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TOOLKIT

sprint

Social Protection Innovative Investment
in Long-Term Care

SOCIAL INVESTMENT IN LONG-TERM CARE: A GUIDE TO ASSESSING IMPACT

ABOUT THE PROJECT

The Social Protection Innovative Investment in Long-term Care (SPRINT) project involves 12 European countries and has been funded by the European Commission. It investigated how long-term care for older, dependent people can be improved through new ways of funding and service development known as 'social investment'. Further information and useful publications are available at <http://sprint-project.eu>.

ACKNOWLEDGEMENT

The SPRINT project has received funding from the European Union's Horizon 2020 Research and Innovation Programme under grant agreement No 649565.

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Citation: Greve B, Pike L and the SPRINT Project (2018) *Social Investment in Long-term Care: A Guide to Assessing Impact*, SPRINT, Brussels

1. ABOUT THIS RESOURCE

This resource is an output of the SPRINT (Social Protection Innovative Investment in Long-term Care) project. It outlines the factors to consider when assessing the potential of social investment in long-term care and describes the principles and process of developing an impact map for stakeholders in the long-term care sector. Readers can use the resource to:

1. inform their decision making by examining the steps involved in assessing the case for different social investments in the long-term care sector
2. develop their understanding about the types of data they will need to collect or access to measure the impact of social investments
3. understand the challenges and complexities of evaluating whether different social investments in long-term care are a good investment.

WHO IS THIS RESOURCE FOR?

This resource is aimed at decision makers across European countries interested in taking a broad, social investment approach to long-term care resource allocation. The primary target group of the tool are policy makers, but its key messages should also be useful for service commissioners, providers, employers and the voluntary sector.

INTRODUCTION TO SOCIAL INVESTMENT IN LONG-TERM CARE

Across Europe there is an increasing focus on the evaluation of welfare state activities and interventions to ensure that resources are used in the most effective way. The social investment approach contributes to this evaluation effort by providing a framework which takes into account the full set of outcomes and costs across society associated with long-term care investment decisions.

Social investment refers to an analytical and decision making process that results in the provision of resources to activities which strengthen people's current and future capacities, and in doing so reflect the full set of impacts that such investments might have across society. It aims to generate individual or social (public) benefits, and as an approach it can contribute to addressing the challenges of Europe's aging population. It is also referred to as 'socially responsible investing', 'social impact investment' or 'impact investing'.

Long-term care refers to 'the organisation and delivery of a broad range of services and support to people with a reduced degree of functional capacity, physical or cognitive, and who are consequently dependent for an extended period of time on help with basic activities of daily living'. Here the focus is on those above the age of 65.

Using a social investment approach in long-term care can have many benefits. It can help ensure that workforce and labour resources are used efficiently, while ‘enhancing and maintaining capacities and independent living of older people and simultaneously guaranteeing equity, well-being and quality of life’.

In the long-term care area, the social investment approach assesses welfare expenditure and policies in terms of a broad set of outcomes generated including whether they:

- generate equitable access to care to meet the needs of ageing populations
- reduce current and future costs of care
- improve quality of care and quality of life
- increase capacities to participate in society and the economy
- promote sustainable and efficient resource allocation.

Long-term care examples of social investment includes activities that promote active aging, prevent need for care, and maximise the efficiency of use of care resources. Such activities might include rehabilitation, re-enablement, and ‘welfare’ or ‘assistive’ technology, which encompasses interventions such as robots, sensors, GPS and communication technology.

OUTLINE OF CONTENTS

This document outlines a seven-step process for assessing social investments in long-term care supported by the development of an ‘impact map’ (see Section 2). We begin by outlining the process in full, and then expand on each step in later pages.

Throughout the tool, we include reflective points for readers to review how the information presented relates to their own context. Answering these questions might require group discussions with relevant stakeholders. Many of the judgements required do not have right or wrong answers, and depend on the perspective of the ‘social investor’. We have signposted to other useful resources to help you manage this decision-making process.

WHAT IS NOT INCLUDED IN THIS RESOURCE

This resource does not recommend specific investments in long-term care. This is because of:

- the limited evidence about the impact of social investments within long-term care
- the difficulty in generalising findings across countries, interventions and contexts
- the subjective nature of the judgements about the importance of different outcomes, which depend on the perspective of the 'social investor'.

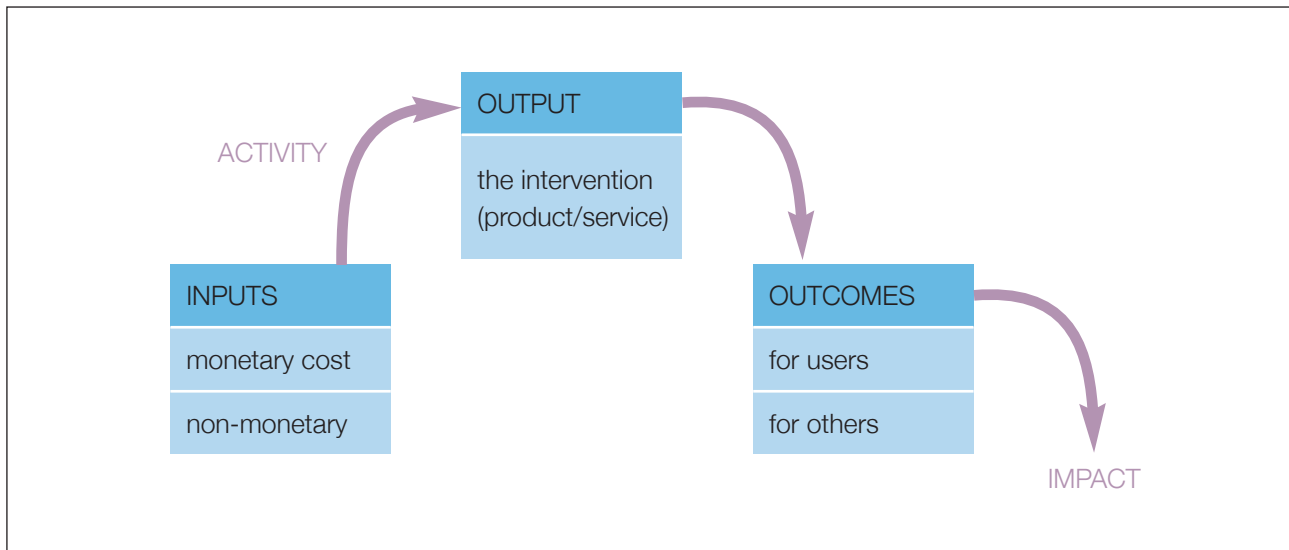
Social investments usually involve interventions based in complex systems which are organised differently across nations, regions or even localities. The social, political, environmental and other contexts in which they are implemented will influence the effectiveness and value attached to different long-term care investments, as will the individual circumstances of the people targeted by the intervention. For this reason, we outline in this tool guidance about the process for decision makers to conduct calculations relevant to their own context, rather than attempting to provide overall judgments about the cost-effectiveness of different interventions from a social investment perspective. We do, however, cite research studies that have provided relevant evidence for addressing long-term care interventions.

Please see the SPRINT website for other resources that look at these issues in more detail (<http://sprint-project.eu>).

2. WHAT IS AN IMPACT MAP?

An impact map aims to describe how a social investment in an intervention leads to an impact, by outlining the expected chain of events. Developing an impact map helps us to understand what to measure, by outlining the categories of data that an evaluator will need to collect to measure the impact of a social investment.

Below, we outline the key relationships that need to be reflected when developing an impact map.



An impact map details the following components:

Inputs: the resources that provide a basis for an investment. This can include monetary as well as non-monetary resources, such as professional expertise and close and empathetic relationships between staff and cared-for persons.

Output: 'The goods or services produced by agencies' or 'the tangible and intangible results that result from project activities' such as a reablement session, or a residential care bed. Combinations of inputs are therefore put together to produce a certain volume of outputs.

Outcome: The changes of value in their own right resulting from outputs such as improvements in the quality of life of the person cared-for, their carers, improvements in equity and efficiency in the care system, economic growth etc. These outcomes can be intended (expected), unintended (unexpected), and be positive or negative.

3. SOCIAL INVESTMENT IN PRACTICE

When making decisions about social investments, the following questions should be considered:

IMPACT MAP



1

WHAT IS THE
NEED FOR LONG-
TERM CARE?

REFLECTIVE POINT

Are the needs of your population mapped in national/local surveys?

Do you have information about key areas of unmet needs?

REFLECTIVE POINT

Could you collect information about needs from older people and their families or informal carers?

Needs relate to situations in which the negative consequences of mental or physical dependency or the risk of developing such a dependency might be addressed through long-term care investment.

Ideally, needs should be defined at the individual (micro) level, but might be aggregated to the population level for planning purposes. You will need to consider who your target population is.

The need for long-term care will vary across and within countries, due to differences in the role played by the state in meeting care needs, and due to the prevalence of physical and mental health problems linked to the need for long-term care support.

Need is also subjective; people can have different perceptions of what they need and what they can do themselves. People who may need care and support, informal carers and policy makers might have different perceptions of the size and urgency of the need, and this should be included in activities to scope need.

Needs may include issues such as:

- managing chronic illness
- fall prevention
- improving social participation
- improving wellbeing
- living well with dementia
- supporting individuals with higher dependency
- supporting individuals with depression
- improving management of medication
- supporting those with physical dependency.

CARRYING OUT A NEEDS ASSESSMENT

You may wish to carry out a thorough needs assessment to identify needs within your own contexts. To do this, you could look at:

- Socioeconomic and demographic indicators collected at the local, national or European level that might be relevant for you. You will need to consider their relevance and coverage for your particular needs assessment
- Organisation/service data gathered by service delivery organisations. You will need to consider the population covered, the types of data collected and the quality of the available data for your particular needs assessment
- Surveys and censuses could contain some useful data but it is likely to be limited
- Key stakeholder surveys or interviews could provide a means of collecting data on needs. You will need to assess the quality of each stakeholder's knowledge and any balance for any bias' they may have in the outcome of your assessment. This could provide access to data from stakeholder organisations to strengthen your needs assessment.

It will be important to use sufficient data sources to allow for a robust needs assessment. This will be dependent on what existing data is available to you and the resources you have available to carry out any further data collection.

Source: <http://innosi.eu/wp-content/uploads/2017/09/WP4-Case-Study-guidance.pdf>

2

HOW CAN THE
NEED BE MET?

REFLECTIVE POINT

Choose one need that is prevalent in your area. What are the possible social investments that could be used to meet that need?

Creating an impact map can help you to evaluate the relative cost-effectiveness of different approaches. Engagement with key stakeholders will be useful when considering possible approaches.

For example, needs around loneliness could be met by:

- improving access to transport
- providing robot pets
- encouraging employers to provide flexible working opportunities for informal carers
- providing improved access to information technology
- funding a scheme to signpost people to appropriate community support and networks.

The approaches will have varying costs and benefits for different stakeholders, and these will need to be balanced against each other to decide on which option to take. The decision will also be dependent on the available financial resources.

Scoping the options for meeting the need will help you decide what the new investment should be compared with (for example, an existing service). Scoping should also include how the need is currently being met. The costs of informal care, public care or equipment / machines already providing support to the person, as well as alternative social investments, should all be considered.

When you have decided on which interventions you would like to consider, note these as individual 'outputs' on your impact map.

Steps 3 to 6 should be repeated for each option, before decisions about future investments can be made. You will also find it useful to revisit Step 2 after Step 3 as your research may identify additional interventions or approaches that could help to meet your identified need.

3

WHAT EVIDENCE IS AVAILABLE?

REFLECTIVE POINT

How do you currently access up-to-date research findings?

What resources are available for you to use?

Impact is dependent on context and will vary across countries and over time. Research and organisational audit evidence of impact of interventions can be used to help predict the outcomes of investments.

Find out the best place to access evidence in your context, and review it to find out whether there is a known effect of the intervention (and what factors make it likely to succeed).

Randomised controlled trial studies can provide robust evidence, but if they are not available, look for studies in a context as close to your own as possible. Small scale studies to test an intervention can provide valuable information. You may be able to contact researchers in your area, and request that they signpost you to the most relevant information.

Questions to ask could include:

- Will the intervention reduce or delay the need for informal or public care?
- Is it likely to improve the person's quality of life?
- How long is it likely to provide a benefit for?
- What is the impact on care workers?
- Might costs be reduced over time?
- What are the running costs?
- Has the cost/benefit been demonstrated?

FURTHER READING

The SPRINT study has produced a summary of 37 research papers related to social investments in long-term care
www.lse.ac.uk/pssru/assets/documents/SPRINTD5.3EvaluationsOverview.pdf

EXAMPLE RESOURCES:

European Commission website on Long-term Care:
<http://ec.europa.eu/social/main.jsp?langId=en&catId=792>

OECD:
www.oecd.org/els/health-systems/long-term-care.htm

International Long-Term Care Policy Network:
www.ilpnetwork.org

4

WHAT ARE THE COSTS OF MEETING THE NEED?

REFLECTIVE POINT

Are there any additional costs to those listed that you would need to account for when costing a specific social intervention in your area?

REFLECTIVE POINT

What non-monetary costs would you need to account for when costing the inputs for a specific social intervention in your area?

In developing your impact map, you will need to think about inputs. These include the monetary cost of the potential interventions you are considering and the non-monetary resources you will need to provide to deliver these interventions.

MONETARY COSTS OF THE INTERVENTION

All relevant cost data of a social investment should be included. In principle, only additional costs to what would be spent in the absence of the intervention should be included.

Cost estimates should be as up-to-date as possible. Technology tends to become cheaper over time, and other costs fluctuate; using the most up-to-date cost estimates will make your impact map more accurate. Part of this calculation might require applying a discount rate (an interest rate used to convert a future income stream to its present value). This accounts for changes in the value of currency over time. See Section 5 for a worked example.

The data you chose to include should be clearly described, including a description of any uncertainty surrounding it. For example, the cost of an annual service might depend on the supplier; and so you may want to use costs at the higher end of the spectrum to allow for a more conservative assessment of its benefit.

Examples of the kinds of costs you should consider include:

- Setting-up costs
- Operating costs for maintaining the intervention
- Personnel (direct).

NON-MONETARY RESOURCES

Non-monetary resources refer to resources that have no direct cost to the welfare state. This may include, for example, support and time from informal carers, or voluntary support from NGOs or charities where there is neither a private nor a public payment.

Non-monetary resources and impacts could be recorded using qualitative data, for example, using feedback from older people, informal carers, or care workers.

When you have your cost data, add this to the inputs section of your impact map.

5

**WHAT ARE THE
OUTCOMES OF
MEETING THE
NEED?**

Your impact map should include evidence about the effect on the targeted group of your intervention. These outcomes might be expressed in monetary or non-monetary terms.

For monetary outcomes, you will need to base the analysis on clear assumptions about the monetary value of outcomes and may wish to use a combination of conservative and optimistic assumptions.

Outcomes can theoretically be monetised (such as quality of life for older people or their carers, or independence), however so far no solid data for doing this is available, and there is a need for further research. These may need to be described in words, rather than expressed with numbers. A good understanding of the measures used in the research (Step 3) will help you decide on what measures to use in your own impact map.

STAKEHOLDER PRIORITIES

Different outcomes will be prioritised by different stakeholders. People who receive an intervention are more likely to focus on the impact on their wellbeing, quality of life, ability to live independently and/or how they manage their care needs; funders may focus on the economic return from an investment and so might also focus on outcomes such as the impact the cost of supporting people with care needs; informal carers are likely to prioritise the impact on personal connections, employment and wellbeing. The SPRINT project identified the following possible outcome criteria for social investment in long-term care through stakeholder workshops:

Economic return:

- Value for money
- Increased participation in the labour market
- Reduction in poverty
- Reduction in public sector spending
- Profit for a private investor

Wellbeing-related impacts:

- Improvements in physical, psychological and cognitive health, or avoiding further deterioration
- Improved quality of life
- Meeting care needs
- Ability to live independently
- Improvements in subjective wellbeing, such as feeling: in control, appreciated, connected to others and happy.

You should identify the priorities for your impact map and collect outcomes data specific to these.

FURTHER READING

Greve B, et al. (2018) *Social Investment Criteria in the Field of Long-term Care*, SPRINT Project, Brussels.

REFLECTIVE QUESTIONS

List the stakeholders who are likely to have a view on the value of your social investment.

What measure of impact is each stakeholder likely to prioritise?

How will you decide how much weight to give the opinion of each stakeholder?

SOCIETAL IMPACTS

Societal outcomes refer to macro/strategic goals such as improving fairness in the allocation of support or productivity and economic growth. They can include things such as:

Increased labour supply: supporting unpaid carers to return to work could increase economic productivity, and this in turn can generate benefits across society.

Equity and efficiency: it is important to ensure that resources are being used in the most fair and efficient way. Social investments should promote equity of access to support. Care could be taken that measurements of impact include the demographics of people who benefit, to understand how benefits are distributed throughout the target population.

COLLECTING YOUR OUTCOMES DATA

In order to complete this step of the impact process, you may need to collect your own data for the specific outcomes you identify. In the first instance you should revisit Steps 2 and 3 to identify studies, existing evidence and data you can use to populate your impact map focusing on the specific target population and intervention(s) you are exploring. The evidence you use should include baseline information (i.e. before the intervention took place) and comparison with post-intervention data to show the impact of your chosen interventions.

When you have your outcomes data, add this to the Outcomes section of your impact map.

6

DO THE BENEFITS OUTWEIGH COSTS

REFLECTIVE POINT

The values given to different types of metrics need to be considered. For example, what level of financial return on investment would be acceptable for a small improvement in quality of life?

FURTHER READING

Further information and a comparison of approaches and instruments is set out in Richards A et al. (2018) *Feasibility Framework Tool for Social Investment*, SPRINT Project, Brussels.

The next stage in your impact map is to value your inputs and outcomes to determine the impact of your intervention.

By giving a monetary value to the 'inputs' and 'outcomes', we can find out whether an investment was cost-effective. However, there are challenges in giving monetary values to many important outcomes, and different stakeholders will value things differently; for example, commissioners may place a higher value on cost effectiveness, while carers and older people may place a higher value on the impact on wellbeing.

It can be useful to place a monetary value on inputs and outcomes to provide a common unit of measurement which allows us to assess whether benefits outweigh costs. There are some approaches available to monetise outcomes, but doing this can be very challenging as there is no universally accepted method at this point.

An example is the cost of informal care, which is very difficult to quantify in monetary terms. One way to measure the cost of informal care support is to estimate its *opportunity cost* – how much someone would have earned in the labour market had they not been caring? As a decision maker, you will need to decide whether to apply this calculation to all informal carers, as a significant proportion might have left the labour market. Another approach is to value informal care inputs in terms of their *replacement costs*, the cost of substituting the informal care provided using formal care workers.

Another important outcome evidence for the analysis will be quality of life outcomes data. Quality of life, also termed wellbeing, usually includes three broad domains: physical, psychological and social. Subjective data on quality of life in long-term care can be completed by the older person themselves where possible, or carers, relatives or other proxies where the person does not have capacity to respond.

Quality of life is difficult to measure in monetary terms. Qualitative studies on quality of life can be important sources of information to include in an analysis to gather your own data, you could for example undertake interviews with older people who have used a social investment to find out if it has made a difference to their life.

Being transparent about what is or is not included in calculations, and the assumptions you have used for your calculations, is important.

7

COMPARE
DIFFERENT OPTIONS

The final step in the impact process is to compare (where relevant) information about the different options available. Where a choice has to be made between different approaches, a framework should be developed to score different approaches. It is likely that different options will not be equally effective at producing the different outcomes considered. Unless all outcomes can be expressed in the same unit (for example, money) in such cases it will be necessary to develop a process for comparing the value of different outcomes. This might involve consultations with relevant stakeholders. Having an explicit way of comparing outcomes will be important in terms of:

- transparency
- accountability
- good decision making.

WAYS TO COMPARE DIFFERENT OPTIONS

There are a number of methods that can be used to compare different options. As noted above, one option is to associate a monetary value to the different outcomes. Doing this has the advantage that it allows the value of outcomes to be compared against the intervention costs, and therefore to establish whether the intervention produces a net gain. The monetisation of outcomes, however, can be very challenging, and not always in practice possible for all outcomes.

The chosen method will vary in particular depending on the strategy used for getting an overall valuation of outcomes. It will be for you to assess the method that is most suitable for your context and the data you have available to you.

Social Return on Investment (SROI)

SROI proposes one of a number of possible frameworks for comparing the costs and benefits of different long-term care interventions. It is broadly based on economic evaluation methods, and embodies seven principles placing the experiences of stakeholders at the centre of the evaluation of the results of activities.

FURTHER READING

Further details of each type of analysis are provided in the SPRINT project Glossary (pages 7–9) at <http://sprint-project.eu/wp-content/uploads/2015/12/S-PRINT-Glossary-1-3.pdf>.

FURTHER READING

Further details of the SROI approach are provided in the SPRINT project Glossary (pages 18–19) at <http://sprint-project.eu/wp-content/uploads/2015/12/SPRINT-Glossary-1-3.pdf>, and are further illustrated in Richards A et al. (2018).

4. ISSUES TO CONSIDER

RESOURCE REQUIREMENTS TO PREPARE YOUR IMPACT MAP

It is important to consider that you will need to consider the resource requirement in preparing your impact map. This will include staff time to identify evidence, costs and outcome data. It may also include resources to engage with stakeholders for their inputs into the process, and to think about any resources where data might need to be generated.

DATA AVAILABILITY

Access to data and solid data can be a problem when trying to estimate the impact of a social investment in long-term care. Data might be sketchy for a variety of reasons. It can be that there are only very few observations, no clear information on what would have happened if the intervention did not take place (for example, no control group). There may be no data available because the initiative is new or has not been trialed before. It could also be the case that what is possible in one geographical area might not be possible in another geographical area, or even within the same country.

CAUSAL LINKS

It is useful to note that some social investments in long-term care will be difficult to recognise as such and even harder to measure. For example, campaigns to reduce smoking or alcohol consumption, or promote exercise earlier in life can reduce later spending on long-term care – but demonstrating a causal link is difficult. Interventions with a more immediate impact will be easier to evaluate. For example, some studies show that preventative home visits and re-enablement can have a positive impact on disability.

TIMEFRAME FOR IMPACT PROCESS

A key decision when assessing possible social investments in long-term care is the length of time that should be considered. The chosen timeframe should reflect:

- The useful life of the intervention. Aids and adaptations to people's homes, for instance, are likely to be useful over several years.
 - The availability and reliability of evidence about long-term effects. It might be difficult to establish the effect of interventions after a long time has elapsed, for instance because of the many other changes that might take place in the care system.
 - The policy time horizon. The value of gains in outcomes will reduce as they take longer to be realised. Policy considerations might even disregard significant outcome gains if these take place in the too distant future. This factor can be included explicitly in the analysis by applying a time discount factor which reduces the value of benefits and costs over time.
-

Choosing an appropriate time horizon for the analysis will be particularly important when examining preventative interventions, which typically are characterised by an initial investment (and associated cost) which it is hoped will improve future needs (or reduce the risk of deterioration in needs) and lower future costs. Selecting a sufficiently long time-frame is therefore essential to assessing the cost-effectiveness of prevention strategies.

5. WORKED EXAMPLE: THE CASE FOR INVESTING IN HOISTS

<p>1 What is the need for long-term care?</p>	<p>Rates of musculoskeletal problems are very significant among care workers. International epidemiological studies suggest that low-back problems have a point prevalence of 17%, an annual prevalence of 40–50% and a lifetime prevalence of 35–80%¹. Back pain is, after the common cold, the most frequent cause for sick leave among nurses². An important cause of these problems are injuries associated with heavy lifting, in particular when helping dependent people to transfer in and out of bed.</p>
<p>2 How can the need be met?</p>	<p>Reducing the risk of back injury to workers when assisting people transferring in and out of bed often requires more than one worker. Equipment such as hoists provide an alternative solution by helping to transfer somebody with limited mobility without putting undue strain on the carer or the person being moved. They can be fixed to the ceiling and operate along tracks (these are usually easier to operate, and particularly suitable for longer transfers) or can be portable (most suitable when a hoist is required for a short period of time). Using equipment such as hoists is potentially safer and more cost-effective in the long-run because they reduce the need for multiple workers to support the dependent person.</p>
<p>3 What evidence is available?</p>	<p>Ideally, systematic reviews would be identified, as they provide a summary of the evidence published in the area. With regards to the use of hoists, a number of reviews exist describing the effectiveness and cost-effectiveness of equipment for supporting dependent people transferring in and out of bed³. Generally, this evidence suggests that hoists decreased musculoskeletal injuries and physical stress for care-givers. Given the heterogeneity of the interventions and of the care systems explored in the literature, the review evidence could be complemented with a small-scale pilot study in a few institutions to test whether expected outcomes of hoists were replicated locally.</p> <p>The evidence identified would be used to carry out the analysis of costs and benefits in Steps 4 and 5.</p>

1. Hignett S (1996) Work-related back pain in nurses, *Journal of Advanced Nursing*, 23, 6, 1238–1246.

2. Siddharthan K, Nelson A, Tiesman H, Chen F (2005) *Cost Effectiveness of a Multifaceted Program for Safe Patient Handling, Advances in Patient Safety: From Research to Implementation (Volume 3: Implementation Issues)*, Agency for Healthcare Research and Quality, US. Available at: www.ncbi.nlm.nih.gov/pubmed/21250002

3. See for example: Alamgir H, Li OW, Gorman E, Fast C, Yu S, Kidd C (2009) Evaluation of ceiling lifts in health care settings: patient outcome and perceptions, *Aaohn J*, 57, 9, 374–380; Jung YM, Bridge C (2009) The effectiveness of ceiling hoists in transferring people with disabilities, *Evidence Based Research*; Nelson A, Baptiste AS (2006) Evidence-based practices for safe patient handling and movement, *Orthopedic Nursing*, 25, 6, 366–379.

4 What are the costs of meeting the need?

Possible costs involved in the provision of hoists include the cost of the hoist itself, maintenance costs (for example covering regular repairs and inspections), installation costs, any training costs for the care workers or carers using the hoist, and the cost of the time of the person operating the hoist. Some of these costs will be a one off, and some will be ongoing over time.

The table below summarises figures from an evaluation of ceiling hoists in Denmark⁴.

Expected cost and benefits by investing in a ceiling hoist (Danish Kroner)

Expected cost and benefits	Year 0	Years 1–7 (per year)	Total
Project costs			
Wages (project management)	206		206
Ceiling hoist and installation	33,650		33,650
Wages (introduction)	312		312
Total project cost	34,168		34,168
Running costs			
Repair and maintenance	636	636	5,089
Continuous training	143	143	1,143
Total running cost	779	779	6,232
Reduction in cost to wages	30,607	30,607	244,854
Cash flow	-4341	29,828	204,454

Source: Adapted from Andersen (2016), p. 155.

In this example, project costs are dominated by the cost of the equipment itself. Once the equipment is installed, Andersen found that labour costs of helping individuals transferring in and out of bed would be significantly reduced. The calculations assume a 7-year timeframe.

4. Andersen D (2016) 'Velfærdsteknologi i plejeboliger'. Available at: www.forskningsdatabasen.dk/en/catalog/2353728871

<p>5 What are the outcomes of meeting the need?</p>	<p>The following types effects associated with ceiling hoists:</p> <ul style="list-style-type: none"> • Physical stress of care-giver, including musculo-skeletal injuries • Improvement in care-givers' comfort and satisfaction • Absence from work and job satisfaction • Safety and comfort of the care-recipients • Dependency on care-giver (numbers of carers required) • Transfer time.
<p>6 Do the benefits outweigh the costs?</p>	<p>Once the costs and the benefits of hoists are established, we need to judge whether benefits are likely to outweigh costs. The results by Andersen (2016) in the table above suggest that the introduction of hoists would lead to significant reductions in labour costs, and in a net reduction in overall support costs.</p> <p>Whereas it is difficult to monetise the value of the changes in non-labour related benefits introduced by hoists, they are generally positive or not significant. Together with the net reduction in costs outlined above, the positive effects on outcomes of hoists therefore suggest that the introduction of hoists would generate a net positive social benefit and therefore represents a cost-effective social investment.</p>
<p>7 Compare different options</p>	<p>The analysis above has been simplified for the sake of clarity of exposition. In 'real life', for instance, different types of hoists would need to be considered and compared against each other.</p> <p>Such comparisons could highlight trade-offs between increases in costs and improvements in outcomes which would require subjective judgements to be made by the relevant decision-makers about society's willingness to pay for improvements in different outcomes.</p>

5. CONCLUSION

Social investments have the potential to prevent or delay need for long-term care. This is a priority policy area for many countries in Europe due to changing demographics. By developing our understanding of how to measure the impacts of social investments, we will be able to make better decisions about which products or resources to invest in. This should result in maximising both cost-effectiveness, and positive impact on wellbeing for older people, informal carers, and paid carers.

This guide has hopefully provided a starting point for many stakeholders in understanding the key things to consider when developing ways to measure the impact of your own social investments. This is a complex area, but further resources are available to help. Please see the SPRINT project website to find out more.
