s required to get the best outcome.”**

(Renal Unit Manager)<sup>14</sup>

### Managing utilities for people with renal failure

Due to the high numbers of kidney patients in financial discomfort, claiming state benefits and relying on supplementary grants from renal charities, they are at a higher risk of falling into fuel poverty. The Hills Review of fuel poverty showed that households with the lowest incomes spend around 8% of their household budget on fuel, compared to just over 3% in the highest earning households.<sup>15</sup> As a result, fuel poor households trade off warmth against other necessities. The MAS research confirmed that food and heating was being traded against other necessities by patients.<sup>16</sup>

Utility bills are a particularly large household expenditure item for people with kidney disease, due to their health vulnerability and the low income of many kidney patients. People with renal failure spend considerable amounts of time at home and sit or lie for long periods after treatment or when feeling ill, and so have high utility bills for keeping warm and clean. A survey carried out with Auriga clients in 2017 for a Money Advice Service project evaluation (n= 152) reported that there were only around half (52%) who agreed or strongly agreed with the statement: I plan to make sure I have money to pay expected costs (such as utility bills).<sup>17</sup>

The MAS research also found that only 48% knew how to shop around and compare best deals for two of the following: Gas/Electricity, Mobile phone/broadband, Credit cards, Bank accounts, Loans, Insurances, Food and groceries, and that only 30% were able to use the internet for information and advice about money. Hence, they are unlikely to be able to switch to gain the best deals. Interviews with patients indicated that many were using a prepayment meter as their preferred means of stabilising their monthly bills, so they could easily see what energy they use and manage their budget that way. This poses risks of them running out of credit and paying higher prices when they can least afford to (although the temporary tariff cap OfGEM enforced will possibly have improved this to some extent for some of this group).

11. UHB service specification for welfare benefits service for renal patients  
12. Money Advice Service research

13. Money Advice Service research  
14. Money Advice Service research

15. Getting the measure of fuel poverty. Final Report of the Fuel Poverty Review, John Hills 2012  
16. Money Advice Service research  
17. Money Advice Service research



# Chapter 3: Services provided by Auriga

## The Auriga service outputs

During the first two years of the UHB work with renal patients, just over 900 patients in total received a service from Auriga.<sup>18</sup> The number of different interventions across the patients was 1,437 at the time of reporting (though some cases were still ongoing), as each patient is supported with gaining as many services and as much support as they need. The maximum number of interventions for one single patient was 11, showing how far the service stretches to help each individual. The majority of patients are receiving 2 to 5 different services. Patients can receive services over many months or even years as each intervention is addressed and completed.

Analysis show that just over 300 clients had a recorded uplift in their income over the 2 years reviewed, or 150 patients per year. This includes patients who: received a grant from a charitable foundation for goods or services, often white goods or a holiday where they can receive dialysis on site; had a beneficial change in fuel tariff leading to long term change in household income/outgoings; had debts or Council Tax overpayments written off or refunded; or other directly beneficial changes to their income as a result of Auriga's intervention.

In the region of 400 clients in total, or 200 per year had support with a successful referral to: Occupational Health; referral for aids & adaptations; Blue Badges; Social Services and Housing referrals; and disability related travel passes and parking.

Around 200 clients in total, or 100 per year, had advice or a simple check to ensure they were receiving all they were entitled to. This is an important aspect of ensuring people's circumstances are kept under review, and that they are not slipping into rent or council tax arrears or fuel poverty, for example. This aspect of the service introduces clients to the team and ensures they can contact them again in future of their circumstances change. It represents a central part of the overall service package. These patients have not been included in the SROI calculation, however.

## Linking outputs to outcomes

- The services outputs can best be summarised within the Venn diagram below, showing the service types by the major outcome area for each patient.
- This overlapping model illustrates the flexible nature of the services provided, as patient's needs change, become more urgent, change rapidly, or temporarily improve.
- Each patient can have several different services each with a separate output and outcome.

## Auriga outputs from cases May 16-May 18



Financial comfort  
300+ cases



Advice/discussion/  
quick check  
200+ cases



Retaining control  
of own life  
400+ cases

18. Numbers in this section are rounded because not all cases were closed and numbers were still subject to slight alteration. Additionally, the Auriga data recording system has been improved through the duration of the contract, but for the earlier data, some derivations and assumptions make broad estimates necessary for this study.



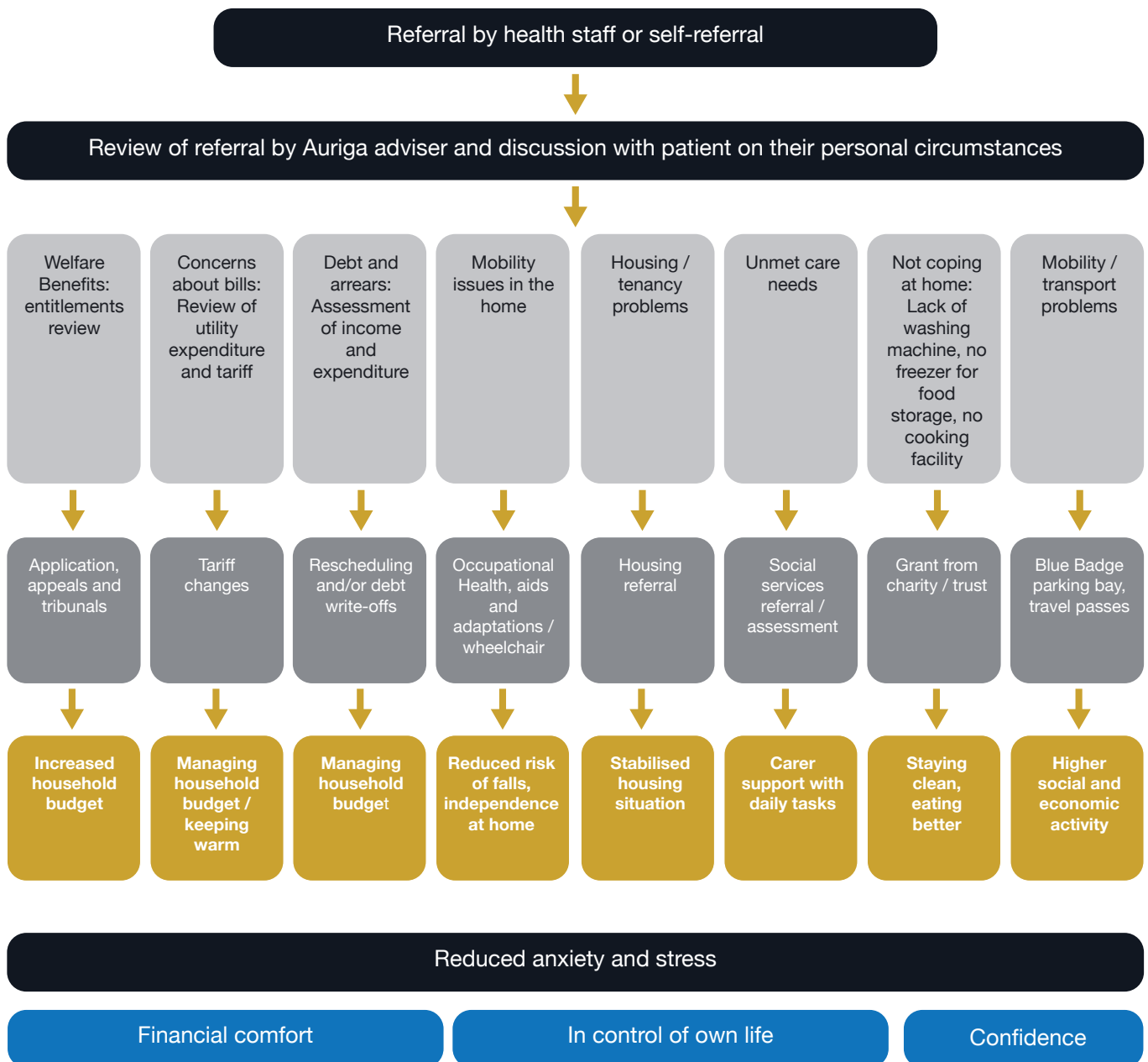
For the purposes of this diagram, activity is grouped around the positive outputs for patients under the broad headings of the outcomes that result from the output:

- Financial comfort encompassing real financial uplifts as well as the social value of financial improvements reducing stress and anxiety
- Retaining control of their own life from activity to support and continue independent living, encompassing social values for reductions of stress and rebuilding of confidence

- A checking service for state benefits and basic advice provision ensuring all entitlements are being claimed, that they are on the right energy tariffs, and all eligible support for independent living is in place.

**Each of these has several services and separate sub-outcomes for patients, summarised in the outputs to outcomes diagram below.**

## The outputs and outcomes of the service

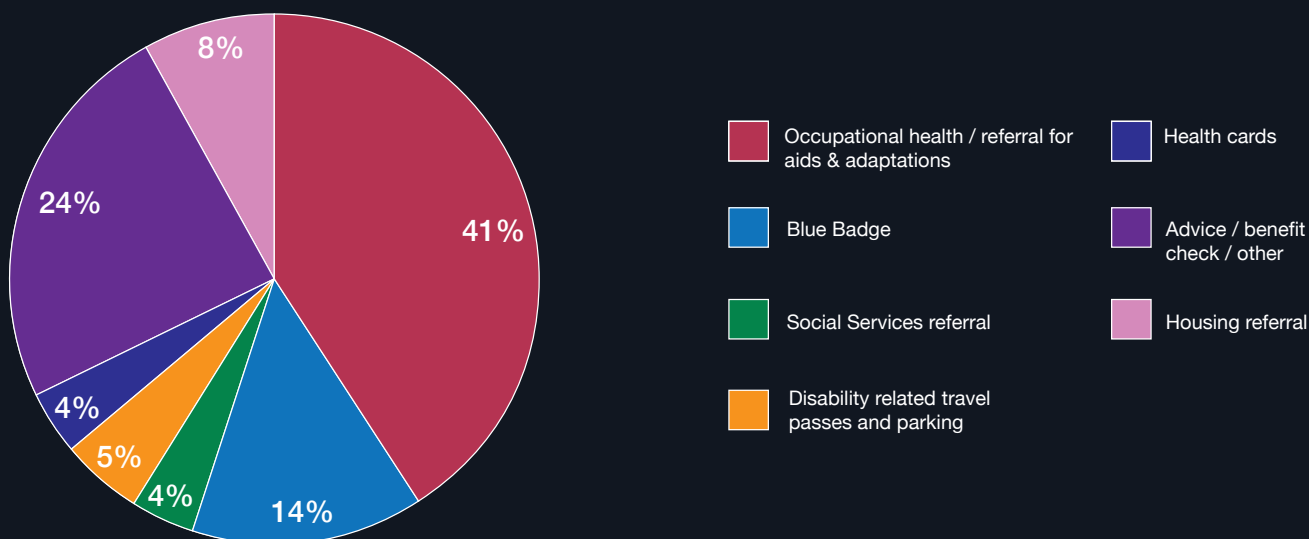


The outputs of cases covered by Auriga are recorded by Auriga's management information system. They are summarised in the charts below.

### Retaining control of their own life

Auriga activities for patients are given within the pie chart below. This set of activities particularly support the outcome for patients around feeling in control of their lives, as well as reducing their anxiety and stress levels.

## Retaining control of their life: percentage of positive outputs



The single largest area of Auriga provision to enable patients to feel in control of their lives is a successful referral for aids & adaptations and occupational health assessments at 41% of their recorded outcomes. The benefit that Auriga clients gain from support to live at home can considerably enhance their feelings of independence and increase their confidence in moving around their own home. Associated additional support with Blue Badges (14%), travel passes and disabled parking bays (5%) also help clients continue with day to

day activities such as shopping, going to see friends and relatives, and driving themselves to their dialysis and hospital appointments; where they have employment, they can continue to get to their workplace. Other support provided includes a housing referral for rehousing to more suitable accommodation (8%), a referral to social services for care/needs assessment (4%), or cards to reduce payments for health-related products (4%).

# Case Study: home aids and adaptations

The case study below is the story of one patient Auriga supported. His story is like a few other patients interviewed regarding their need for aids and adaptations to his home.

A patient explained he had had diabetes and untreated high blood pressure for some time before accessing treatment. “Being a man, I was told I had high BP, and I just ignored it. Hence, I ended up with pneumonia and renal failure. I had serious blood poisoning. My foot was rotting, and I was refusing to dialyse. I’d lost the plot really. I went into hospital and started pulling myself together.”

He is now disabled as a result of his toes being amputated and discusses his need for additional aids and adaptations in his home to remain safe: “I keep falling out the shower. I laugh about it, but my brother says, ‘you could break your arm, then you’d have that to deal with’.” Auriga helped him put in an application for aids and adaptations to ensure he doesn’t fall when showering.

## Costs of falls/aids and adaptations

At this stage we are unable to determine how many falls have been prevented through Auriga’s support in gaining home aids and adaptations as we do not have before and after data for reduced falls. However, any small impact upon the number and severity of falls would be significant. According to the National Institute for Clinical Excellence (NICE): The human cost of falling includes distress, pain, injury, loss of confidence, loss of independence and mortality. Falling also affects the family members and carers of people who fall. Falls are estimated to cost the NHS more than £2.3 billion per year. Therefore, falling has an impact on quality of life, health and healthcare costs.<sup>19</sup>

Major falls that result in a hospital admission cost an average of £5,000 in each case according to the Chartered Society of Physiotherapy.<sup>20</sup> Based on this, if, for example Auriga’s intervention helped prevent 20 falls that would have saved the NHS £100,000 or if they prevented 10 falls £50,000. This calculation has not been included in the main SROI as we do not have direct evidence of a reduction at this stage, but we will consider this for future research and consultation with patients.

## Retaining mobility and independence

Non-means tested benefits such as PIP considerably enhance patient’s lives, giving a sense of independence. One patient describes how support in getting PIP and a Blue Badge allowed him to drive without stress around the costs, and park for free for his medical appointments. It stopped him getting tired when getting to and from the car and enabled him to manage better with his damaged toes. His pride dictated that he did not ask for his daughters to help him and retaining this was central to his sense of self. His outlook was very positive, as was his ambition and desire was to return to work, and not to burden the state. Auriga was able to help retain his optimism and sense of self worth, get around without relying on others, and to budget for his household whilst he waits to get back to his job.



19. Falls in older people: assessing risk and prevention Clinical guideline [CG161] June 2013

20. The falls prevention economic model, <https://www.csp.org.uk/professional-clinical/improvement-and-innovation/costing-your-service/cost-falls>

# Retaining independence through Blue Badge

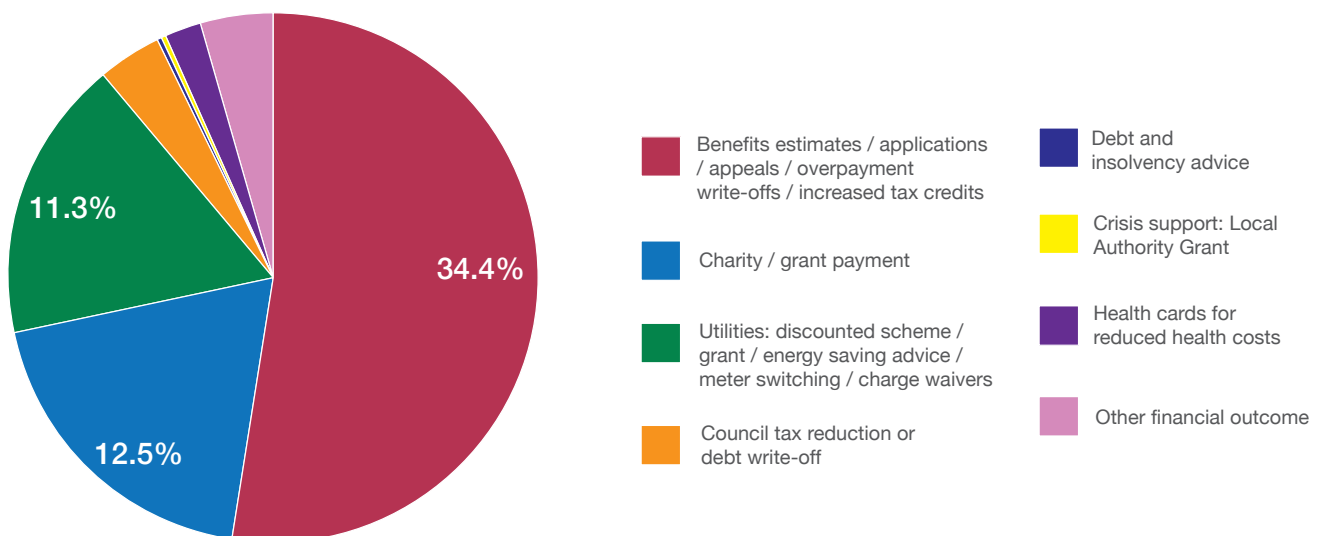
This patient had very good financial capability, having been an insurance underwriter. He had saved diligently throughout his life. However, his savings were insufficient to enable him to live until he could draw state pension at 67, still 5 years ahead. He reported living on his savings for 4 years before asking Auriga for support. "Now my savings have run out. I didn't want to claim. I hate claiming. I paid all the bills for 4 years - didn't take a penny from my daughters. (One is a doctor, other is a transport analyst.) But now it's finished, and the bills are still coming in."

"I contacted Auriga to help with my PIP application. I tried for 45 minutes to get hold of the PIP team at the DWP. Auriga managed to get them on their mobile...Auriga helped me get a Blue Badge...Insurance, petrol. It will help with the costs at least. I get tired when I walk. The Blue Badge makes it less of a pain when parking. Parking at the hospital is so expensive. [He has numerous appointments as he has had gangrene in his toes]. I owe Auriga everything... I am just waiting for my kidney transplant. I will stop all these claims. I'll go back to work because I am a qualified loss adjuster. I can work from home. The job is there. There's plenty of work outside. If they give me a kidney today, tomorrow I will be back at work."

## Financial comfort and relief from financial stress/ distress

Auriga case outputs related to financial comfort are summarised in the pie chart below.

### Financial comfort: percent of positive outputs



### Direct financial gains resulting in financial comfort

There are two types of gain made in this area of Auriga's work. Direct financial gains which come via benefits income uplift, grants, debt write off and reduced utility costs. These have a direct monetary value already, and therefore do not need have proxy financial values attached. They are accounted within the SROI as an actual average gain per patient. In addition to the direct financial uplift, there are social values attached to these outcomes – particularly financial comfort and reduced anxiety and stress.

Just over 300 people over 2 years, or 35% of all cases seen, had a direct financial benefit (i.e. not a proxy value) from the programme including benefits uplifts, debt write offs, reductions in monthly bills or grant aid.

**The total gains across all patients who had a direct financial gain was £1,834,069. This approximates to an average gain of £5,688 per person excluding cases still open.**

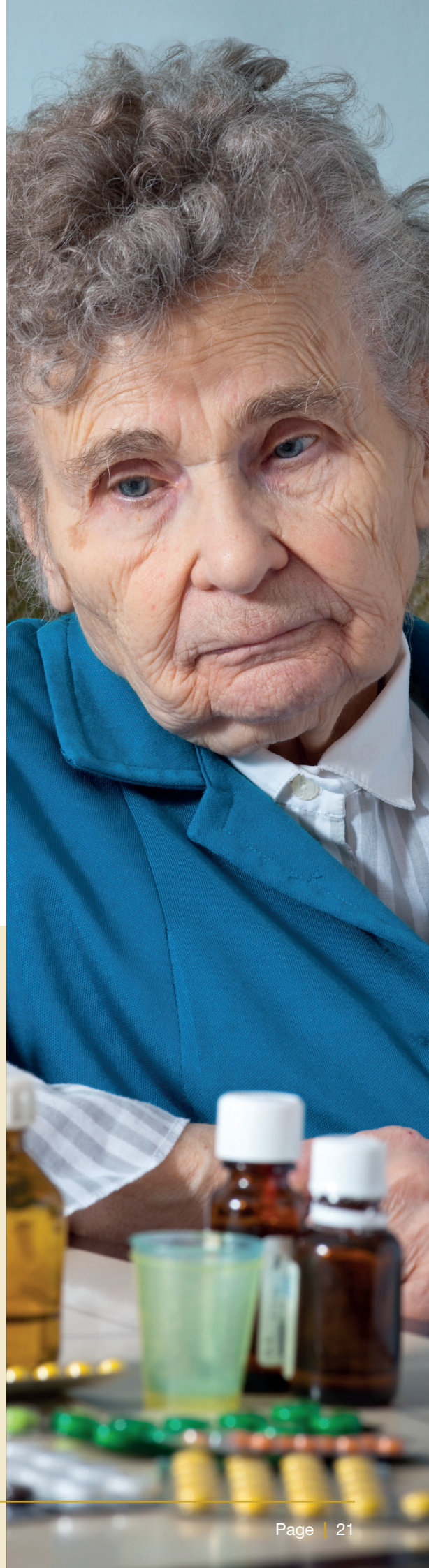
**Financial gains ranged from £50 through to over £45,000 per individual.**

The financial uplift for these patients resulted in them having social gains in the areas of financial comfort and reduced stress and anxiety. This was identified through the interviews conducted, and through the Auriga post service survey (see Annex C). The case study below illustrates how the financial uplift and the social gains work together.

## Case study on reduced stress and anxiety

One couple who were interviewed together, as the patient spoke little English, reported that when the patient gave up his job as a photographer, they had no income at all. They appeared to have no knowledge of how to claim welfare benefits or their entitlement to claim. Their mortgage fell into arrears, and they were unaware of where to go for help. "I was just crying one day and [the nurse] asked me why I was crying, and I said, 'my financial problem, I can't afford anything.'"

Following support from Auriga they claimed ESA and PIP, and managed to get a reduction in Council Tax, as well as a Blue Badge. They reported that things were tight still, but that they can now plan when they need to pay bills. "If it wasn't for [Auriga staff member] my husband would probably have gone into depression...because of [Auriga staff member] everything has gone fine for us."



The cycle of losing work through illness, reaching a financial and personal crisis point, coupled with an inability to know where to turn for help, means patients and their family can come under immense strain. Through the referral in to Auriga both the immediate financial crisis is averted, and the stress on the patient and their family reduces as a level of financial comfort is regained.

### Supporting patients in making their claims

Auriga spends a proportion of its time supporting patients in making their claims for disability and unemployment benefits. Some need more support than others, depending on their health and disability at the time of making the claim. In some cases, it was pointing the patient in the right direction and sitting with them to complete a form, a phone call or an interview with a DWP representative. In others they had to advocate on behalf of a very ill, anxious or depressed patient.

Interviews with patients indicated that the majority of patients were anxious about making their claims without support. In the case of PIP, this was because they were unused to the new and lengthy claims system for the new benefit. They had heard from other patients or in the media about the complex forms, and about people being downgraded in terms of the amount they were receiving compared to DLA. One patient

who was articulate and appeared confident described how nervous she was of the home interview for her PIP claim. Having an Auriga adviser with her reassured her: "The [PIP interviewer] has never met me, knows nothing about me, and meets me for an hour. [The Auriga adviser] made sure it's all down right. She can only say what I've told her, but she makes sure it's all answered".<sup>21</sup> A friendly and familiar face was an important factor for her that enabled her more confidently answer the questions the PIP claim interviewer asked.

Another commented that,

**"I don't feel scared or that [staff member] will judge me in any way. [Staff member] will give some advice and allow me to make my own decision... [staff member] say 'you think about it, how do you feel about it' which is nice... [staff member] aren't taking over..."<sup>22</sup>**

## Case study on utility bills

Utility bills are an area which requires some specific analysis. Auriga has been very active in supporting kidney patients with reducing utility bills. Interviewees reported receiving help from Auriga with managing debts to utility suppliers where they had run up arrears; arranging more suitable payment plans to pay charges or arrears; advising patients to move to a more suitable tariff; advice on energy saving; and access grant monies to pay off debts. The example below illustrates how this can make a significant difference to a patient.

One interviewee reported worrying about utility bills well before their diagnosis and treatment but receiving no help until he was in contact with Auriga. This individual lived alone and was the oldest interviewee at 79. With support to change his energy tariff and get additional benefit income, he reported having new heaters put in each room and buying a winter coat and shoes. "I can pay the bills properly and I can more or less buy things for myself...like clothes and shoes. For the winter I bought a coat."

Given how high energy bills can be for people with kidney problems, and the need for fresh water for personal hygiene, household cleanliness and for those who dialyse at home to use their equipment which uses very high amounts of water<sup>23</sup>, having water and energy bills at the best rate possible for them is essential.



## Gaining/regaining confidence

There are some additional social outcomes in the area of regaining confidence that result from Auriga's work which are included in the SROI calculation. It was apparent from the interviews undertaken with patients that as they gained financial comfort, and reduced their stress levels, they felt an increased level of control of their lives. The manifestations on this increased confidence included planning for the future in various ways, such as: patients retaining or planning to restart their job; organising a holiday; getting a pet; furnishing and decorating their home; saving for the future; and helping their children out more with school work or money. This group were noticeably more positive and alert than some of the other interviewees. A number had overcome severe personal circumstances, depression, or near-death episodes. Changes were verified by the healthcare staff who worked with them. They showed an increased level of confidence as they regained a sense of planning and management of their own lives.

An example of a patient who had regained confidence through the help of Auriga was a man in his early 60's who lived in an isolated rural environment and carried out home dialysis. He had had a 'crash' during dialysis at home, which is a dangerous drop in blood pressure. His wife had been sitting with him for his dialysis sessions, and she was very afraid when this happened. With support from Auriga he had gained Attendance Allowance which enabled him to get a carer to sit with him during the dialysis sessions. This freed up his wife and brought in qualified support. He also gained a Blue Badge which helped him get around his rural area and into the city for his appointment at the hospital. He was able to continue working part time and reported a boost to his confidence and independence: "At the moment I'm cooking on gas, I feel quite chirpy...I've never had nothing given to me in my whole life, so you don't expect anything. So, when I got Attendance Allowance and my Blue Badge, I'm over the moon."<sup>24</sup>

Another patient explained: "Auriga helped me, explained to me. [Auriga worker] has been a font of information. She did it at my pace... My son insisted I lived with him as I was still very unwell, so he could keep an eye on me...I'm just starting to settle. I've got a very nice flat, which I'm decorating and furnishing. Then I shall be climbing the walls soon, I want to get out and you know, do something. I drive an automatic - I can still drive. My daughter lives down south, and I've driven there a couple of times. I'd like to start the taxi business again."<sup>25</sup>

Another patient who worked part time as a doorman explained that:

"I was managing OK until all this PIP (Personal Income Payment) started. It was the toughest time of my life. I was already just about surviving...to see it all taken away. I just couldn't believe it... I didn't know whether to turn left or right. I really think I would...I'd reached the lowest point of my life. I spoke to that nurse here. She says, well get in touch [with Auriga] and we started talking from there. [Without Auriga] I would have gone homeless because financially I wouldn't have been able to survive. It was like angels sent from heaven..."<sup>26</sup>

## Cases without specific outputs

Even in cases where there was no specific financial or other direct output in the form of additional income, referrals, home adaptations etc Auriga carried out a check to ensure that all the right support is in place for the patient, and checks they are on the correct benefits. The knowledge that there was the support of an adviser from Auriga on hand gave them additional confidence and enabled them to feel the support was there when they needed it. One interviewee commented,

**"I can just ring. I've never, never had that before".<sup>27</sup>**

Where clients have not had a recorded positive output from their service and have only had a brief discussion on their situation, we have excluded them from the calculation. This applies to around 200 of the 900 cases examined.

21. Money Advice Service research

22. Money Advice Service research

23. Kidney Care UK suggests each session of home dialysis may use 400 litres of water, by way of an example. See [https://www.kidneycareuk.org/.../54/Home\\_dialysis\\_reimbursement\\_guidance.pdf](https://www.kidneycareuk.org/.../54/Home_dialysis_reimbursement_guidance.pdf)

24. Money Advice Service research

25. Money Advice Service research

26. Money Advice Service research

27. Money Advice Service research

# Chapter 4: Social Return on investment evaluation

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This section details the logic and the assumptions behind the social values calculated in each of the outcome areas discussed in chapter 3.

## **Social Return on Investment and financial benefits**

This Social Return on Investment (SROI) study reviews the social and economic return on the services received by patients who have had an intervention from Auriga, concentrating on the first two years of service delivery. By using an SROI methodology, this report can move beyond a standard costs and benefits approach to simply calculating project value for money. The term social return on investment is a shorthand for a methodology to assess the social, economic and environmental outcomes from a service or intervention that are not wholly or solely calculable in monetary terms. SROI uses a marketplace costs as proxy values to build a picture of how services are producing positive outcomes by giving each a financial worth.

This SROI calculates uplift in income for patients through increased welfare benefits or reduced household costs (economic returns), alongside the things patients and other stakeholders indicated were important outcomes resulting from Auriga interventions (social returns). For this SROI these

social returns include: financial comfort, reduced stress, patients feeling in control of their own life and increased confidence. These each have a standardised value from the Housing Action Charitable Trust (HACT) bank of 'wellness values' which are proxy values derived from extensive datasets. These have been calculated against the input costs for delivering the UHB service, giving an input relative to output value per patient. We add to this the economic benefits accrued through the service provided to give an input to output ratio of total value for Auriga's services.

The evidence base for the SROI is built from views expressed by stakeholders involved in the project- including patients, healthcare staff, and Auriga. These views have been captured from interviews and surveys, as well as patient records. This means that the SROI values calculated in the report include what is of value for all those involved in the Auriga service. This aligns with some of the key principles of SROI, such as valuing the things that matter to stakeholders.

The methodology used follows the standard SROI calculation process and templates developed by Social Value UK, and the values developed by HACT, as these are fully compatible with the HM Treasury Green Book and Magenta Book guidelines on evaluation.



## Overview of the SROI calculations

Auriga interventions have been analysed for a 2-year period, from May 2016, when their contract to deliver began with the Queen Elizabeth (QE) Hospital, and May 2018. An average of 450 patients were seen each year. Interventions went on throughout the 2 years, so each patient's case could begin at any time through the period analysed. An intervention can begin towards the beginning of a period of delivery, and could be a simple benefit check, but then be ongoing into the following year and still producing recordable positive outcomes. Importantly SROI is based on these outcomes recorded for patients not patient numbers per se, which enables us to more accurately assess and value each separate patient outcome over their whole period of engagement with the service. Outcomes from open cases are not included in the analysis.

Just over 90% of clients stated that Auriga had made a big difference to their situation. Therefore, we have based all the SROI calculations on 90% of patient numbers in each category of social outcome gaining a social return. So, for example, where we know around 200 patients received aids and adaptations and other support for independent living in a single year, but we have only counted 90% of 200 within the SROI calculation, assuming that of these only 90% felt there was a big difference made to them by Auriga's intervention.

## Input costs

The cost of the service delivered by Auriga came from their NHS contract. We have based each single year of input on

£180,000 to include time from Auriga staff, and some adding additional input time in recognition of the fact that cases cross the year boundaries, and account for NHS time for referrals into the service and associated administration of the scheme by the NHS.

The cost of the additional state benefits allocated to the patients have not been evaluated as separate cost areas, as they come within the existing DWP budgets. DWP budgets are large and are theoretically set to encompass all eligible claimants within a specific area of delivery. Auriga were ensuring claimants were receiving the correct level of benefits within their entitlement, so DWP budgets should have been set with all relevant entitlements in mind. Therefore, the impact on DWP budgets of Auriga activity is not seen as significant enough to warrant separate calculations on costs to the state.

## Social values

SROI has the advantage over other evaluative approaches because it attributes each positive outcome for each patient as with a separate and clearly identifiable value. Each social value can be counted for each patient, but each patient can achieve more than one value outcome – so for example, each patient that receives an economic value from income uplift is also be counted as a social value for financial comfort, relief from anxiety and stress, as well as feeling in control of their life, and potentially increased confidence too.

The table below summarises each value calculation by year giving a total present value of **£2,614,351** generated during each year of the service.

Social / economic value	Number of patient outcomes*	Year 0	Year 1	Year 2	Year 3	Total value
Financial comfort	135	£246,535	£238,198	£92,057	£35,578	<b>£612,369</b>
Relief from anxiety & depression/ reduced stress	315	£463,254	£447,589	£216,227	£104,457	<b>£1,231,527</b>
Independent living and feeling in control of life	180	£114,435	£110,566	£53,413	£25,804	<b>£304,218</b>
Confidence in future	23	£11,772	£11,374	£5,495	£2,655	<b>£31,296</b>
Income uplift	150	£175,104	£169,183	£65,385	£25,269	<b>£434,941</b>
<b>Total per year</b>	<b>803</b>	<b>£1,011,102</b>	<b>£976,910</b>	<b>£432,577</b>	<b>£193,762</b>	<b>£2,614,351</b>

\* Each client can have several social outcomes.

The outcome values are assumed to last for up to 4 years on average for each client including the year of the intervention, with a drop off in value as show above, annually after the intervention. Where clients have not had a recorded positive output from their service or have only had a brief discussion on their situation, we have excluded them from the calculation.

The SROI calculation is £14.52 generated for each £1.00 spent in each year of the service. Around 350 clients received this level of value in each year with an input costs for the service annually valued at £180,000.

The direct financial uplifts from welfare benefits and trust fund payments to patients accrued to around 150 of those 350 clients in each year. For those 150 who received a financial uplift each year, this equates to an average monetary gain of £5,688 per person to each individual. Within this average the payments vary widely, from £50 to £45,000.

There are also benefits to the NHS in terms of the service provided. NHS staff report a positive impact on the health of their patients mentally and physically as they eat a better diet and their stress levels are reduced. It is likely there is a reduced pressure on the NHS as result, especially related to a reduced number of falls amongst patients, but this saving has not been calculated at this stage as the data set required is complex and not yet available.

The full SROI calculation assumptions follow, broken down by each social value area.

“

NHS staff report a positive impact on the health of their patients mentally and physically as they eat a better diet and their stress levels are reduced.



**£14.52 for  
every £1.00  
invested**

## Financial uplift economic value

Activity recorded by year	Year 0,1,2,3
Summary of activity in numbers	150
How would you describe the changes that result from activities after involving your stakeholders?	Financial uplift
How many years will/did it last?	3
How would you measure it? Where would/did you get the data from?	Direct change in financial circumstances resulting from Auriga intervention
Number of people	135
How much change per person?	90%
Outcomes start Does it start in period of activity (1) or after (2)	1
What proxy would you use to value the change? Where would/did you get the data?	HACT
What is the value of the proxy for the change per person?	£8,917
What will happen/what would have happened without the activity?	20%
What activity would/did you displace?	20%
Who else contributed to the change?	20%
Does the outcome drop off in future years?	60%
Number of people times quantity times value, less deadweight, displacement and attribution	£175,104

## Financial uplift social value

Activity year	Year 0,1,2,3
Activity numbers	150
How would you describe the changes that result from activities after involving your stakeholders?	Financial comfort
How many years will/did it last?	3
How would you measure it? Where would/did you get the data from?	Change in income via benefits uplift and/or grant for goods, and/or other material reductions in monthly outgoings. Data from Auriga system.
Number of people	135
How much change per person?	90%
Outcomes start year Does it start in period of activity (1) or after (2)	1
What proxy would you use to value the change? Where would/did you get the data?	HACT
What is the value of the proxy for the change per person?	£8,917
What will happen/what would have happened without the activity?	20%
What activity would/ did you displace?	20%
Who else contributed to the change?	20%
Does the outcome drop off in future years?	60%
Number of people x quantity x value, less deadweight, displacement & attribution	£246,535



## Commentary on Financial Uplift and Financial Comfort

The values for Financial Uplift are based on an economic value in the case of financial uplift, noted above of £5,688 per person to each individual (rounded to £5,700 for the calculation). Even though this is an actual average income uplift, because this is included in a SROI, we apply the usual deductions for each client outcome for displacement, attribution; deadweight; length of the benefit duration and a drop off of value over the years the support lasts.

Financial comfort is a social value that each patient who receives a financial uplift experiences and utilises the HACT value of £8,917 per person with that outcome.

We have used the same amounts for displacement, attribution; deadweight; length of the benefit duration and a drop off of value for both of these values for consistency of approach.

Numbers reached, and the change delivered per individual

- Auriga management information records show that 150 clients per annum on average had a recorded uplift in their income, received a grant from a charitable foundation for goods or services, had a beneficial change in fuel tariff, had debts or overpayments written off or other directly beneficial changes to their income as a result of Auriga's intervention.
- Based on the recorded post intervention survey, just over 90% of clients stated that Auriga had made a big difference to their situation (scoring 4 or 5 on a Likert scale for 'Auriga making a big difference to my life'). Therefore, we have based the calculation of financial uplift in 100% of patients, i.e. 150 patients, and financial comfort on 90% of 150, or 135 clients per annum gaining financial comfort.
- The average actual amount of uplift in come was averaged at £5,700 per person.

Levels of change, contribution to change and attribution

- Post service follow up by Auriga gives a 90+% level of change per person. This means under 10% felt the change after the intervention was neutral or negative.
- The changes for individuals were largely because of the expertise of Auriga's staff and work. Attribution levels for the change are therefore set at 80%.
- However, in qualitative interviews, the support of family, friends and staff on the renal units were also important factors for patients, although the actual amount of contribution they make to the specific area of financial comfort is rated as low at 20%.

Duration of intervention and length of intervention impact

- Income changes may happen within the first few weeks of Auriga's intervention, but cases can last several weeks or months, as claims, appeals and tribunals are delivered.
- All benefit related interventions last for two years, after which DWP review the benefit claim. Therefore, the majority of the benefits of Financial Comfort will last at

least 2 years (although many disability related benefits are now being reinstated as longer-term settlements).

- Grants for goods and services from specialist renal charities may last around 3-5 years –the majority of these are for white goods such as freezers or washing machines which can wear out over 3-5 years.
- Utility tariff changes will be longer lasting.
- To summarise these drop offs this item has been given an 60% drop off rate over 3 years.

Displacement

- No other agency is offering on site support within renal units and renal patient's homes as Auriga does. Hence no services have been displaced.
- A survey undertaken for Auriga indicated low levels of online confidence and ability amongst renal patients in their self direction in increasing their income (including those who had not requested any support from Auriga or had any financial problems). The survey indicated that although 44% felt that 'If I had debt or money problems, I would seek advice and know where to get help' but that few would be able to do this online. Results such as: I have the skills and confidence to check if 'I am entitled to claim benefits' showed only 33% felt they could do this; and 'I am able to use the internet when I need information and advice about money or benefits', showed only 25% felt they could do this. The ability and motivation of renal patients to seek support from family and friends was also relatively low at 37%.
- The high levels of commitment to being on dialysis machines and protracted recovery time, plus the associated health conditions of Auriga clients, mean that the ability or likelihood of them accessing advice and support from other agencies in person is also low.
- Qualitative interviews with patients for a Money Advice Service evaluation indicated that once renal patients became Auriga clients (i.e. are asking for Auriga's support), a high proportion were in financial crisis or seriously deteriorating financial circumstances, through benefit sanctions, loss of or reduction of benefits in the changeover from DLA to PIP, or that they had been financially abused. A smaller number needed debt advice – see pie charts in section 3.
- Renal unit staff interviewed stated that they did not have the time or skills to support patients in these matters.
- Auriga staff are highly skilled in benefit matters but are also specialists in energy tariffs and specialist foundations and charities supporting renal patients. Other advice agencies do not necessarily have all these specialist areas of knowledge.
- Overall therefore, there may be some displacement of patients seeking advice elsewhere, but this is also likely to be minimal at 20%.

## Relief from Anxiety and Stress

Activity year	Year 0,1,2,3
Activity numbers	350
How would you describe the changes that result from activities after involving your stakeholders?	Relief from anxiety & depression/reduced stress
How many years will/did it last?	3
How would you measure it?	Qualitative interviews with patients about their situation/ discussion on dealing with finances/benefit checks; Reported/ observed reductions in stress by family or ward staff – qualitative interviews; post intervention survey by Auriga from a survey of 79 patients
Number of people	315
How much change per person?	90%
Outcomes start year	1
What proxy would you use to value the change?	HACT
What is the value of the proxy for the change per person?	£36,766
What will happen/what would have happened without the activity?	60%
What activity would/ did you displace?	50%
Who else contributed to the change?	60%
Does the outcome drop off in future years?	50%
Number of people x quantity x value, less deadweight, displacement & attribution	£463,254

### Commentary Relief from anxiety and stress

Numbers reached, and the change delivered per individual

- The numbers reached are based on all those who received a positive financial or social outcome from the service each year, i.e. 350 patients. This is made up of the 150 clients that had a recorded uplift in their income plus the 200 that received another outcome to improve their independence and wellbeing.

- Based on the recorded post intervention survey covering both areas of Auriga's work, just over 90% of clients stated that Auriga had made a big difference to their situation. Therefore, we have based the calculation on 90% of 350 client or 315 clients per annum experiencing a reduction in anxiety.
- Reductions in stress and anxiety, and feelings of regaining independence and personal confidence occur as household income increases, debt are reduced, and the home environment is made safer and more appropriate for someone with a long-term condition such as kidney disease. These findings came through strongly in qualitative interviews that took place in early 2018 and were also shown to a clear and significant outcome of the Auriga service as over 90% of clients rated their reduction in stress as 4 or 5 on a Likert scale after Auriga's intervention.

Levels of change, contribution to change and attribution

- Attribution levels for the change are set at 60% because more than half of the interventions being counted in this social value have other agencies involved in the delivery such as aids and adaptations, housing and social services referrals, Blue Badge and Disabled Parking Bays, and Auriga has made the referral rather than delivered the outcome itself.
- The less specialist nature of the non-financial outcomes is more likely to be able to be dealt with by nursing staff, friends or relatives making referrals, so the potential for displacement is higher than the financial comfort related interventions at 50%.
- There is a relatively high potential for several the interventions included in this social value, such as referrals to other agencies, being carried out at some point by either, ward staff, family or friends, so this is set at 60% contribution by others.

Duration of intervention and length of intervention impact

- As noted above, interventions last for 2 years where they are benefit related, otherwise this can be longer for some items such as utility tariffs and debt write off. Interventions which support ongoing independence and control of Auriga's clients such as help to get the right aids and adaptations to their homes were also identified as significantly reducing personal stress and have a longer duration than benefit changes. The duration has therefore been set at 4 years including the year of initial delivery.
- The drop off rate for this aspect of service is widely variable due to the wide variety of interventions included, and potential for rapid change of circumstances for renal patients as they may become more severely ill or disabled or may get a kidney transplant enabling them to have several dialysis free years. Therefore, erring on the side of making modest claims, we have included an 50% drop off rate for this service over 3 years from the initial intervention.

## Feeling in control of your life

Activity year	Year 0,1,2,3
Activity numbers	350
How would you describe the changes that result from activities after involving your stakeholders?	Relief from anxiety & depression/reduced stress
How many years will/did it last?	3
How would you measure it?	Qualitative interviews with patients about their situation/ discussion on dealing with finances/benefit checks; Reported/ observed reductions in stress by family or ward staff – qualitative interviews; post intervention survey by Auriga from a survey of 79 patients
Number of people	315
How much change per person?	90%
Outcomes start year	1
What proxy would you use to value the change?	HACT
What is the value of the proxy for the change per person?	£36,766
What will happen/what would have happened without the activity?	60%
What activity would/ did you displace?	50%
Who else contributed to the change?	60%
Does the outcome drop off in future years?	50%
Number of people x quantity x value, less deadweight, displacement & attribution	£463,254

## Feeling in control of your own life

Numbers reached, and the change delivered per individual

- A strong theme in Auriga's work is supporting renal patients feel more in control of their lives, through the holistic nature of the service they provide. The increase in ability of their clients to make their own choices about the way they lived at home, how they interacted with others, and when they could get out and about in the community, came through strongly in qualitative interviews that took place in early 2018.
- This social value includes various outcomes that improve patient independence and wellbeing – ranging from simple advice through to occupational health/referral for aids & adaptations; Blue Badges; Social Services and Housing referrals; and disability related travel passes and parking.
- Based on the recorded post intervention survey, just over 90% of clients stated that Auriga had made a big difference to their situation. Therefore, we have based the calculation on 90% of 200, or 180 clients per annum gaining a feeling of control in their life.

Levels of change, contribution to change and attribution

- Attribution levels for the change are set at 60% because this social value has other agencies involved in the delivery such as aids and adaptations, housing and social services referrals, Blue Badge and Disabled Parking Bays, and Auriga has made the referral rather than delivered the outcome itself.
- The less specialist nature of these activities is more likely to be able to be dealt with by ward staff, family or friends, or the renal patients themselves making referrals, so the potential for displacement and others contributing is set at 60% and 50% respectively.

Duration of intervention and length of intervention impact

- Interventions which support ongoing independence of Auriga's clients, such as help to get the right aids and adaptations to their homes, Blue Badge, disabled parking bays and bus passes, have a reasonable duration and has, therefore, been set at 4 years including the initial year of intervention.
- The drop off rate for this aspect of service is widely variable due to the potential for rapid change of circumstances for renal patients as they may become more severely ill or disabled or may get a kidney transplant enabling them to have several dialysis free years. Therefore, erring on the side of modest claims, we have included an 50% drop off rate for this service over 3 years.

## Increased confidence - The total social value for Increased Confidence is £5,232 per annum

Activity year	Years 0,1,2,3
Activity numbers	25
How would you describe the changes that result from activities after involving your stakeholders?	Increased confidence
How many years will/did it last?	3
How would you measure it?	Patients reporting: jobs retained or restarted; going out in their community; planning e.g. organising a holiday, getting a pet, furnishing and decorating home, saving for the future; helping their children more; looking forward to a kidney transplant
Number of people	23
How much change per person?	90%
Outcomes start year	1
What proxy would you use to value the change?	HACT
What is the value of the proxy for the change per person?	£13,080
What will happen/what would have happened without the activity?	60%
What activity would/ did you displace?	50%
Who else contributed to the change?	60%
Does the outcome drop off in future years?	50%
Number of people x quantity x value, less deadweight, displacement & attribution	£11,772

### Increased confidence

Numbers reached, and the change delivered per individual

- The numbers derived for this social value of increased confidence are drawn from qualitative research interviews. In five of the interviews (i.e. 30%) a definite increase in confidence was reported by several of the interviewees. The increase in confidence was affected by several things attributable directly to Auriga interventions on behalf of their clients: a stabilised income; reduced outgoings; debts relief; an adapted home situation; a stabilised housing situation; grants for helping them with white goods; an improved diet; their ability to get around in their car; and carry on with normal day to day activities in the community.
- Two other major contributors to their increased confidence aside from Auriga's work were: their improved health, resulting from their diagnosis and treatment by the QE hospital and dialysis unit staff; hopes of receiving a kidney transplant; and the support of friends and family. The case studies in Annex A illustrate this change in confidence.
- Extrapolating from examples like these, we have estimated cautiously in order not to over claim, that of those who received interventions, 25 patients had an increase in confidence as a result of Auriga's intervention in each year. That is 20% of all patients who received a financial improvement in their situation dealt with by Auriga over the period reviewed.

Duration of intervention and length of intervention impact

- The levels of optimism and confidence within this patient group had the potential to have an effect that continued for several years, insofar as this can be estimated for this group with variable health. Therefore, the duration has been set at 4 years including the first year of the intervention, with a drop off rate set at 50% over 3 years following the logic of the other social value drop offs.

Levels of change, contribution to change and attribution

- Attribution levels for the change are set at 60% as more than half of the interventions being counted in this social value are directly attributable to Auriga's intervention.
- The specialist nature of the financial outcomes is unlikely to be able to be dealt with by nursing staff, friends or relatives, so the potential for displacement is set at 50% only.
- Friends and family as well as ward staff have played a part in supporting patients in gaining Auriga's support, so the contribution of others is set at 60% as in the other social value calculations.

# Chapter 5: Conclusions and recommendations

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## Conclusions

Auriga's services for UHB are providing value for money, strong social return on investment and a much-needed service for renal patients. Having reached over 900 patients over two years of the contract, over two thirds received a tangible output and related positive outcomes from Auriga interventions. The remaining patients received advice and a benefit check, ensuring they were receiving their full entitlements and were not at risk of slipping into financial stress and fuel poverty.

The SROI ratio for the service is very positive with each £1 invested providing over £14.52 in social and economic returns. Within this figure we have included patients that receiving a financial uplift averaging £5,700 per patient, which raises the level of return higher than many SROIs. This ratio is achieved using well tested values built from the large-scale data sets from the HACT databank.

The impact the services make on clients is also high because the vulnerability of renal patients is clear, and the feedback from patients indicates that Auriga makes a very significant difference to their situation. Patients are very exposed to stress and anxiety as a result of their condition, but also because of the financial strains they face because they are unable to easily change their financial situation themselves. Patients confirmed that Auriga had reduced the level of stress they were under in over 90% of cases. NHS staff also refer to improvements in patient's mental health and physical wellbeing as a result of the Auriga service, further supporting the high value of this service.

The social outcomes for patients for the purposes of this SROI are grouped into the areas of financial comfort,

reduced anxiety and stress, feeling in control of their own lives and increased confidence. In addition, there are likely to be positive health outcomes from Auriga's work, such as reduced falls, and an improved patient diet leading to better health outcomes, although on this occasion these are not included in the main calculation.

The study is a strong endorsement of the investment made in the UHB service, and an indicator of how Auriga could support other patient groups in the Midlands and elsewhere in the UK.

## Recommendations

- Ensure a robust survey of patients is taken annually to continue to monitor positive outcomes from Auriga's work.
- Continue to carry a review of the indicators required within management information systems to ensure all outputs and outcomes are fully captured and can be disaggregated using patient characteristics.
- Put in place some research methodology to assess the health impact of Auriga's work with patients.
- Consider running the SROI annually to keep the service under review.
- Review the policy implications of the work and ensure that all relevant government consultations include findings from Auriga's experience.
- Publicise the value for money that this service achieves in order to bring in additional resources to replicate the scheme elsewhere.



# Annex A:

## Case studies

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### CASE STUDY 1 FEMALE, AGE 62

**Health issues:** She has just been diagnosed with stage 5 renal failure and has not yet started dialysis. She has angina attacks, low energy, feels tired, has arthritis and poor mobility, and a bronchial tube blockage. The cold makes her chest worse and she gets angina attacks as a result.

**Family situation:** She lives with her two sons, one of whom has a sporadic income in a removal business. The other has bipolar disorder and needs a lot of support from the client.

**Pre-dialysis situation:** She worked at a car manufacturer but gave up work when she started angina attacks and chest infections.

**Reason for contacting Auriga:** "I wasn't sure if getting the right benefits at £102 per week. They were taking for £20 per week rent and council tax arrears. Left me with £84 per week. I was really struggling to live. My son does house removals you get a lot of dips and highs, there were getting to be a lot of dips at this time of year. There was very little left for food. When I tried on my own for PIP, I didn't get anything. When you get to the interview, they don't ask you any of the questions you had on the form. They refused me. (Cries). We were living on beans on toast. That doesn't help my health condition, I need to be eating fruit and vegetables."

**Work with Auriga:** The hospital made a referral to Auriga when she reached stage 5 renal failure. They did a Financial Statement to check if she could make her repayments. The adviser at Auriga rescheduled her arrears and where they were not correctly applied, they were written-off.

She now has PIP and a basic bank account. She can keep the heating on overnight, so her chest pain is lessened. She receives Warm Home discount. She has a dryer from a grant scheme, so she can get her washing dry and not leave it around the house causing damp air.

She is applying for Blue Badge, so her brother can take her to hospital. She also has aids and adaptations for the house to reduce her dizziness when standing – including a stabilising bar for beside the bed and a seat for the bath. She has a seat, so she can cook in the kitchen.

**Stress/health:** "I feel a lot more relaxed with more money coming in. I can ring them any time. It's a lot off my mind. I haven't got the strength to get to the shops. All my money was going out on bills. Now I can order shopping online."

**Financial capability:** "I know what I'm doing. I pay most bills by direct debit. I use pre-payments for gas and electric meters, so I can tell what I'm using. I'm more financially stable with PIP. If the boys have a low in their income, it's not such a concern."

“

I feel a lot more relaxed with more money coming in. I can ring them any time. It's a lot off my mind. I haven't got the strength to get to the shops. All my money was going out on bills. Now I can order shopping online.”



I owe Auriga everything. If she (Auriga case officer) says she will drop you a line tomorrow it comes then.”

## CASE STUDY 2 MALE, AGE 62

**Time on dialysis:** 4 years

**Health issues:** Kidney failure is the side effect of diabetes medication. He is on the waiting list for a replacement kidney. “I wasn’t aware I was diabetic until I got gangrene in my toe.”

**Family situation:** He lives with wife and 2 daughters - one is a doctor, other is a transport analyst, and he displays immense pride in them. His wife is a supply teacher and has no work during the holidays and then is on Job Seekers Allowance.

**Pre-dialysis situation:** He worked as an insurance underwriter for 23 years, from a laptop, travelling all around the country.

**Reason for contacting Auriga:** “I lived on savings for four years. Now the savings have run out. I didn’t want to claim. I hate claiming. I paid all the bills for 4 years. I didn’t take a penny from my daughters. But now it’s finished, and the bills are still coming in.”

**Work with Auriga:** “I owe Auriga everything. If she [Auriga case officer] says she will drop you a line tomorrow it comes then.”

He has claimed PIP and a Blue Badge.

**Stress/health:** “I don’t have anything to pay for my car, car insurance petrol. It will help with that at least. I get tired when I walk. A Blue Badge makes parking less of a pain. Parking at the hospital is so expensive.”

“I am just waiting for my kidney transplant. I will stop all these claims. I’ll go back to work because I am a qualified loss adjuster. I can work from home. The job is there. There’s plenty of work outside. If they give me a kidney today, tomorrow I will be back at work.”

**Financial capability:** He was very aware of all the materials within the fact sheets from Auriga, and read them, and remembered chatting about them with Auriga. He felt he knew most of the information already, paid everything by direct debit, and did not want to change energy provider, but he did think about saving energy more now since reading the fact sheets.

“I know all about computers. I was one of the first to have a mobile phone in my car. I use a laptop for work. I understand all those scams, being from the insurance business.”

### CASE STUDY 3 MALE, AGE 54

#### **Time on dialysis:** 3 years

**Health issues:** He had diabetes and untreated high blood pressure. “Being a man, I was told I had high BP, and I just ignored it. Hence, I ended up with pneumonia and renal failure. I had serious blood poisoning. My foot was rotting, and I was refusing to dialyse. I’d lost the plot really. I went into hospital and started pulling myself together.” He is now disabled as a result of his toes being amputated. “I keep falling out the shower. I laugh about it, but my brother says you could break your arm, then you’d have that to deal with’.”

**Family situation:** He was divorced as a result of dialysis at home: “Home dialysis destroyed my relationship. It’s no good. You’re never away from it. [Partners name] couldn’t cope with it.” They sold the family home at a low price, and he became homeless. “My family and friends have helped me Big Time. I have people looking out for me.” A friend takes him to and from the renal unit in a taxi and stays with him until he is stable after each treatment.

**Pre-dialysis situation:** He worked as a taxi driver.

**Reason for contacting Auriga:** “My brother works in the NHS and he realised I still needed a lot of help. I had ended up in just the clothes I stood up in.”

**Work with Auriga:** “Auriga helped me, explained to me. [Auriga case worker] has been a font of information. She did it at my pace. On reflection that was very patient of her. She would say ‘this is available’ and I would say ‘I have to think about it’. She’d say, ‘come back to me when you decide’. My brother would say ‘don’t be a plonker, get on with it’. I was reluctant to have benefits. But common sense made me think I don’t know if I can work again.”

He is now on a high rate of benefits including PIP. He has applied to get a bar for the shower to help his stability.

**Stress/health:** “It’s all happened very quickly. It’s been a roller coaster. My son insisted I lived with him as I was still very unwell, so he could keep an eye on me... I believe I will survive on the money I’m getting. I know how to budget. I have always been able to budget.”

“I’m just starting to settle. I’ve got a very nice flat, which I’m decorating and furnishing. Then I shall be climbing the walls soon, I want to get out and you know, do something. I drive an automatic - I can still drive. My daughter lives down south, and I’ve driven there a couple of times. I’d like to start the taxi business again.”





#### CASE STUDY 4 FEMALE, AGE 38

**Time on dialysis:** 10 years

**Health issues:** She had pre-eclampsia which led to kidney failure and loss of a baby. She has a bad knee which means she cannot climb stairs. She had a major operation on her arm to raise the vein to the surface to allow the dialysis line to be fitted. She had a failed kidney transplant and spent a year in hospital. She had a thyroid problem which is being treated.

**Family situation:** She lives with her sister who is her full-time carer in a council property, with her 11-year-old son. Her mum comes and goes and is not a permanent resident but was very supportive when she was diagnosed. Her husband was in Pakistan, and only came over 2 months ago. She is 7 weeks pregnant.

**Pre-dialysis situation:** She worked in a clothes shop.

**Reason for contacting Auriga:** "They [Auriga] sent out a letter saying they can help with so and so. They organised a home visit."

**Work with Auriga:** She was encouraged to get aids and adaptations from the local authority which she now has in place, carried out benefit checks, and are aiming to get carer support for her sister.

"They helped with my water scheme, but I missed a payment...I have a memory problem. They are trying to get me onto it again. She [Auriga case worker] asked if I get proper benefits and all that... I'm on ESA and disability. Child Benefit and Tax Credit."

"I would work with them [Auriga] again. It's helped me. I know she [Auriga case worker] gives me better advice. Anything I can ask. When I ring the office the lady chats with me too."

**Stress/health:** "All my life was tuned around. My whole family too. Whenever we have a family gathering, they have to work around me."

**Financial capability:** "I do get worried with bills. It's so expensive. Groceries...TV licence, electric, water. £100/200 at a time-it's a lot. I use a pre-payment meter. My sister helps me, reminds me. I do direct debit, but I have to pay bills myself. If you want to go out, you have to cut from here and there."

"I would like to have a little bit financial stability. My son is starting a new school, they want expensive things at secondary school. It's hard to say no then. I need a better property with a new baby, it's not suitable."

## CASE STUDY 5 FEMALE, AGE 39

**Health issues:** She has been having dialysis for a total of 12 year and has had two failed kidney transplants. She is registered as blind. She must buy extra clothing and additional apparatus for around the home due to reduced mobility, and inability to get to the bathroom, plus additional heating. She feels tired most of the time and doing things around the house is very difficult. "I didn't think it would be hard, but it is hard. Especially when you wake up in the morning and you're still tired. You recover and then you're back again [in dialysis]."

**Family situation:** She lives with her 13-year-old daughter, who also has kidney problems which are reasonably easily managed now. She has a carer come in twice daily. Her husband left her when she became ill with a failed kidney transplant, and she kept her daughter after a custody battle.

**Pre-dialysis situation:** She has never worked: "I've spent a lifetime in hospital." Before receiving dialysis, she was married, and her partner was receiving carers allowance. She felt she was not being taken care of, and her husband went abroad every couple of months and she didn't have money for basic things and had to rely on other family members. He wanted to take her DLA from her, but she did not allow this to happen.

**Reason for contacting Auriga:** "I was desperate of additional financial support. The hospital staff made me aware of Auriga. Auriga staff helped me reduce the cost of heating and water bills."

**Work with Auriga:** Auriga helped her obtain a road ramp for easier street access and to secure grant funding for special glasses with a camera attached, which help with her sight problems and colour-blindness. Auriga also helped with PIP application and were present for the interview at her home.

"I don't feel scared or that [Auriga case worker] will judge me in any way. [Auriga case worker] will give some advice and allow me to make my own decision... [Auriga case worker] say 'you think about it; how do you feel about it' which is nice... [Auriga case worker] aren't taking over..."

She says she feels confident that things are under control but will still want continued support from Auriga. "I hope they can keep the company open... [Auriga case worker] have helped a lot of people and [Auriga] deserve it. It would be really sad if they left."

**Stress/health:** She feels less stressed about money and that tackling problems is now easier. She says she can afford a better diet which she thinks is great for young daughter who also has kidney problems.

**Financial capability:** She doesn't do online banking, but Auriga staff have made her aware of the risks. Her brother helps her manage her money and make sure bills are paid, but she reports that Auriga staff have helped her with reducing unnecessary costs. She runs issues with bills and tax credits past the Auriga team, and she feels Auriga have helped her manage her bills better.

“

I don't feel scared or that [Auriga case worker] will judge me in any way. [Auriga case worker] will give some advice and allow me to make my own decision... [Auriga case worker] say 'you think about it; how do you feel about it' which is nice... [Auriga case worker] aren't taking over...

“

Six or seven weeks we were struggling. They stopped Council Tax, everything. I don't have any money, but they stopped my husband as well. The stopped both of us. People genuinely need help, and they [DWP] are not giving it.”

## CASE STUDY 6 FEMALE, AGE 50

**Health issues:** She suffered kidney failure in 2010 and has had a failed kidney transplant. She has been coming for dialysis since 2014. She has severe back pain so is unable to go up and down stairs. She has extra food expenses including her special diet as she has a gluten allergy. She can't move her arm due the fistula. Additional heating is needed at home, and after dialysis feels "... very, very cold. The heating is always on."

**Family situation:** She lives with her son, who bought the house for her to live in, plus her daughter and husband who is her carer, and gave up his job to do this. Her daughter and son both work. Her daughter helps her wash her hair and shower.

**Pre-dialysis situation:** She says she was a stayed at home and brought up their children.

**Reason for contacting Auriga:** Her DLA and her husband's carers allowance, as well as her council tax rebate were stopped at the same time. "Six or seven weeks we were struggling. They stopped Council Tax, everything. I don't have any money, but they stopped my husband as well. The stopped both of us. People genuinely need help, and they [DWP] are not giving it."

The unit staff made her aware of Auriga and how they would be able to help with benefits.

**Work with Auriga:** Auriga staff prepared a Tribunal case which the patient believes they did very well. One staff member prepared the case and one represented her at Tribunal. Her benefits were reinstated after the Tribunal when she received an enhanced rate for both mobility and care benefits, amounting to a weekly uplift in income of £472.30, made up of several benefits including carers allowance, council tax benefit & Employment Support Allowance. She also received a lump sum back payment of £4079.75.

Auriga also helped with getting grab rails installed around the patient's home and in applying for grants for various aids and adaptations.

The patient stated that: "If she's not here [staff member], we're struggling."

**Stress/health:** She reports feeling less stressed now the benefits are reinstated and managing her health better with the additional income and support.

**Financial capability:** She now sets aside money for her special gluten free diet. She buys her personal things like soft clothes and shoes which help her manage her back condition.

## CASE STUDY 7 MALE, AGE 57

**Health issues:** He has been having dialysis for 4 years. He was diagnosed with extremely high blood pressure which “knocked my kidneys out”. He is not eligible for a kidney transplant due to high BMI. He is limited to only drinking 1 litre of water a day due to fluid build-up. He must have a special diet to reduce his BMI and increase his calcium, which he is deficient in. He has a thyroid problem. He is very limited in his mobility due to a calcium deficiency.

**Family situation:** He lives alone but has grown up children and a school age child living with his ex-partner. He pays for domestic help for additional help doing things around the house, due to mobility issues.

**Pre-dialysis situation:** He was working full time as a fork life driver before receiving dialysis, but he wasn't in good health. He now works as a doorman at weekends.

**Reason for contacting Auriga:** “I was managing OK until all this PIP started. It was the toughest time of my life. I was already just about surviving...to see it all taken away. I just couldn't believe it... I didn't know whether to turn left or right. I would have gone homeless. I really think I would.”

“I'd reached the lowest point of my life. I spoke to that nurse here. She says well get in touch and we started talking from there.”

**Work with Auriga:** Auriga staff have helped him secure rails around the house to help with mobility, a high chair in the kitchen for cooking, and a fridge-freezer, to help with his special diet.

He was in considerable debt and received financial information from staff members which ultimately led patient to declaring bankruptcy. Auriga helped patient him reduce his water bill costs.

“[Without Auriga] I would have gone homeless because financially I wouldn't have been able to survive. It was like angels sent from heaven.”

**Stress/health:** He feels financially things are more positive and is grateful for all the help received. With his extra finances he can employ additional financial support, support around the home.

“I am on a special diet. Mainly fish, chicken stuff like that. It's expensive and I can't afford to eat like that all the time. I try and budget.”

**Financial capability:** He has a token meter and was happy with this method of managing energy. He doesn't do online banking and doesn't have Wi-Fi. He is paid weekly and divides money for essential expenses including his kids, food and transport. He is good at budgeting and always has been, he knows what his income and outgoings are – he does it in his head, as he knows what his outgoing s are and what's in the bank.





## CASE STUDY 8 MALE, IN HIS EARLY SIXTIES

**Health issues:** He had been on home dialysis for nearly one year, having fought the diagnosis he had of renal failure.

**Family situation:** He lives with partner, who had been supporting him with home dialysis. They live in a very remote rural location. His sister died relatively recently from kidney failure, as they both had a hereditary disease-causing kidney problems.

**Pre-dialysis situation:** He works in the same job he always has had on the land. He 'retired' two years ago but does part time work now.

**Reason for contacting Auriga:** He saw a sign for Auriga in the Smethwick Unit where the home dialysis is organised and supported from. He wanted a Blue Badge for his car to help him get around within his rural location and get to the support unit for home dialysis.

**Work with Auriga:** Auriga went through "lots of things" including energy costs with but he didn't feel that was relevant at the time but would be useful in the future. "A few things she said might come in later life, and I know about it now."

Auriga helped him gain Attendance Allowance for someone to come and sit with him while conducting his home dialysis. "I'm not thick but I had never heard of Attendance Allowance. I never knew it existed. She [Auriga case worker] got it for me."

Home dialysis needs to be supervised throughout the procedure in case of an emergency, and his wife had been doing this for him, although this was quite unsafe. "When my wife was sitting with me I 'crashed', and it scared her half to death. Now I have someone sit with me which is bloody brilliant." He also gained assistance for home dialysis to set up and clean the dialysis machine after his treatment which takes several hours.

**Stress/health:** "At the moment I'm cooking on gas, I feel quite chirpy, but things can go either way can't they. My sister died a while back from kidney failure, so you don't always know what coming in future."

**Financial capability:** "I've never had nothing given to me in my whole life, so you don't expect anything. So, when I got Attendance Allowance and my Blue Badge, I'm over the moon."



# Annex B:

## Theory of change

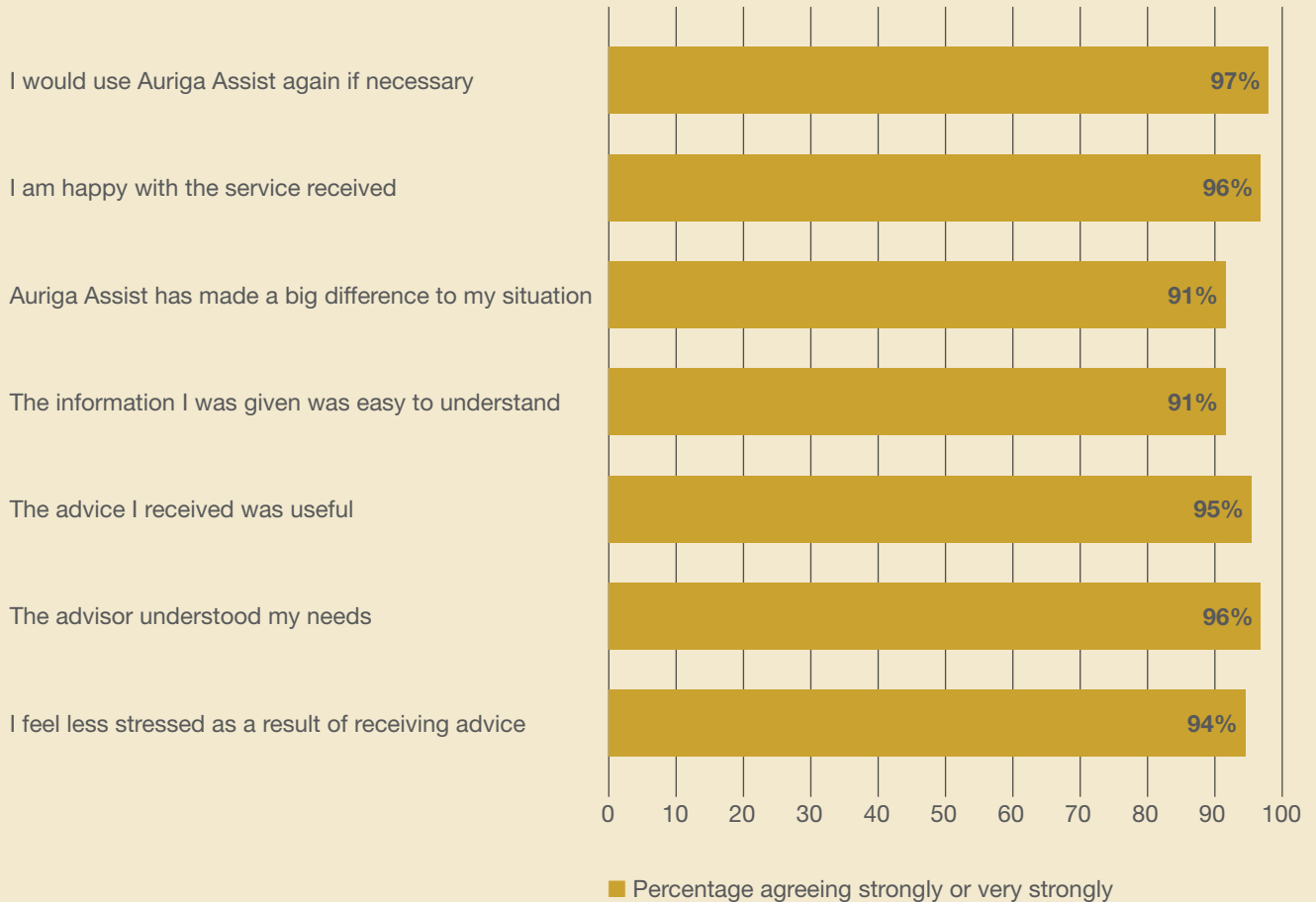
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<b>INPUTS</b>	<ul style="list-style-type: none"> <li>• Promotion of service within the renal units.</li> <li>• Referrals from staff in renal units.</li> <li>• Cost of service administration, delivery and evaluation.</li> <li>• Staff skills and knowledge administrating, delivering and evaluating the service.</li> <li>• Relationship with NHS administrators and consultants.</li> <li>• Relationships with funders and contract managers for service.</li> <li>• Relationship with other appropriate external agencies, e.g. housing, social services, occupational health, renal charities.</li> <li>• Relationships with and trust of the patients.</li> </ul>
<b>ACTIVITIES</b>	<ul style="list-style-type: none"> <li>• Referrals in (self-referral and referral via renal unit staff).</li> <li>• Assessment of individual patient needs.</li> <li>• Provision of welfare advice and support by advisors.</li> <li>• Appropriate referrals to, and cooperation with, external agencies.</li> <li>• Advocacy with agencies on patient's behalf.</li> <li>• Recording of cases accurately into case notes and Management information systems.</li> <li>• Timely and appropriate closure of cases.</li> <li>• Administration of follow up survey and referrals to evaluator.</li> </ul>
<b>OUTPUTS</b>	<p><b>MI Data records (Source: Auriga in house management information systems and Case notes)</b></p> <ul style="list-style-type: none"> <li>• Number of advisors' hours working with patients</li> <li>• Number of patient referrals</li> <li>• Needs of patient by category</li> <li>• Number of patients who receive advice and support</li> <li>• Types of advice and support given</li> <li>• Length of intervention in weeks/months</li> <li>• Patient details and characteristics</li> <li>• Types of contact with patient (e mail/ phone/in person/ in unit/in their home)</li> <li>• Contacts with external agencies</li> <li>• Referrals to other agencies</li> <li>• Advocacy on behalf of patient with external agencies</li> <li>• Successful outcome – financial uplift number of cases and value of uplift</li> <li>• Successful outcomes – non-financial number of cases and social value</li> </ul> <p><b>KPI measures and sources</b></p> <ul style="list-style-type: none"> <li>• Reduced stress (survey/interviews with patients)</li> <li>• Independence regained or maintained (interviews with patients)</li> <li>• Confidence built (survey/interviews with patients)</li> <li>• Satisfaction with service (survey)</li> <li>• Scale of personal change resulting from service (survey)</li> </ul>

<b>OUTCOMES</b>	<p><b>The patient is...</b></p> <ul style="list-style-type: none"> <li>• Accessing a wide range of benefits and grants.</li> <li>• Using a wider range of financial products and services, such as utilities tariffs.</li> <li>• Accessing advice, goods and services to support a safer and more secure home environment.</li> </ul> <p><b>The patient has...</b></p> <ul style="list-style-type: none"> <li>• Had their needs properly assessed by Auriga &amp; external agencies.</li> <li>• Received a holistic service that has: <ol style="list-style-type: none"> <li>1. Maximised their welfare benefits allowances.</li> <li>2. Helped them maintain their independence through accessing grants and disability related benefits and services.</li> <li>3. Reduced and rescheduled arrears and written off debts.</li> <li>4. Minimised monthly outgoings through the most beneficial utility tariffs.</li> <li>5. Accessed assessment and advice from external agencies on housing and social care where required.</li> <li>6. Supported their ability to stay warm, clean and eat well.</li> </ol> </li> </ul> <p><b>Patient social outcomes</b></p> <ul style="list-style-type: none"> <li>• Increased their financial comfort</li> <li>• Feel in control of their financial situation</li> <li>• Reduced anxiety and stress</li> <li>• Regained and/or maintained their independence</li> <li>• Built their confidence.</li> </ul> <p><b>NHS outcomes</b></p> <p>Reduction of NHS inputs as a result of patients improved wellbeing.</p> <p>Renal unit staff are aware of the service and know how to identify needs and make an effective referral.</p>
<b>IMPACT</b>	<p>Patients suffering from long term illness have improved their financial situation.</p> <p>There is a reduced likelihood of patients suffering from anxiety and depression.</p> <p>Patients have increased confidence in the future.</p> <p>Patients able to cope better at home and maintain independence.</p> <p>Patients better able to participate in family, community, social and economic life.</p> <p><b>NHS</b></p> <p>Time savings to the NHS.</p>

# Annex C: Post service satisfaction survey

## Auriga post service satisfaction survey



The results in the chart are from 79 follow up surveys with renal patients.



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