

# Community Engagement – approaches to improve health and reduce health inequalities

## Review of Social Return on Investment (SROI) evaluations

Health Economics 4 - SROI

Optimicity Advisors for the National Institute for Health and Care Excellence

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Authors: Mariana Dates, Jacque Mallender, Clive Pritchard, Ketevan Rtveladze.



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## 1. Acknowledgements

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## 2. Glossary

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**Social Return on Investment (SROI) analysis** is intended to capture and value in monetary terms a wider set of impacts relevant to a more extended group of stakeholders than is usual with other types of economic evaluation. SROI analysis “...is a framework for measuring and accounting for this much broader concept of value; it seeks to reduce inequality and environmental degradation and improve wellbeing by incorporating social, environmental and economic costs and benefits” (SROI guide<sup>1</sup>).

**Stakeholder** “People or organisation that experience negative or positive change as a result of an activity, and have an effect on, or are affected by, the activity”<sup>2</sup>

**Attribution** “Attribution is an assessment of how much of the outcome was caused by the contribution of other organisations or people” (SROI guide, p.59).

**Deadweight** “Deadweight is a measure of the amount of outcome that would have happened even if the activity had not taken place. It is calculated as a percentage” (SROI guide, p.56).

**Displacement** “Displacement is another component of impact and is an assessment of how much of the outcome displaced other outcomes” (SROI guide, p.57).

**Drop-off** “In future years, the amount of outcome is likely to be less or, if the same, will be more likely to be influenced by other factors, so attribution to your organisation is lower. Drop-off is used to account for this and is only calculated for outcomes that last more than one year” (SROI guide, p.61).

**Discounting** “Costs and perhaps benefits incurred today have a higher value than costs and benefits occurring in the future. Discounting health benefits reflects individual preference for benefits to be experienced in the present rather than the future. Discounting costs reflects individual preference for costs to be experienced in the future rather than the present”<sup>3</sup>.

**Sensitivity analysis** “A form of modelling that evaluates the impact of alternative values for some of the model parameters. Often used when there is significant uncertainty about the value of the parameter” (NICE glossary<sup>4</sup>).

**Comparator** “The standard intervention against which an intervention is compared in a study. The comparator can be no intervention (for example, best supportive care)” (NICE glossary).

1 Social Value UK (2012). A guide to Social Return on Investment. [socialvalueuk.org/what-is-sroi/the-sroi-guide](http://socialvalueuk.org/what-is-sroi/the-sroi-guide).

2 Envoy Partnership. 2014. Social Return On Investment (SROI) analysis of Tri-Borough Public Health; Community Champions

3 NICE Glossary. <https://www.nice.org.uk/Glossary?letter=D> [Accessed 20/05/15]

4 NICE glossary. <https://www.nice.org.uk/Glossary?letter=C> [Accessed 20/05/15]

### 3. Introduction

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Optimty Advisors has been commissioned to undertake an economic analysis to support the development of the NICE guideline on 'Community engagement - approaches to improve health and reduce health inequalities' in order to update Public Health Guideline 9, published in 2008.

The work to update the guideline is divided into three streams:

- A report on the current effectiveness and process evidence, including additional analysis (stream 1).
- UK qualitative evidence, including one mapping report and one review of barriers and facilitators (stream 2).
- An economic analysis, comprising a cost effectiveness review and economic model (stream 3).

Optimty Advisors has been commissioned to undertake the Stream 3 work package. Initially, it comprised three components, a précis of the economic evidence reported in "Community engagement to reduce inequalities in health: a systematic review, meta-analysis and economic analysis"<sup>5</sup>, a rapid update review and an economic model. However, due to data paucity, the development of an economic model has been replaced with 3 cost-consequence analyses and a review of social return on investment (SROI) evaluations, the latter requested by the Public Health Advisory Committee after consideration of the way in which SROI might be used to assist its deliberations. This report relates to the review of SROI evaluations.

The detailed information about the other components of stream 3 are presented elsewhere and are not replicated here.

5 O'Mara-Eves A, Brunton G, McDaid D, Oliver S, Kavanagh J, Jamal F et al. (2013). Community engagement to reduce inequalities in health: a systematic review, meta-analysis and economic analysis. Public Health Research 1(4). Available at: [http://www.journalslibrary.nihr.ac.uk/\\_\\_data/assets/pdf\\_file/0006/94281/FullReport-phr01040.pdf](http://www.journalslibrary.nihr.ac.uk/__data/assets/pdf_file/0006/94281/FullReport-phr01040.pdf).

## 4. Background

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### 4.1. What is SROI and how is it done?

The current guide to Social Return on Investment (SROI) produced by Social Value UK<sup>6</sup> notes the “increasing recognition that we need better ways to account for the social, economic and environmental value that results from our activities ... Every day our activities create and destroy value ... Social Return on Investment (SROI) is a framework for measuring and accounting for this much broader concept of value”. SROI analysis often includes case studies, with quantitative, qualitative and financial information reported. SROI measures social, environmental and economic outcomes. It uses monetary values to represent the costs, benefits and disbenefits. Monetary values are then used to calculate a cost-benefit ratio. Often, SROI is presented as £X gained in benefits for every £1 invested in the programme.

There are two types of SROI: evaluative and forecast. Evaluative SROI is based on established outcomes and forecast SROI presents the results that might happen if the planned outcomes are achieved. The latter could be useful in planning the programme. SROI can be useful for planning purposes and, by presenting the value of a programme, can help secure funding and make investment decisions.

There are 7 main principles in developing SROI analysis:

1. Involving stakeholders;
2. Understanding what changes;
3. Value things that matter;
4. Only include what is material;
5. Do not over claim;
6. Be transparent;
7. Verify the result<sup>7</sup>.

There are 6 main stages for SROI analysis:

- Establishing scope and identifying key stakeholders;

In this stage, clear boundaries of the analysis should be established.

- Mapping outcomes;

An impact map is developed through engaging with stakeholders. This is where the theory of change is presented. The theory of change will present the link between inputs, outputs and outcomes.

- Evidencing outcomes and giving them a value;

During this stage, the evidence on outcomes should be established.

- Establishing impact;

<sup>6</sup> Social Value UK (2012). A guide to Social Return on Investment. <http://socialvalueuk.org/what-is-sroi/the-sroi-guide>.

<sup>7</sup> Healthwise. 2011. Social Return on Investment – Evaluation (April 2010 to March 2011)

The guide to Social Return on Investment notes that “Having collected evidence on outcomes and monetised them, those aspects of change that would have happened anyway or are a result of other factors are eliminated from consideration”.

- Calculating SROI;

During this stage, all the benefits are collected and added up. If there are any negative outcomes, they are subtracted and the result is compared with the costs of the intervention or programme. During this stage sensitivity analysis can also be employed.

- Reporting, using and embedding.

This step involves sharing findings with the stakeholders and verification of the report.

There are more detailed steps within each stage and these can be found in the guide to Social Return on Investment.

## 4.2. Community engagement

Community engagement is defined as “an umbrella term encompassing a continuum of approaches to engaging communities of place and/or interest in activities aimed at improving population health and/or reducing health inequalities<sup>8</sup>. A more detailed definition has been proposed by the Evidence for Policy and Practice Information (EPPI) team which co-authored the O’Mara-Eves et al. (2013) report. The term community engagement applies to:

“Community-level interventions or interventions that involve a group of people connected by geographies, interests or identities in the design, development, implementation or evaluation of an intervention. Participants must include members of the public or patients (more than health professionals, pharmacists, public health nurses, other health semi-professionals) that are involved in the design, delivery or evaluation of the intervention. The treatment administrator/provider is more important for determining community engagement than the intervention setting. Intervention types to be excluded are legislation, policy and pharmacological.”

The scope for the guideline<sup>9</sup> associates community engagement with activities by which people can improve their health and wellbeing by helping to develop, deliver and use local services. Community engagement can involve varying degrees of participation and control. For the purposes of the economic analysis, NICE is particularly interested in the three main theoretical approaches to community engagement identified in the review cited above by the Evidence for Policy and Practice Information and Coordinating Centre (EPPI-Centre). These are:

- Peer/lay delivered interventions;
- Collaboration between health and other statutory services and communities;

<sup>8</sup> Popay J (2006). Community engagement for health improvement: questions of definition, outcomes and evaluation. A background paper prepared for NICE. London: National Institute for Health and Care Excellence.

<sup>9</sup> The guideline scope is available at <https://www.nice.org.uk/guidance/gid-phg79/documents/community-engagement-update-final-scope-2>

- Interventions centred on the concept of empowerment.

The following definitions are based on the O'Mara et al. (2013) study previously cited.

**Peer-/lay-delivered interventions.**

“This involves services engaging communities, or individuals within communities, to deliver interventions. In this model, change is believed to be facilitated by the credibility, expertise or empathy that the community member can bring to the delivery of the intervention.”

**Collaboration.**

“This involves engagement with communities, or members of communities, in strategies for service development, including consultation or collaboration with the community about the intervention design. Such models hold the underlying belief that the intervention will be more appropriate to the participants’ needs as a result of incorporating stakeholders’ views.”

**Empowerment.**

“Empowerment models require that the health need is identified by the community and that they mobilise themselves into action. These models have the underlying belief that, when people are engaged in a programme of community development, an empowered community is the product of enhancing their mutual support and their collective action to mobilise resources of their own and from elsewhere to make changes within the community.”

None of the SROIs reviewed here fell into the empowerment category.

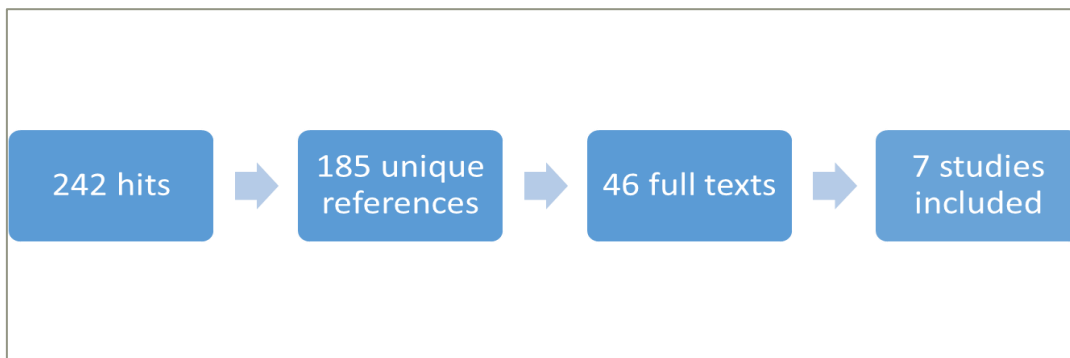


## 5. Search Methodology

The search strategy was developed and implemented by NICE using broad search terms such as ‘community engagement’ and ‘SROI’ and the results stored in Reference Manger and shared with Optimity Advisors. The search identified 185 unique references. Table 1 lists the exclusion criteria and one inclusion criterion (community engagement and SROI). Since this review was being conducted in the context of the broader community engagement literature, studies, in addition, needed to consider aspects of health and wellbeing. 46 full text references were screened for eligibility. Where the subject of a study was the methodology rather than application of SROI but made reference to empirical studies, these citations were chased on google. This did not succeed in identifying any additional applied studies. Two additional references were considered for inclusion by searching google for general terms such as ‘community engagement’ and ‘social return on investment’, on the basis of the first three pages of hits. Neither reference reviewed in full text was found to be relevant. The full search results are included as an appendix.

Figure 1 represents the selection of studies from the literature review in the form of a flow diagram while Table 1 lists inclusion and exclusion criteria

Figure 1: Search results for SROIs



Seven studies were ultimately included in the review and are summarised below. Studies were excluded mainly on the basis that they were not relevant to community engagement or were conceptual papers and therefore did not report a quantified SROI analysis. One report (the Community Libraries Programme) contained three separate SROI analyses. Two of these initiatives were considered relevant to the cost-effectiveness of community engagement and are reported here. The third SROI analysis contained in the same report did not include health or wellbeing outcomes and therefore was considered out of scope. A second report (Exploring the Social Value of Community Assets on the Wirral) included SROI results from five separate projects, all of which are discussed here. Data extraction tables are included as an appendix.

*Table 1: Inclusion and exclusion criteria*

Code	Definition
EX.TOPIC	Not community engagement
EX.COUNTRY	Non OECD country
EX.LANGUAGE	Not English
EX.POPULATION	Not relevant to at least one community group
EX.CONCEPTUAL	SROI conceptual paper or paper does not include analysis
IN.INCLUDE	Community engagement and SROI used
Q	Query

## 6. Findings

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The following sections present details of the seven included studies, giving a description of the intervention, results and conclusions. An assessment of study quality is appropriate and can be carried out in a number of ways. A quality checklist, such as that used by Banke-Thomas et al. (2015)<sup>10</sup> can be a useful approach, especially to give an overall picture of a body of literature. Given the small number of studies in this review, the report highlights some of the key aspects of study findings which are important in assessing their validity and discusses issues with the reporting of results which also need to be considered when interpreting the results of SROI analyses. The SROI studies have been grouped according to community engagement type:

- Peer/lay delivered interventions;
- Collaboration;
- Empowerment.

### 6.1. Peer/lay delivered

#### Glasgow Health Walks

##### Project description

Glasgow Health Walks (GHW), for which an evaluation was commissioned by Paths for All from Greenspace Scotland<sup>11</sup>, is a project to promote walking across Glasgow. The project aims to increase physical activity levels and improve the health and wellbeing of the city's residents. In particular, the project aims to engage residents that are least likely to exercise. GHW aims to build community capacity "...targeting those areas which experience health inequalities..."<sup>12</sup>. The walks in many cases are led by volunteers. The walks are defined as "... a short, safe, local, free led walk targeted at inactive individuals, at a moderate pace, lasting between 10 minutes to an hour"<sup>13</sup>. 59 walking projects were implemented between April 2011 and March 2012. There were two types of walking projects, open and closed projects. Open walks were volunteer led walks and were open to the general public. In contrast, closed walks were closed to the public and were restricted to a certain group of participants such as hospital in-patients, people with learning disabilities, members of ethnic minorities and individuals referred by medical practitioners. The closed walks were led by professional support staff who have completed the walk leader training programme.

10 Banke-Thomas A O, Madaj B, Charles A, van den Broek N (2015). Social return on investment (SROI) methodology to account for value for money of public health interventions: a systematic review. BMC Public Health 15:582.

11 Carrick K. 2013. Glasgow Health Walks Social Return on Investment Analysis 1st April 2011 to 31st March 2012. Stirling: Greenspace Scotland.

12 Carrick K. 2013 Page 9

13 Carrick K. 2013 Page 6

## Methods

A range of beneficiaries of the walks were identified. These were:

Walkers on open health walks;

Walk leaders on open health walks;

Walkers on closed walks;

NHS Greater Glasgow and Clyde (through a reduction in the use of medicines);

Glasgow City Council (through people being able to live independently for longer).

Changes experienced by stakeholders were based on survey results and questionnaire responses. 141 responses were obtained from open walks and survey responses were grossed up to the average number of participants in these walks of 153. In addition, survey responses from 41 walk leaders were used and informal discussions with participants and support staff were conducted in relation to three closed walks. The authors state that the health benefits of the scheme would preferably have been assessed in terms of quality adjusted life years (QALYs). However, the approach chosen was to value the health benefits of walking with the Health Economic Assessment Tool (HEAT)<sup>14</sup>. Estimated savings on medications to lower blood pressure and to manage clinically diagnosed mental health conditions were based on questioning individuals on their health condition and medication costs reported in NICE guidance. Cost savings to local authorities were estimated using evidence of the link between physical activity and falls, and the assumption that 10% of those reporting improved mobility avoided falling. In addition to health-related benefits, the study applied monetary values to other benefits such as increased social contacts, walkers' feelings of safety, increased skills and confidence among walk leaders and savings from the use of volunteers rather than paid staff.

Consideration was given in the SROI analysis to deadweight (the proportion of an outcome that could have been achieved without any intervention), attribution (the extent to which the outcomes identified are attributable to the intervention rather than external factors or the contribution of others), displacement (when one outcome is achieved at the expense of another or a stakeholder is adversely affected), duration (how long the changes generated by the intervention are expected to last) and drop-off (reflected in the drop-off in physical activity over time). For some outcomes, such as the social benefits to walkers on closed walks, stakeholders indicated that changes had arisen solely as a result of participation in the walks. A 0% attribution adjustment was therefore indicated. Using information on the proportion of time spent physically active which was accounted for by walking and research evidence on interventions to promote physical activity, a 10% attribution adjustment was made for health and wellbeing benefits. For many outcomes, a 7% displacement adjustment was made to allow for a number of individuals walking if the programme did not exist (based on the Older People and Physical Health Report 2007). These adjustments were tailored to the particular outcome being assessed, with displacement being 0% or 5%, deadweight ranging from 0% to 31% and the attribution adjustment ranging from 0% to 75%. The duration of benefit ranged from one to five years and drop-off from 0% to 25%.

<sup>14</sup> <http://www.heatwalkingcycling.org/>

## Results

The reported outcomes “...result from participating in, contributing to or benefiting from a programme of led health walks...” of individuals who participated in at least 75% of the sessions (27 hours) over a one year period.

Outcomes are reported for:

- Walkers and walk leaders;
- NHS Greater Glasgow and Clyde;
- Glasgow City Council;
- Paths for All;
- Vulnerable individuals.

*Walkers and walk leaders* are able to increase physical health as a result of increased regular physical activity. Walkers and walk leaders can have more social contacts, gain increased confidence, become less isolated and experience new activities. Walkers feel safe and comfortable and they increase their outdoor physical activity. Walkers that undertake a training course of Walk Leader and First Aid training have also increased their confidence and gained practical skills. In addition, walkers increase their fitness and improve their health. The intervention enables walkers “...to achieve a greater sense of personal satisfaction”<sup>15</sup>. This intervention also enables walkers to interact with peers and acquire a better understanding of ethnicity and disability. The project enables *Paths for All* to recruit volunteers as walk leaders. As a result of reduced medical needs *NHS Greater Glasgow and Clyde* can benefit through cost saving on medical expenditure due to increased physical activity and reduced disease burden. *Glasgow City Council* can benefit from reduced demand for home care due to improved mobility. Vulnerable individuals benefit from meeting other people and from forming new friendships.

Costs of the programme consisted of the grants provided by various funding organisations, grants and staff time provided by NHS Greater Glasgow and Clyde, the time input of Northern Soulmates staff and the time of volunteer walker leaders. Of the total cost of £48,705.15 estimated for the period April 2011 to March 2012, the time of volunteer walk leaders was by far the single most important component, accounting for £26,174.40 (54%) of the total cost.

The SROI ratio is calculated by comparing the total inputs of £48,705.15 with the present value of benefits over 5 years of £384,630.27. Dividing this present value by the value of inputs, it was calculated that the GHW can generate £8 per £1 invested. The results were transparently presented in the evaluation report in terms of the numbers of beneficiaries, the financial proxies used, the time periods over which different benefits were assessed and the allowances made for deadweight, displacement and attribution. The results were therefore potentially capable of being reproduced. The estimates of benefit drew on previous research evidence for health care cost savings and used a QALY-based

15 Carrick K. 2013. Page 12

approach to attach monetary values to health benefits. It would have been useful to report benefits by category (health benefits, social relationships etc.) as this would have highlighted that even a subset of health-related benefits would be sufficient to offset the costs of the programme. If the reader was satisfied that these benefits could credibly be achieved, then justification of the programme would not need to rely on benefits, such as those related to social relationships, which are less easy to value and have a less well developed evidence base than the health benefits of physical activity. When interpreting the findings, the reader will also be concerned as to whether the same benefits could be delivered at a lower cost than that of this programme of around £318 per participant.

## Parent Champions for Childcare

### Project description

The Daycare Trust with financial support from the Department of Education has developed and evaluated<sup>16</sup> a Parent Champions network attempting to promote child's early learning. The intervention is delivered through Parent Champions. "Parent Champions for Childcare are parents who have positive experiences of using childcare and/or supporting their child's early learning and who act as advocates and peer advisers (not professionals) to other parents in their community"<sup>17</sup>. The role of the Parent Champions is to inform, offer support to parents and provide signposting about early learning and childcare options. Information delivery can take place through formal sessions, and informal workshops in the community, children's centres, libraries, etc. Five Parent Champions were expected to reach at least 400 parents by the end of six months and help parents to better understand the benefits of childcare and early learning, as well as encourage parents to engage in early learning activities. Given the level of deprivation in the areas targeted by the programme, the priority was to inform parents about funded childcare opportunities such as the free early educational entitlement for two and three year olds.

### Methods

Parent Champions for Childcare are peer outreach workers whose role is to engage with parents in their community to offer information, initial support to parents and signposting. This involves using different outreach techniques to engage with parents such as:

- Drop-in information sessions;
- Informal workshops in community locations;
- Contact-building at children's activities including stay and play and health sessions at children's centres, library reading programmes;
- Targeted door knocking in the community to reach parents that are not already in contact with services.

16 Dixon D. 2013. Social Return on Investment (SROI); Parent Champions Liverpool Prototype Project. London: Daycare Trust.

17 Dixon D. 2013. Page 4

Benefits of the Parent Champions project have been captured in case studies (interviews with Parent Champions and parents highlighting particular benefits of the programme). Project benefits include:

- Parental attendance at local events, children's centres and other activities;
- Building trust in the community;
- Increase take-up of childcare services;
- Improved parenting skills;
- Increased community involvement;
- Journey into employment;
- Improved family well being;
- Improved confidence and skill level.

Seven stakeholder groups were identified:

- Parent Champions (6)
- Parents (589)
- Children's centres (4)
- Children (92)
- Children & Family Information Service (1)
- Daycare Trust (2)
- The State (1)

Semi-structured interviews were conducted by the Daycare Trust in person and by telephone with five Parent Champions, five stakeholders from the three children's centres, two stakeholders from the Daycare Trust and four parents.

Stakeholder involvement was maintained throughout the project to test outcomes and develop indicators, with the aim of ensuring that deadweight, attribution and drop-off were realistically applied and appropriate financial proxies used. Outcomes were approved, the results quality checked and financial proxies calculated by further telephone and face-to-face interviews and group discussions involving the Daycare Trust, Parent Champions and children's centres stakeholders.

Attribution rates of 0.8, 0.9 or 1 were used and drop-off of 20% or 35% applied. No deadweight has been applied to the calculations due to nature of the project, i.e. Liverpool Parent Champions is a new initiative. Benefits accrued to parents through increased access to childcare (average cost of the free early education entitlement for two and three year olds over 38 weeks), increase in parental engagement/involvement (hours not spent caring for their child valued at the median hourly wage rate) and an increase in the engagement of lone parents (valued at the cost of providing an information session to parents on childcare and child tax credits). It appeared that some of the benefits, such as the increase in access to childcare and the benefits to children's centres in increased take-up of services, may simply have replicated costs. Benefits to the state comprised the value of Parent Champions moving into work (valued at the minimum wage) and reduced reliance on social security payments (a transfer).

Inputs to the project included Department for Education funding, staff time (creche workers, nursery staff and parenting class leaders) and volunteer time (Parent Champions). The total time and other costs of these inputs were estimated at £84,092.40, of which by far the largest component consisted of the costs of nursery staff at £55,575, or two thirds of the total. For staff and volunteer time, the authors appear to have made a detailed attempt to account for the time involved. Volunteer time was valued at the minimum wage. Although there are other options for the unit cost of volunteer time (such as the value of leisure time), this probably wouldn't have affected the overall cost significantly.

### Results

Parents trusted Parent Champions as a source of information "...particularly those parents who don't have English as a first language or aren't engaged with more general services". *Parent Champions* gained employment and improved their confidence, increased their transferable skills and their knowledge about children as well as increasing their wellbeing. Five Parent Champions gained employment. This was not a significant contribution to benefits, however. Five Parent Champions moved into work compared with 589 parents who were engaged. There was increased access to childcare and increased parental engagement and involvement. There was also an increase in the engagement of lone parents. There was an increase in children's centre registration, service take-up and an increase in referrals. The Children & Family Information Service received 217 referrals.

Against the total input for the project of £84,092.40, it was estimated, that over 5 years, the intervention would generate £1,075,567 (present value of benefits), for an SROI of £12.79 per £1 invested. A 3.5% discount rate<sup>18</sup> was applied to the calculations, with a five year time horizon adopted on the basis of "good practice". The value of benefits was broken down by category of recipient but not category of benefit. Two thirds of the benefit was found to accrue to parents. The main benefit appeared to be in the form of access to child care, valued at the cost of child care provision. However, on the inputs side, childcare costs appeared to be calculated only for the first year rather than for the five year period of the evaluation. Child care inputs were calculated for 60 children, implying 15 staff (at a child:staff ratio of 4:1) each working 15 hours per week for 38 weeks. While this should have simply cancelled out with the benefits of childcare provision, the benefits calculation is not presented in sufficient detail to enable it to be reproduced. Some double accounting appears to have occurred, however, as an additional value was included for the value of parents' time in not caring for children. At a cost of £475 for each of 60 children assumed to receive free childcare (excluding the costs of childcare itself), a key question decision makers might wish to ask is whether there is a less costly way of encouraging the uptake of free child care to which parents are already entitled.

### Community Libraries Programme

18 "The process by which future financial costs and benefits are adjusted into present-day values, to account for the decreasing value of money over time" - Envoy Partnership. 2014. Social Return On Investment (SROI) analysis of Tri-Borough Public Health; Community Champions



### Project description

The Community Libraries Programme (CLP), for which an evaluation was commissioned from Renaisi, was developed with a requirement from the funders “...to actively involve communities in the design, delivery and management of the funded libraries”<sup>19</sup>. The programme aimed to work with various community groups, including disadvantaged groups, volunteers, service users and non-users as well as other community service providers. The CLP aimed to actively involve communities in the development and delivery of the library services and increase activities within the libraries. 2 CLPs were evaluated using the SROI tool: Make Friends with a Book conducted in Sandwell and the Bengali Women’s Conversation Group in Westminster. The former was assessed in terms of improved health, wellbeing and community cohesion while the latter was assessed in terms of improved English language ability, mental health and isolation. A third programme to which SROI was applied (the Homework Club) was excluded on the basis that the assessment was restricted to learning outcomes and did not consider health or wellbeing.

### Make Friends with a Book

Make Friends with a Book (MFWB) is a book reading group and is based on the “Get into Reading” model that promotes reading sessions at the libraries. The programme involves group leaders and volunteers. No other information on staff is provided. The intervention is delivered within the libraries.

### Methods

Key stakeholders for this project were:

- Group participants
- Group leaders
- Sandwell MIND representatives
- Sandwell PCT (Senior Mental Health Promotion Officer)
- Community Development Manager
- Library Managers (Smethwick and Bleakhouse Libraries)

In line with an earlier evaluation, the outcomes were agreed to be improved mental health, improved confidence and wellbeing and improved community cohesion. Improvements in confidence and wellbeing were valued at the value of a two hour session with a life coach. In addition to these benefits, the value of volunteers’ time was considered a benefit valued at £1,482.50 based on the minimum wage of £5.93 per hour. If the group resulted in one person not receiving cognitive behavioural therapy (CBT) at a cost of £67 per week, the annual saving would be £3,350. If it avoided the need for a mental health worker for one person, at a cost of £45 per week, the annual benefit would be £2,250. The evaluation noted that this approach had been used in an earlier evaluation but no evidence was provided that the mental health and wellbeing benefits associated with MFWB in previous work had been realised.

19 Renaisi Ltd. 2011. Community engagement in public libraries: an evaluation update of the Big Lottery Fund’s Community Libraries Programme. London: Renaisi Ltd. Page 3

For participants a 10% deadweight was used. There is no displacement as there are no other similar classes. Attribution of 100% and drop-off of 25% were assumed. For volunteers, 20% displacement was assumed and 100% attribution for their time. Attribution of income from work is set at 50% due to the part played by other factors and a drop-off of 25% was assumed for employment.

### Results

It was found that participants had improved mental health, confidence and wellbeing. The participating groups also improved community cohesion. Volunteers gained important skills and, additionally, the project helped one of the volunteers to obtain a part time job (through improved confidence) that was valued at £5,550.48 per annum based on 18 hours per week (which would imply a national minimum wage of £5.93 as at 2010). The form of engagement was not explicitly stated with the authors indicating that, for some of the outcomes assessed, they used the same approach as a previous analysis. It was therefore unclear what approach had been used to identify the claimed benefits.

Costs presented in the Renaisi evaluation report were made up of the time of the cost of the group leader's time (£100 per session, giving a cost of £6,700 across the two sites), room costs (£8 per hour) and refreshment costs (£2 per head), combining to give a cost of £2,096 and the cost of library support, valued at the hourly wage of a library assistant, for a cost of £852.80 per year. In total the costs of the group were £9,648.80.

The total value of the benefits was calculated at £63,832.98 (over a 1 year period). The single most important component of this benefit consisted of improved confidence and wellbeing, valued at £51,200. After allowing for deadweight, displacement, attribution and drop off, the net impact was estimated at £40,774.86. The SROI analysis found that for every £1 invested in this project £4.2 in benefits is generated. The basis for claiming the benefits attributed to this programme was unclear (and some, such as avoided use of a mental health social worker, appeared to be more assumed than supported by evidence), and some of the financial proxies were open to challenge (e.g. the cost of a life coach as a proxy for improved confidence and wellbeing). Perhaps the most useful piece of information for the decision maker is therefore the cost per participant of £643 (for each of the 15 participants). To assess whether this intervention was worthwhile would require a judgement as to whether improvements in wellbeing could plausibly be generated of this value, perhaps with reference to the value of a quality adjusted life year (QALY), which is frequently valued at £30,000 in SROI analyses.

### Bengali Women's Conversation Group

The Bengali Women's Conversation Group project, also evaluated as part of the Renaisi SROI analysis of the Community Libraries Programme, has been running on for 7 years in Westminster libraries. The project aimed to improve the mental health and wellbeing of Bengali women, as well as improve their English language. Though the group is mainly focused on Bengali women, other ethnic and faith communities also take part. The intervention is delivered by group leaders and volunteers in the library. No additional information on human input was provided.

## Methods

The key stakeholders for the Bengali Women’s Conversation Group project SROI evaluation were:

- Bengali Outreach Workers;
- Library staff and management;
- Participants;
- Volunteers;
- Learning Coordinator;
- Westminster Family Learning.

The following benefits of the intervention were valued:

- Improved mental health for participants;
- Improved confidence for participants;
- Enhanced skills for volunteers;

The form of engagement with participants and other stakeholders was not explicitly stated although the report produces quotes from attendees of the group. It is therefore unclear how the claimed benefits of the programme were established. The improvement in English language skills was valued at the cost of an English for Speakers of Other Languages (ESOL) course. For 11 participants, this was estimated at £13,090. As a proxy for reduced isolation, the cost of voluntary sector day care was used (£36/day). This gave an annual benefit of £28,080. The value of improvements in mental health were based on the cost of CBT (£67 per session) for two people, or a total of £6,030 over the course of a year. The value of the benefits accruing to the volunteers was based on the London living wage of £7.85 per hour, giving a total value of £1,413.

For the participants, no deadweight was assumed because of the disconnectedness of the women from other services. Displacement was put at 5% due to the possibilities for participants to use other services, and attribution was put at 100%. Drop-off was put at 50%. For volunteers, there was no deadweight or drop-off, attribution was 100% and displacement was put at 50%.

The cost of the meeting space was put at £30 per hour, although provided free of charge to the group, and of refreshments at £2 per head, gave total meeting space costs of £3,690. The cost of the officer running the groups was estimated at £5000 per year, giving a total cost for the group of £8,690.

The above is summarised in Table 2

*Table 2: Bengali Women’s Conversation Group*

Beneficiary	Benefit	Nos	Financial proxy per unit	Units	Gross value	Adjustments	Adjusted value
Participants	English language	11	£1,190	Per person	£13,090		

	ability						
	Reduced isolation	5	£36	Per day (3 days/week or 156 days per year)	£28,080		
	Mental health	2	£67	Session (1 per week for 45 weeks)	£6,030		
				Total	£47,200	Displacement 5%, Drop off 50%	£22,738.25
Volunteers	Increased volunteering (hours)	180	£7.85		£1,413	Displacement 50%	£706.50

### Results

There were 45 sessions held in a year, each attended by 11 participants and each session lasted 2hrs. The total value of the project was estimated at £48,613, of which the most important element was the value of reduced isolation, put at £28,080 (58% of the total). After adjusting for displacement, attribution and drop-off, the net value was estimated at £23,126.50. Given that the total cost of the project was estimated at £8,690, the project generated £2.7 of social value for every £1 invested. Across 11 participants, the cost of the project is £790. As the source of the evidence on benefits is unclear, whether the programme is value for money requires an assessment of whether it is plausible, based on the information collected in the study, that it could generate wellbeing benefits (perhaps with reference to QALYs) of this value.

## Community Champions

### Project description

The Community Champions programme, which was evaluated by the Envoy Partnership, involves community members that volunteer to promote health and wellbeing within the community. Champions learn about health and wellbeing, as well as health services and are a respected local asset. "Champions are rooted in their community, and bring local people and services together to improve health and well-being, transfer knowledge, and help reduce health inequalities across different groups"<sup>20</sup>. Community Champions have a key role in improving the life expectancy of black, minority and ethnic (BME) groups. Their activities are tailored to local needs. Champions operate within hubs,

<sup>20</sup> Envoy Partnership. 2014. Social Return On Investment (SROI) analysis of Tri-Borough Public Health; Community Champions. Page 5

covering around 1,000 households per hub. Each hub reaches 150-250 new households per year. It is believed that residents trust people from their own communities more than authorities. Peer motivation and group activities are thought to reduce isolation and improve community cohesion. The programme is described as “Genuine - No hidden agenda or cause”<sup>21</sup>. The Envoy Partnership operates in the tri-borough areas: Westminster City Council, Hammersmith and Fulham London Borough Council and Chelsea London Borough Council. Community Champions activities covered six estate-based hubs across the tri-borough area. Around £550,000 was invested across six Community Champions hubs over the course of a year. 1800 households are estimated to have been meaningfully reached.

Activities of the Partnership include the following:

- Healthy cooking and budgeting courses for 30-40 households
- Physical exercise events
- Developing and promoting men’s well-being group
- Health awareness for minority ethnic groups
- Champions learning and providing health guidance on diabetes
- Dental health campaign, training and oral hygiene for children
- New mothers/baby drop-in

#### Methods

A number of stakeholders were involved in the evaluation by the Envoy Partnership through interviews and discussions:

- Champions;
- Residents;
- Children;
- Local Services/Government.

Evidence about the magnitude of changes was obtained from 65 household surveys and 36 Champions surveys. The outcomes surveys for champions and residents included well-being questions in addition to economic or financial outcomes.

The valuation of health and wellbeing benefits was informed by the qualitative data collected from stakeholder engagement. The estimated impacts are based on a survey of residents and volunteers asking about healthy behaviours before and after contact with their Health Champion as well as about weight and waist size. Allocation of a monetary value to benefits is then based on estimates of the QALYs generated, valued at £30,000 each. Details of the conversion from survey responses to health benefits are not provided. Mental and emotional wellbeing is allocated 0.352 of a QALY or £10,560. An improvement in physical health is allocated 25% of the remaining £19,440. The National Accounts of Wellbeing were also used to triangulate the results. In addition to health and wellbeing impacts, the

21 Envoy Partnership. 2014. Social Return On Investment (SROI) analysis of Tri-Borough Public Health; Community Champions. Page 17

authors considered a number of other benefits, such as skills and knowledge, employability and fairer access to treatment for champions.

The study considered attribution, deadweight, displacement and drop-off.

- Attribution: Responses to surveys and consultation suggested an attribution of outcomes at around 60-65%, but this was reduced to 21% for residents, and 11% for children, to account for other factors and activities that they may have attended.
- Deadweight: Although the majority of respondents reported that it was highly unlikely that the outcomes would have occurred anyway, a 50% counter-factual rate was used to reduce the amount of impact claimed. Calculations are sensitive to deadweight in this model; for example, increasing the deadweight by 10% reduces the SROI to approximately £4:£1 while increasing deadweight to 75% reduces the SROI to £2.75:£1.
- Displacement is zero, as it has been assumed that improving a person's health does not have negative unintended consequences on other stakeholders.
- Drop-off of impact is 66% drop off per year over a 3 year benefit period (although the majority of respondents felt the impacts would last well beyond 3 years).

## Results

According to the results of the survey (included in appendices to the main evaluation report), asking about the situation 'now' as opposed to before coming into contact with the Champion, Community Champions have resulted in changes in:

- Community cohesion;
- Increased knowledge;
- Reduced inequalities;
- Increased physical activities;
- Improved physical health;
- Avoidance of type 2 diabetes;
- Improved emotional and mental wellbeing;
- Reduced body weight;
- Reduced social care needs.

Residents have increased their participation in community activities by 40%. Both Champions and residents reported having improved their physical health. Champions reported improving their physical health, having healthier eating behaviours and achieving weight reduction; 33% of residents reported a reduction in waist size. It was assumed that 50% of these residents would avoid type 2 diabetes (50% of 33% of all residents). An overall improvement in mental wellbeing was observed among Champions and this is thought to be gained through improved knowledge. Increased self-confidence and improved knowledge are also reported by Community Champions. Improved health and wellbeing was observed among the residents, as well as healthier behaviours and knowledge. A sense of community cohesion was seen both among Champions and other residents. Similar benefits are seen for children along with school readiness, dental hygiene and pride and motivation. Savings are seen for the local authority by

savings made in resources rated to diabetes, cardiovascular diseases and other long term conditions. In addition, there was improved mental wellbeing and reduced isolation. Citizenship and volunteering also increased<sup>22</sup>.

The analysis in this report estimates that the Community Champions programme will this year have generated £5.05 of value for every £1 invested - of which at least £1.65 of care resource savings are potentially generated for local authority, related to diabetes, improved mental well-being, community cohesion, and reduced isolation of families and older people. For funding of around £550,000, benefits over a 12 month period are estimated to be £2.56m and £2.78m over three years. On average, Champions and residents reported that if they were to forecast how long the actions, knowledge and behaviours they had learned would last, it would go beyond three years - and reported in many cases that their improved habits should last for most of their lifetime.

Savings come from reduced adult social care needs to treat diabetes and associated long-term conditions in care settings, as well as from a reduced likelihood of older people entering long-term care earlier than needed due to improved mental and physical health and reduced levels of isolation. The value of this contribution to the local authority is estimated at approximately £4 million, of which £900,000 is attributed to the Champions. Additionally, the impact on health services is the reduced health care burden (non-cashable resource savings) from the proportion of Champions and residents avoiding diabetes and associated conditions (e.g. hyper-tension, cardiovascular issues), and those improving their overall health for the long term, the value of which is estimated at £844,000, with £185,000 attributed to the Champions.

For Champions, the project reports that the securing of longer term paid work across the six hubs is equivalent to 10 full time roles, within either public health, the retail sector or children/family support services. Around 18 Champions hope to be employed as part of a new "Health Trainers" public contract under the Tri-Borough. Whilst Health Trainers would receive an annual salary of approximately £17,000, the report notes that, using the minimum wage, the total pool of salaries would equate to around £77,000, and this also should result in reduced Job Seekers Allowance claims in addition to net contributions to income tax, council tax and national insurance. This study is based on well established methods for valuing health improvements and found that the costs of the intervention (of around £400 per participant) could potentially be outweighed by cost savings generated. However, the estimated health impacts are crucially dependent on being able to make a link between the responses to self-completed questionnaires on individual characteristics such as BMI and healthy behaviours and health improvements.

## Community Assets in Wirral

22 Envoy Partnership. 2014. Social Return On Investment (SROI) analysis of Tri-Borough Public Health; Community Champions

The report by Whelan and Timpson (2014) aims to map out the community assets in Wirral and “measure their impact using a social value approach”<sup>23</sup>. Full SROI reports have been located for the five projects for which the summary report presents estimates of SROI. Four of these are categorised as peer/lay-delivered interventions and one (described in Section 6.2) as a collaborative intervention. The following summaries are based on the individual SROI evaluation reports for each of the five projects, which tended to be generally less detailed than the other SROI reports included in this review.

## Get into Reading

### Project Description

This project<sup>24</sup> was originally set up as a reading group to help with adult literacy but evolved into a social group with health and wellbeing benefits. The research focussed on an open group, sessions among looked-after children and sessions among those in recovery from alcohol or drug addiction.

### Methods

A series of interviews and focus groups was carried out with stakeholders with a follow-up questionnaires among attendees. The questionnaire aimed to gain financial values from the four key changes identified from interviews and focus groups: I have gained new skills; I have a better social life now; my physical health has improved; my mental health has improved. Half of the respondents reported an improvement in mental health over the previous 12 months since joining the group (it is not stated whether the half that did not deteriorated or remained the same). Mental health improvements were valued at the cost of an alternative way of achieving the improvement in question. Financial proxies were obtained from participants themselves or other sources, such as a database of financial proxies. For example, positivity was valued at the cost of a two day positivity training course while a reduction in stress and anxiety was valued at the cost of a stress reduction workshop. A similar approach was taken to the value of new skills.

Displacement and drop-off were both set to 0% in this study while 50% was used for deadweight and attribution. Inputs included time (including volunteers’ time), training and development, travel and facility hire. Volunteer time was estimated at the national minimum wage. For volunteers facilitating Get Into Reading sessions among the recovering community, the cost of a part-time Get Into Reading facilitator role was used.

### Results

On average across the three different types of group, a return on investment of £6.47 per £1 invested was estimated. The estimated SROI ratios for the Wallasey open group, the looked-after children group and the Arch recovery group were £6.38, £7 and £6.04 per £1 invested, respectively. The evaluation

23 Whelan G, Timpson H (2014). Exploring the social value of community assets in Wirral. Liverpool: Liverpool John Moores University.

24 Whelan G (2013). An evaluation of the social value of the Get into Reading initiative in Wirral, Merseyside. Liverpool: Liverpool John Moores University.



report undertook an additional analysis investigating the return on investment of a Get Into Reading facilitator who could reach a potential 108 members. While the report explained how the benefits had been ascertained (e.g. interview, questionnaire), the numbers achieving each type of benefit and the source of the financial proxies, it was not possible to reconcile the total benefits for the three categories of benefit (social, mental health improvement and new skills gained) with the stated figure for total present value. Neither were total costs broken down into amount of time and unit cost but could only be deduced from the difference between the stated present value and the stated net present value.

Financial proxies tended to be based on the costs of an alternative service which might be thought to provide a similar benefit, such as the annual cost of socialising or positivity training. While such measures do not obviously reflect willingness to pay or costs avoided, they appear to be standard means of valuing non-health (and sometimes health) benefits in SROI. Since the programme claims to have generated mental health improvements, some of the valuations could perhaps be placed on a firmer footing by using the QALY framework. A decision maker could then assess what proportion of a QALY would need to be generated to justify the £343 cost per person. Interestingly, the evaluation report includes a Wallasey open group questionnaire which asks about use of health care resources but this information doesn't appear to have been used in calculating the SROI ratios.

## Taiko Drumming

### Project Description

Over 10 years, Taiko Drumming for Health<sup>25</sup> has developed from a diversionary activity for young people to deter them from crime and antisocial behaviour, to structured weekly sessions in schools and adult day centres. Taiko drumming sessions run for approximately one hour and involve a blend of drumming beats, choreography, and practising beats and rhythms.

### Methods

The research focussed on two sets of beneficiaries: primary school-age children and disabled adults. In particular, it considered the benefits for two groups of disabled adults at two day centres and a primary school group. One focus group was conducted at each day centre while three focus groups were carried out at the primary school. Ten interviews were conducted with Taiko Drumming for Health project leads, volunteers and staff at both day centres and the primary school. One-to-one service user interviews were conducted to seek their views on the way in which being involved with the project had affected their quality of life, health and wellbeing and relationships.

A range of financial information was sent by chartered accountants, Wilson Henry, Liverpool, on behalf of Taiko Drumming for Health management. This included project income and expenditure, equipment,

25 Whelan G (2013). An evaluation of the social value of the Taiko Drumming for Health initiative in Wirral, Merseyside. Liverpool: Liverpool John Moores University.

resources, insurance and motor expenses, marketing and promotion, professional fees and website work.

Financial proxies were sourced either directly from the service users themselves, or from other sources, including a database of financial proxies ([www.wikivois.org](http://www.wikivois.org)) or directly from the Internet. Key stakeholders were Taiko Drumming for Health project management, drummers and volunteers. Volunteers' time was valued at the minimum wage while the role of the project leads was equated to community development workers at an average salary of £20,000 per year. For drummers, benefits were expressed as new skills, including increased social skills and improved mental health and wellbeing. The proxy values are an indication of what could have been spent to achieve the same outcome. For example, the benefit of new friendships was valued at the cost of coffee and cake for two of £5 per month or £60 per year (as a means of capturing an alternative means of developing friendships). In the category of mental health and wellbeing, positivity was valued at the cost of two-day positivity training while the benefits in terms of the exercise provided were valued at the cost of a gym membership. The highest value benefits were two kinds of new skills, namely work experience valued on the basis of ten hours volunteering for 40 weeks per year using the minimum wage, and the role of a drumming tutor, equated to the aforementioned community development worker valued at £20,000 per year. Drop-off and displacement were set to zero while 50% was used for deadweight and attribution.

### Results

The return on investment was estimated at £8.58 per £1 spent. Unfortunately the presentation of the results made it extremely difficult to verify the results. While the various financial proxies were explicitly stated, these were not reported alongside numbers of beneficiaries and adjustments for factor such as deadweight in such a way as easily to reproduce the estimate of overall benefits. As with other SROIs included in this review, the financial proxies did not necessarily have a theoretical underpinning but were intended to capture an alternative service assumed to generate a similar benefit. However, this was one of the least costly interventions in the sample of studies at a cost of £52 per participant. Benefits would therefore need to be minimal to justify the intervention.

## Ferries Family Groups

### Project Description

Ferries Family Groups, a programme evaluated by researchers at Liverpool John Moores University<sup>26</sup>, was originally set up in 1988 by parishioners at St Mark's Church, Rock Ferry, as a means of reaching out to members of their communities who were experiencing difficulties and hardship. Each family group consists of a group of up to 16 adults and children who meet weekly for two hours. The groups are led by trained volunteers and help anyone who needs support, whether as an individual or family.

26 Roach G, Whelan G, Hughes L (2013). An evaluation of the social value created by the Ferries Family Groups in Wirral, Merseyside. Liverpool: Liverpool John Moores University.

Individuals are referred into Ferries Family Groups due to experience of a number of hardships, including risk of depression, isolation or social exclusion, special needs, or particular issues relating to housing, money or health.

Initial referral to Ferries Family Groups can be made by a number of professionals including health visitors, school nurses and social workers or can be through family and friends. The groups meet at locations within the community and discussion within each weekly group is guided by the parents, predominantly by the women, who have the opportunity to chat amongst themselves while having a focus on particular activities. These include courses and workshops on issues related to confidence-building, community development, cookery, financial management, and crafts. In addition to the family support groups, the charity runs other activities such as a reading group, an allotment group and social events and courses. The project has four paid members of staff and around 40 volunteers.

### Methods

It was decided that the evaluation would focus on two of the six Ferries Family Groups. The two selected groups were regarded as representative of the six groups as a whole. Stakeholders were defined to be parents attending the groups, volunteers facilitating the groups and supporting the other activities, paid project workers and other groups affected by the Ferries Family Groups, such as referral agencies. 20 parents took part in focus groups, one-to-one interviews or case studies. Four volunteers participated in one-to-one interviews while four one-to-one or telephone interviews were conducted with workers and referral agencies.

The business manager at Ferries Family Groups provided a range of financial information in the form of annual accounts, and included salary and pension costs, expenses, courses, insurance and consumables such as stationery and equipment. When valuing benefits, financial proxies were obtained from stakeholders themselves or other sources including a database of financial proxies. Volunteers' time was valued at the minimum wage. Examples of financial proxies applied to outcomes are given below.

- New friendships: the cost of socialising with a coffee and cake for two at £5 per month.
- Reducing social isolation: the annual average cost of socialising at £520.
- Healthy eating skills gained as a result of courses and being engaged with the allotment group: the average weekly spend of £11.16 on fruit and vegetables for two people (minimum family number) per week (taken from previous studies).
- Confidence that families gained: a confidence-building course valued at £216.
- Happiness: the cost of volunteering for 18 hours a week (as reported by volunteers) based on the national minimum wage.
- Reduction of stress and negativity: cost of a stress reduction workshop.
- Reduced reliance on the NHS: cost of one GP appointment.
- Improved mental health: cost of psychotherapy and counselling.
- Reduced social isolation: average spend on social activities in a year.

Deadweight adjustments ranged from 5% to 40% depending on the benefits and type of recipient, and attribution adjustments ranged from 5% to 30% while displacement and drop-off were set to 0%.

## Results

The overall social return on investment was estimated to be £5.20 per £1 invested. Although it wasn't possible to reproduce the claimed overall benefit from the estimates produced for individual indicators, the benefits were dominated by a 'family therapy' measure which was valued at the cost of a certificate in parent child relationship skills, with 128 families attributed a benefit of over £2000 each. In common with some of the other outcomes valued, this captures the value of an alternative way of achieving improvements in family relationships. This benefit alone could more than justify the estimate inputs over a year of £87,544.04 but requires an assumption of equivalence of outcomes. Nevertheless, the cost per individual who either attended the support groups or social events and courses, which were free to attend, was relatively low at £41.

## Stick 'n' Step

### Project Description

Stick 'n' Step<sup>27</sup> was set up by a group of families with children who had cerebral palsy (CP). The aim is to support other similar families by providing conductive education (CE). According to the evaluation report, CE is "an approach which encourages development of new abilities and skills to promote independence and social inclusion". CE is educational while offering social opportunities to meet people in a similar situation and make friends. Stick 'n' Step also provides a sensory room for children to use as part of their CE session or for parents and young people to use before or after the CE session. The charity aims to support young people with CP and their families to continue to use the skills acquired during the CE sessions at home in order to improve the young person's quality of life.

### Methods

As part of the normal scoping phase, stakeholders were identified to be young people attending CE sessions, parents of young people attending CE sessions and volunteers and staff facilitators supporting CE sessions. Two focus groups were held with a total of six young people, two one-to-one interviews and one case study interview were conducted with parents, four one-to-one interviews were carried out with volunteers and four with Stick 'n' Step staff. As with the other projects being undertaken on the Wirral, financial proxies were obtained from stakeholders themselves or other sources including a database of financial proxies (the Global Value Exchange).

Inputs to Stick 'n' Step consisted of costs borne by the charity, such as rent and rates, salaries, travel costs, water, gas and electricity bills, insurance, phone bills, equipment, projects run during the year and training costs. Benefits were identified, for young people and parents, as improvements in health and wellbeing, improved mobility, socialising and learning new skills and, for volunteers, gaining valuable experience.

27 Whelan G, Roach G (2014). An evaluation of the Stick 'n' Step charity in Wirral, Merseyside. Liverpool: Liverpool John Moores University.

Examples of financial proxies are as follows:

- Increase in social inclusion: valued at the annual average cost of socialising at £520 according to a national survey.
- The value created by young people who reported that engagement with the charity had been life changing for them: the cost of a care package up to the age of 18 (estimated at £50,799).
- Reduction of stress and negativity: valued at the cost of a stress reduction workshop of £25 per person.
- General improvements in feeling of healthiness: valued at the cost of a saved GP appointment for each young person (which studies estimate to be £25).
- Alleviation of pain following a CE session: valued at the cost of physiotherapy sessions of £2,436 a year for weekly sessions.
- Gaining pride in mobility: valued at the estimated cost of a learning support worker to work with one young person for 37 weeks per year, totalling £3,205.
- Confidence that adults and children gained as a result of being able to move more freely and from meeting new people and forming friendships: valued at the cost of a confidence-building course of £395 for children.
- Value of a volunteer: their time has been costed at an estimated ten hours per week for 40 weeks per year (accounting for holidays, term time etc). These hours were valued at the national minimum wage of £6.19 per hour for over 21 year-olds.

Deadweight and attribution were set at 50% while there was no reported drop-off or displacement.

### Results

Overall, for an investment of £317,053, total social value was estimated at £1,550,689, for a return on investment of £4.89 per £1 invested. It was not possible to replicate the overall estimated benefit on the basis of the values of individual items and therefore it is difficult to interpret these individual values in the context of the estimate of total benefit. However, two components of benefit dominated the whole. These were the benefit attributed to those who had described Stick 'n' Step as life changing, valued at the cost of a care package up to the age of 18 and the exercise benefit of Stick 'n' Step, value at the cost of conductive education therapy of £23,000 per person or over £400,000 in total. As other benefits were given a relatively low value, the SROI calculations are highly dependent on two values whose validity is open to challenge. Stick 'n' Step was the most costly of the programmes considered in this review at around £4,500 per participant.

### Summary – peer/lay delivered interventions

Table 3 summarises the results from the examples of peer/lay-delivered interventions.

*Table 3: Summary of the interventions: Peer/lay delivered*

Project name	Brief description of the project	SROI (per £1 spent)	Sensitivity range (if any)	Comments
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Glasgow Health Walks	Community health walks aimed to increase physical activity and improve health and wellbeing	£8	£7-£9	Results were transparently presented and drew on research evidence. A question mark remains over the validity of self-reported health changes
Parent Champions for Childcare	Parent Champions for Childcare. Champions engage with parents in their community and offer information, support and signposting	£12.79	Not reported	Benefits not transparently reported but were dominated by access to childcare while inadequate allowance was made for the costs of childcare. The key issue is whether expanding access to child care could be achieved at lower cost
Community Libraries Programme	Make Friends with a Book project	£4.2	Not reported	Validity of financial proxies difficult to assess; this was one of the more expensive interventions at over £600 per participant
	Bengali Women's Conversation Group	£2.7	Not reported	Proxy of cost of voluntary care for reduced isolation not underpinned by evidence of cost saving; this was a relatively

				costly intervention (£1700 per beneficiary or £800 per participant)
Community Champions	Community Champions are engaged in the community to improve health and wellbeing for themselves and the community	£5.05 (at least £1.65 is generated in benefits for the local authority)	Not reported	Estimates of health impact are crucially dependent on converting responses to self-completion questionnaires into quantified health improvements
Community Assets in Wirral	'Get Into Reading' reading group to help with adult literacy	£6.47 (averaged across three reading groups), £3.20 for a facilitator reaching 108 members	Combined SROI reduced to £5.85 in sensitivity analysis	Financial proxies reflect the costs of alternative services, without evidence that they generate similar outcomes
	Taiko Drumming groups for primary school children and disabled adults	£8.58	£6.47-£19.18	Difficult to verify results, drummers' time counted as a benefit as well as a cost, but any benefits are achieved at a low cost of £52 per person
	Ferries Family Groups discussion groups and activities for families with hardship	£5.20	SROI increased to £5.98 in sensitivity analysis	The reader may not be convinced by the use of the cost of a relationship skills certificate to value the main benefit but a low cost

				intervention (£41 per person).
	Stick 'n' Step conductive education for children and young people with cerebral palsy	£4.89	SROI increased to £11 in sensitivity analysis	Assumptions (rather than evidence) about conversion of qualitative impacts into quantified effects and a high cost intervention (£4,500 per family).

## 6.2. Collaboration

### Life Expectancy in Wirral

#### Project description

Life Expectancy Wirral (LEW) works across religious denominations, local organisations and public services, as well as the voluntary sector with the goal of understanding inequality and poverty. As part of the initiative, Life Expectancy Wirral has focused on pairing churches in less affluent areas with those in more affluent areas of the Wirral, and building lasting relationships between these communities in a bid to improve the lives of those living in these areas. By bringing people together through the work of the pairings and through a range of events hosted by Life Expectancy Wirral, including its Green Spaces initiative, information is then disseminated, while fostering partnerships and working relationships.

LEW is a collaboration project between Christian denominations, communities and the voluntary sector which aims to tackle inequalities within the community in which it operates and, in common with the other Wirral projects, was evaluated by the Liverpool John Moores University team<sup>28</sup>. "The project aims to raise awareness of poverty and inequalities in life expectancy by: building on, improving and expanding its church pairings; forging meaningful and sustainable relationships and working partnerships between communities and within congregations; capture learning and provide resources to those wanting to become involved in social action; and, harnessing the use of green spaces to improve health and wellbeing"<sup>29</sup>.

28 Whelan G. 2013. An evaluation of the social value created by the Life Expectancy Wirral initiative, Merseyside. Final report. Liverpool:

Liverpool John Moores University.

29 Whelan G. 2013. Page 3



Six events were held across the Wirral over 3 years to raise awareness about poverty and provide opportunities for networking. The events were attended by around 600 people. The events involved representatives from the local authorities. LEW is based on a concept of pairings. “The pairings work on the basis that two churches (any denomination) are brought together - one from an affluent and one from a less affluent area. The pairings involve training led by the diocese, regular discussions between the paired churches and quarterly meetings, and can involve regular community events/initiatives aimed at involving the community in that area and supporting the working relationships between the two areas”<sup>30</sup>. 4 churches were involved in pairings.

### Methods

During the initial phase of the evaluation, it was agreed with the Life Expectancy Wirral project team that the research would be based on interviews with stakeholders involved in the project and the church pairings. As well as covering perceptions of the work of Life Expectancy Wirral, the interviews with nine service users considered the impact on stakeholders’ quality of life, health and wellbeing and relationships. A focus group was also held with three members of the Life Expectancy Wirral project team and steering group. As part of the green spaces initiative, a questionnaire was delivered to users of a range of services in the more deprived parts of the Wirral.

The stakeholders involved in the evaluation included:

- Volunteers;
- People involved in partnerships;
- Representatives from church pairings;
- LEW project leads.

Costs of inputs in the form of project worker salaries, expenses and room hire costs were provided by the Director for Social Responsibility at the Diocese of Chester. Financial proxies for valuing benefits were drawn from stakeholders or other sources, including a database of financial proxies. Examples include the benefit of new friendships, valued at the cost of coffee and cake for two of £5 per month or £60 per year, the same value being applied to a general sense of wellbeing. The most significant benefit was the value of churches as an asset of benefit to the community. In this context, one interviewee stated that “people need a local, safe and unjudging place where they can get help, and this is what the church can do”. Focus group members equated this to the cost of keeping a church open (£37,800 including services and building maintenance costs). Other significant benefits were empathy which was valued at the cost of one day’s training at the Empathy Factory (£450 per person) and an increased sense of community, valued at 6.5 hours’ volunteering per week for a year using the minimum wage. Displacement and drop-off were set at 0% while, in most cases, deadweight and attribution were set at 50%.

During the process of stakeholder engagement (focus groups and interviews), stakeholders reported a number of outcomes they have experienced as a result of engagement with LEW. These were grouped into five main themes:

- Social determinants of health;
- Mental health and wellbeing;
- Partnership working;
- Faith;
- Skills;

Information collected from stakeholders as part of the stakeholder engagement focus groups and interviews was used to identify areas where material changes had occurred. According to interviews with those involved in delivering, volunteering or leading the LEW initiative, LEW brought together people from disadvantaged areas and wealthier areas, helping to create friendships between individuals across the paired communities. Engagement with stakeholders suggested that increased friendships helped to tackle isolation and loneliness. It was felt that there was a better understanding of community life among participants, resulting in an increased sense of community. The wellbeing of the participants was also thought to have improved. The project helped to identify the people in need. In addition, some people gained crafting skills. The project was found to reinforce the role of the church.

## Results

The SROI evaluation is based on 1 year timeframe. It was found that the project present value was £136,771.28 for an investment of £24,715, or a social return on investment of £5.53 for £1 invested. As was found with other SROIs, it was not possible to reproduce the stated overall benefit from the individual categories and a few categories tended to dominate. In this case, these were an increased sense of community, empathy skills and the value of churches as a community asset. These were considered, respectively, to be equivalent to time spent volunteering valued at the minimum wage (around £40,000 total value), the cost of communications training at the Empathy Factory (around £40,000 total value) and the annual cost of upkeep of a church (total value attributed of around £57,000). Users of the evaluation should consider whether these values are justified or, alternatively, judge whether the qualitative benefits identified plausibly have a greater value than the relatively modest costs of £82 per person for the 300 people attending LEW events and who are on the LEW mailing list.

## Healthwise

### Project description

The Healthwise project, based at the Goodwin Development Trust in Hull and evaluated by Goodwin, aims to recruit health champions and to increase knowledge and raise awareness about health for people attending courses which focus on leading healthier lifestyles. According to the evaluation report:

“Volunteering opportunities are provided for people who take part in the course, as well as the opportunity to work closely with the local Primary Care Trust (PCT) and become actively involved in decision-making processes and shaping service delivery across the city.”

The training course for Health Champions consists of 3 levels:

- Level 1 course: Introduction to health issues;
- Level 2 course: Role of the Health Champion;
- Level 3 course: Train the Trainer.

Volunteers can undertake a training course (Introduction to health issues) and can then become health champions. The training courses are free of charge and travel and childcare is reimbursed. “The project aims to encourage people to share the knowledge they have gained with friends and family, signposting people to support services within the city such as the Stop Smoking service, Action for Change, MIND etc.”<sup>31</sup>. The programme enabled volunteers to work with the local Primary Care Trusts in decision making and shaping the services within communities.

On completion of an initial level 1 course, the participant becomes a Health Champion. Levels 2 and 3 courses are available for those who wish to develop their skills further. The project encourages people to share their knowledge, for example by signposting friends and family to stop smoking and other services.

### Methods

Healthwise aims to increase the knowledge, awareness and understanding of individuals who attend courses focussing on healthier lifestyles. Following the course, 104 participants completed the training (level 1) and became Health Champions (the number starting the training was not stated). 25 people took the more advanced levels of training (level 2 and 3).

The stakeholders identified as potential beneficiaries of the programme are as follows:

- Health Champions
- Healthwise employees
- Altogether Better (the funding body)
- Indirect beneficiaries (family, friends, colleagues etc)
- Referral agents
- Goodwin Development Trust
- Steering Group
- The Big Lottery
- Statutory bodies (e.g. the NHS)

The first three were consulted for the purposes of the evaluation.

31 Goodwin (2011). Healthwise: Social Return on Investment – Evaluation (April 2010 to March 2011). Page 4

Benefits for the Health Champions were that they felt good as a result of taking part in a worthwhile activity, improved confidence, improved health and wellbeing, skills which had helped them become volunteers and job readiness. Healthwise employees benefited in terms of career development and healthier lifestyles, in terms of feeling good about helping others. From the perspective of Altogether Better who funded the project, the evaluation of Healthwise has served to develop the evidence base which could be used in attracting further funding and in terms of improved reputation and credibility with other organisations.

The Health Champions were consulted through focus groups, telephone calls, a feedback report and one-to-one meetings. Employees were consulted through focus groups and one-on-one meetings and Altogether Better was consulted by telephone interview. For the Health Champions, the financial proxies used centred on the value of training and skills acquired. For example, proxies included the cost of a training course, time spent volunteering or on a work placement, valued at the minimum wage, and the cost of a work placement overseas. Allowance was made for deadweight, attribution and drop-off. For the Health Champions, these were based on stakeholder consultation but, due to time constraints, not verified with them. Deadweight and the adjustment for attribution were set at 5% and drop-off at 50%. The duration of benefit was set at one, two or three years. The numbers to whom the financial proxies were applied were based on the numbers undertaking training at the different levels.

### Results

Benefits were seen for Health Champions, Healthwise employees and Altogether Better (the funding body). Training gives an opportunity to Health Champions to gain knowledge. Outcomes were assessed using qualitative research. Health Champions report that they feel better, gain valuable skills and feel more confident. Health Champions also report improved health and wellbeing. The training motivates Champions to seek further employment. Three Healthwise employees reported that they had gained valuable knowledge that has enabled them to move on to more advanced jobs. One of the employees also reported improved health, reduced weight and cholesterol levels and that the programme made them feel good about helping others. The project outputs were useful evidence for Altogether Better and demonstrated value for money. This enables the organisation to secure additional funding and gain credibility. No outcomes were reported for households.

The benefits were dominated by the benefits to Health Champions who gained an estimated £418,971.80 of the total benefit of £568,800.70, or 70%. The remainder is made up of around £20,000 for Healthwise employees and just under £165,000 in increased funding for other projects for Altogether Better. The inputs consisted of £160,086.80 (over a 26 week period), comprised of the time of Health Champions, valued at the minimum wage, of approximately £40,000 and £120,000 in funding from Altogether Better. No additional costs of full or part time employees were included. The SROI was calculated at £3.55 in benefits created per £1 invested. This calculation is based on 104 champions. If 78 champions achieved the benefits associated with the training (a 33% reduction to allow for some participants not benefiting), the SROI would decrease to £3.03.

Because this is a new project to the market, a deadweight of 5-10% was applied. A 3.5% discount rate was applied to the calculations, with the duration of benefits limited to three years. It was difficult to translate the individual benefits and their financial proxies listed in one part of the report into the aggregate benefits reported in a separate section. It is worth noting that this report considered benefits to Health Champions in terms of, for example, increased confidence, but not to those with whom they come into contact in the form of improved health. The reader could perhaps have greater confidence in the findings of the report if it had addressed health benefits rather than concepts such as 'increased confidence' alone. The cost to generate these benefits was substantially higher than in some of the other SROIs considered, at over £1500 for each of the 104 Health Champions affected. A similar intervention for which the evaluation report did consider health gains (although also limited to those undergoing training) is the Introduction to Community Development and Health (ICDH) course, discussed below.

## **Introduction to Community Development & Health (ICDH) Course**

### **Project description**

The Introduction to Community Development and Health (ICHD) course is a 15 week course established in Sheffield aiming to engage communities and develop health promotion skills and has been evaluated by Sheffield City Council. The ICHD mainly focuses on deprived communities and includes community groups of BME, lesbian, gay, bi-sexual and transgender (LGBT) individuals and groups recovering from drug and alcohol abuse<sup>32</sup>. ICDH is based on a concept of community capacity building, "...which empowers participants to be more active in their communities"<sup>33</sup>. According to the evaluation report, the course was developed in 1996 through a collaboration between Healthy Sheffield (Sheffield City Council), Sheffield Health Authority and a number of community organisations. ICHD utilises the learning techniques to encourage participants to learn from each other and gain self-confidence. The course covers 5 main topics:

- What is health?
- Power and powerlessness;
- Recognising and Building on the Strengths of Communities;
- Achieving Change for Health;
- Developing Skills for working with Others.

### **Methods**

Key stakeholders were:

- Past learners;
- Friends and family members of past learners;
- Partner organisations who hosted or facilitated ICDH courses;

32 Willis L, Mustaphanin M, Skinner J, Garbe F, Gilwhite E. 2014. The value of personal growth: a social return on investment analysis of the Introduction to Community Development and Health Course. Sheffield City Council. ISBN 978-0-86321-269-7

33 Willis L, Mustaphanin M, Skinner J, Garbe F, Gilwhite E. 2014. Page 10

- Sheffield PCT (funder);
- Sheffield Local Authority (funder and local government organisation);
- The wider State (the NHS and national government).

Inputs into the programme (over two years) were £14,000 from partner organisations, £130,000 from Sheffield PCT and £12,000 from Sheffield local authority.

Learners, of whom 99 graduating between 2011 and 2012 are the focus of the SROI analysis and the key beneficiaries, were asked to contribute by taking part in a structured telephone interview either with an ICDH tutor or a member of the SROI evaluation team or by completing a paper questionnaire. 38 learners participated in telephone interviews and three returned questionnaires. Data from the telephone interviews/questionnaires (time point 3) was compared with data collected at registration (time 1) and the end of the course (time 2).

Family and friends attending a Community Development and Health awards ceremony were invited to complete a feedback sheet exploring the impact of the ICDH course on aspects of their own lives and those of the learners they were supporting. 14 past learners and 11 friends and family members participated. Three partner organisations out of a possible 10 returned an e-mail questionnaire.

Outcomes for graduates focussed on self-efficacy, confidence, emotional wellbeing, attention paid to health, levels of community engagement, trust in society, volunteering and gain in paid work. For family and friends, the benefits were couched in terms of improved physical activity and diet, emotional health, better management of stress at home and implementation of healthier cooking strategies. Benefits for partners were the development of volunteers and learners' input into their organisation (e.g. attending other events).

For an outcome such as increased confidence, the authors used the cost of a personal coach as a financial proxy. For wellbeing outcomes, the New Economy framework was used. On the basis of QALYs, a study by the Centre of Mental Health has valued the private and social costs of social and emotional wellbeing (including informal care and support) at £10,560. New Economy explain that the average loss of health status in QALYs from a level 3 mental health problem (a severe problem on the EQ-5D scale) has been put at 0.352 QALYs. Using a value of a QALY of £30,000 (treating this as the NICE 'threshold'). Equating well-being with mental health allows overall well-being to be valued at £10,560 (0.352 x £30,000)<sup>34</sup>. The New Economy group divided this equally between personal wellbeing and social wellbeing. For the purposes of the SROI, the components which make up these two aspects of wellbeing are translated into a number of ICDH outcomes, such as improved mental wellbeing, improved wellbeing from volunteering, improved general confidence, energy and confidence to become involved in the community, adult learning and improved trust in society. Improved health behaviours for ICDH graduates and friends and family are valued at the cost of a gym membership while partner

34 Cox J, Bowen M, Kempton O (2012). Social Value: Understanding the wider value of public policy interventions. Manchester: New Economy.

organisations benefit to the extent of any increase in volunteers. For central/local government and the NHS, benefits are expressed in terms of savings on council tax benefits, housing benefits and jobseekers' allowance and on treatment costs (for diabetes and chronic mental health problems). A Health Trainer's salary is used as the basis for valuing the jobs to which average learners progress.

The report notes that some learners felt that the course was still having an impact some time after completion, with some learners still experiencing its impact ten years later. Taking this into account (although responses from previous learners were not fully reported), the calculations used an average duration of five years. The results also took account of deadweight, displacement and attribution. 51% of the 41 ICDH graduates surveyed said that their confidence had increased. Therefore the incidence across all 99 graduates was taken to be 50.6. Allowing for 10% (9.9) indicating that their confidence would have increased without help (deadweight) left 40.6 learners. Adjusting for the 75% which past learners said was attributable to ICDH left and 30.44 which remained unchanged after consideration of displacement. The impact of the course was therefore estimated to be equivalent to 30.44 people saying that the course had been entirely responsible for their increased confidence. Applying a value to increased confidence of £1,056 and adjusting for the two year time frame of the cohort (dividing by 2 to arrive at a one year valuation) gives a value in the first year for increased confidence of £16,073.64.

## Results

Benefits were seen in terms of:

- Improved health behaviours;
- Improved mental health;
- Increased self-confidence;
- Increased self-efficacy;
- Further education and training;
- Involvement in local communities;
- Trust in communities;
- Volunteering opportunities;
- Employment.

Improvements and benefits were seen among a number of stakeholders. 85% of the participants on the course and 66% of friends and family members improved their health behaviours. 65% of the ICDH learners have increased self-confidence and 56% increased their self-efficacy to make changes. In addition, 56% attended further training and became more involved with the local community. Greater trust in communities was also reported (30.5%). 59% of the learners became regular volunteers that also benefited partner organisations and 29% secured employment. Outcomes for those who did not fall into the beneficiary category on these measures are not reported. The potential benefits are seen for the

public sector in terms of reductions in benefit payments as well as reductions in healthcare service utilisation<sup>35</sup>.

For the SROI evaluation, 41 ICHD graduates, 11 family and friends and three partner organisations were interviewed and took part in a mapping exercise. The total value at five years was estimated at £1,091,859.33 with a total input of £78,000 (it was unclear why the figure used for the SROI calculation was half the total inputs identified of £156,000). Benefits were spread across a number of categories, with the most valuable being NHS cost savings, at a combined total of £260,000, ‘completed further education/training’ at around £215,000 and several benefits (e.g. improved mental health, improved trust in society) being valued at just below £100,000. It was found that, for £1 invested in the project, £14 in social benefits is generated over 5 years. Compared with the 10% deadweight adjustment applied in the evaluation, it was found that deadweight would need to be 44.7% to break even (pay off the input). A discount rate of 3.5% was applied to the calculations. Given the lack of clarity about the time frame for the inputs, this finding is difficult to interpret. However, the total values for each category of benefit were transparently presented so that the overall benefit figure could be replicated, allowing the reader to separate those benefits with an underlying evidence base, such as health and health care cost savings, from those where valuation is more contentious, such as increased confidence. In this study, the method used to value increased confidence was the same (the New Economy approach to wellbeing) as used in the Community Champions study discussed earlier but with double the proxy value. This study could therefore be interpreted as giving a relative overvaluation to confidence, although the authors of the evaluation report note that higher values have been attached to increases in confidence. The ICDH SROI did at least consider the possibility that benefits might not exceed costs, with an SROI ratio of 1 when a deadweight of 44.7% is applied to all outcomes. In terms of the cost of the intervention, the benefits need to be valued at least as highly as the cost for each of the ICDH graduates of just under £800.

## Summary – collaborative interventions

Table 4 summarises the results of the two SROI examples in the collaboration category.

*Table 4: Summary of the interventions: Collaboration*

Project name	Brief description of the project	SROI (per £ spent)	Sensitivity range (if any)	Comments
Life Expectancy in Wirral	A number of events to raise awareness of poverty and build community	£5.53	Not reported	Financial proxies open to challenge but the intervention generates some

35 Willis L, Mustaphanin M, Skinner J, Garbe F, Gllwhite E. 2014. The value of personal growth: a social return on investment analysis of the Introduction to Community Development and Health Course. Sheffield City Council. ISBN 978-0-86321-269-7. Page 10



	partnerships through church pairings and also increase usage of green space			positive benefits at a relatively low cost of less than £100 per person
Healthwise	Health Champions programme	£3.55	£3.03-£3.55	Difficult to relate individual components of benefit to overall figure. Benefits to health champions in terms of increased confidence and wellbeing need to be worth more than £1500 each but health benefits to others excluded
Introduction to Community Development & Health (ICDH) Course	Community engagement and health promotion skills among deprived communities	£14	Break even with a 44.7% deadweight applied to all benefits	Results were transparently reported and may be compared with other studies. Health care cost savings may justify the intervention but non-health benefits should be treated with caution. The time period for the resource inputs is unclear

## 7. Conclusions

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Although this review is based on a small sample of seven studies, which may have been reported specifically for their ability to show a positive social return on investment, some general features of the studies have emerged. With respect to the populations targeted, it is notable that all the projects reported here were undertaken among disadvantaged groups. In terms of methods, the studies reviewed here have generally followed the key steps identified in the guide to social return on investment produced by Social Value UK. A range of stakeholders are identified and involved throughout the process, including identification of relevant outcomes, use of financial proxies and adjustment for the absence of a control group not receiving the intervention or receiving an alternative intervention.

All studies have attempted to make some allowance for the absence of a control group by adjusting for deadweight, displacement, attribution and drop off. In particular, all the studies accounted for deadweight. Information on costs was also generally set out clearly and in some detail and, in the better-reported studies (Stick 'n' Step, Wirral Life Expectancy, Glasgow Health Walks, ICDH and Community Libraries), the numbers of beneficiaries were clear and the calculation of benefits was set out in a way which allowed relatively straightforward replication of the values attached to individual benefits. However, it was not always possible to reproduce the overall claimed benefit figures from the information provided on individual categories of benefit. This makes interpretation of results difficult, particularly given a common feature of a number of studies that one or a small group of benefits tended to dominate the calculations.

At the same time, a number of differences were noted between studies. For example, across the studies, different time frames were used, with time horizons ranging from one year to five years. Sustainability of the effects of the programmes is therefore difficult to compare across studies, as are some of the design aspects, such as the methods used to select stakeholders. It was not clear that the way in which qualitative results had been converted into quantitative valuations was comparable between studies and not all studies reported the questionnaires and other data collection tools used in the study. Survey instruments appeared to have been developed for the purposes of the individual study rather than being based on validated measures. While some of the concepts being assessed were similar across studies, they are not always valued using the same approach. Even when a concept such as increased confidence was valued using a common underlying approach, widely differing valuations were applied.

It was difficult to assess the representativeness of the focus groups and those responding to other forms of consultation such as questionnaires or one-to-one interviews. When studies undertook sensitivity analysis, it was limited in scope and only one study carried out a threshold analysis to indicate how small key benefits or how large the main cost inputs would need to be for the intervention no longer to be justified. In this example (ICDH), the break even point occurred with a 44.7% deadweight applied to all outcomes, which might not seem an excessive allowance given the uncertainties around study findings. Potential adverse effects of the intervention and limitations of the analysis were generally not

discussed. On the basis that an intervention or programme can be considered to generate a positive benefit, the cost per participant or beneficiary can indicate to a decision maker the hurdle it must pass before it is worthwhile in cost benefit terms. A number of the interventions considered here have relatively modest costs of less than £100 per participant and will therefore be relatively less demanding in terms of evidence of benefit, especially if they can be related to an established measure such as the QALY. On the other hand, for those costing over £1000 per participant, a decision maker would need to be correspondingly more confident of the benefits generated.

The following issues for the interpretation of the results of SROI analysis were identified:

- The extent to which quantitative changes in health and wellbeing and other outcomes rely on qualitative information obtained from interviews or focus groups;
- The representativeness of the respondents to interviews and participants in focus groups;
- The validity of qualitative data collection instruments used;
- Whether financial proxies which frequently capture the costs of an alternative means of generating a particular benefit, reflect the willingness to pay to acquire those benefits;
- A clear distinction is not always made between the value of inputs and the value of outcomes, for example volunteer's time is often an important input but can also be viewed as generating benefits for the volunteers themselves;
- A clear distinction is not always made between economic costs and transfers e.g. social security benefits.

The findings of this sample of SROI studies should therefore be interpreted with caution. In some cases, where benefits are captured in the form of QALYs and a monetary value applied, a favourable SROI ratio could simply indicate that the intervention has a cost per QALY ratio below a given threshold, such as £30,000. This could be the case for interventions resulting in increased physical activity which is known to generate substantial health benefits. The results of such SROIs could potentially be validated against the results of other studies. For example, where an outcome such as an improvement in an aspect of health is valued in terms of a health care cost saving, some validation of whether these savings are likely to be realised would be appropriate. In other cases, it is more difficult for users of SROIs to judge whether the reported magnitude of benefits is credible and whether the financial values applied are a good reflection of willingness to pay.

While, in the case of community engagement interventions, QALYs may provide reassurance of the value of a programme they may represent a limited, and conservative, view of benefits or may not be relevant at all. The move away from a strictly QALY approach is intended to capture these other benefits but can involve the use of values which have weaker foundations. Some of the financial valuations applied may sometimes appear to be conservative whereas, in other cases, they appear less plausible and there may be no well established reference point to value the outcome of interest. The use of tried and tested measures of wellbeing as well as willingness to pay approaches applied to the valuation of social and community impacts at the individual and community level, as part of the SROI, would help to lay a firmer foundation for the results of SROIs. Despite the positive results of this sample of SROIs, the

caveats noted here mean that it is difficult to draw general conclusions about the cost-effectiveness of community engagement programmes on the basis of the evidence contained within them.

## 8. Appendices

### Search Strategy

#### Systematic Search history record

Name: Tom Hudson	QA/reviewed by: Liz Walton
Topic/question details: Social Return-on-Investment (SROI) analyses of community engagement programmes.	

Databases	Date searched	Version/files	No. retrieved
Cochrane Central Register of Controlled Trials (CENTRAL)	5 <sup>th</sup> February 2015	Issue 1 of 12, 2015 (via Wiley)	1
Cochrane Database of Systematic Reviews (CDSR)	5 <sup>th</sup> February 2015	Issue 2 of 12, 2015 (via Wiley)	0
Database of Abstracts of Reviews of Effectiveness (DARE)	5 <sup>th</sup> February 2015	Issue 1 of 4, 2015 (via Wiley)	0
MEDLINE & MEDLINE In-Process (Ovid)	5 <sup>th</sup> February 2015	1946 –	15
Database of Public Health Effectiveness Reviews (DOPHER)	5 <sup>th</sup> February 2015	-	0
Trials Register of Public Health Interventions (TROPHI)	5 <sup>th</sup> February 2015	-	0
Bibliomap	5 <sup>th</sup> February 2015	-	0
Health Management Information Consortium (HMIC)	5 <sup>th</sup> February 2015	November 2014 (via Ovid)	4
Applied Social Science Index and Abstracts (ASSIA)	5 <sup>th</sup> February 2015	1987 - (via ProQuest)	3
Social Care Online	5 <sup>th</sup> February 2015	Advanced search, all fields	20
Social Policy and Practice	5 <sup>th</sup> February 2015	November 2014 (via Ovid)	60
Sociological Abstracts	5 <sup>th</sup> February 2015	1952 - (via ProQuest)	7
Campbell Collaboration Library of Systematic Reviews	5 <sup>th</sup> February 2015	Issue 1, January 2015	0
Web of Science	5 <sup>th</sup> February 2015	1950 -	31
NHS Economic Evaluation Database (NHS EED) (legacy database)	5 <sup>th</sup> February 2015	Issue 1 of 4, 2015 (via Wiley)	0

Health Technology Assessment (HTA Database)	5 <sup>th</sup> February 2015	Issue 1 of 4, 2015 (via Wiley)	0
EconLit	5 <sup>th</sup> February 2015	1886 - January 2015 (via Ovid)	6
OpenGrey	11 <sup>th</sup> February 2015	-	2
NICE Evidence	11 <sup>th</sup> February 2015	-	85
healthevidence.org	5 <sup>th</sup> February 2015	-	0

Websites	Date searched	Results added to Ref Man database	Notes
.gov.uk sites (including Department of Health; Public Health England)	-	-	Not searched independently but covered via NICE Evidence
<a href="#">NHS England</a>	11 <sup>th</sup> February 2015	0	
<a href="#">Association of Public Health Observatories</a>	11 <sup>th</sup> February 2015	0	
<a href="#">Locality.org.uk</a>	11 <sup>th</sup> February 2015	2	Searched via Google site search - 0 results when searching website.
<a href="#">King's Fund</a>	11 <sup>th</sup> February 2015	0	
<a href="#">Joseph Rowntree Foundation</a>	11 <sup>th</sup> February 2015	0	
<a href="#">Altogether Better</a>	11 <sup>th</sup> February 2015	2	Searched main site and also browsed "our evidence base" section
<a href="#">Well London</a>	11 <sup>th</sup> February 2015	1	Searched via Google site search - no phrase search option on main site.
<a href="#">Faculty of Public Health</a>	11 <sup>th</sup> February 2015	0	Searched via Google site search - no obvious search box.
<a href="#">Big Lottery Fund</a>	11 <sup>th</sup> February 2015	2	Browsed research section (0 results for main search). Also covered via NICE Evidence.
<a href="#">NESTA</a>	11 <sup>th</sup> February 2015	0	
<a href="#">Community Development Exchange</a>	11 <sup>th</sup> February 2015	-	Defunct site.
<a href="#">Community Development</a>	11 <sup>th</sup> February 2015	0	

<u>Foundation</u>	2015			
<u>National Institute for Health Research School for Public Health Research (NIHR SPHR)</u>	11 <sup>th</sup> February 2015		0	Browsed publications section, searched news section.
<u>Peoples' Health Trust</u>	11 <sup>th</sup> February 2015		0	
<u>Health Together</u>	11 <sup>th</sup> February 2015		0	
<u>UCL Institute Health Inequality</u>	11 <sup>th</sup> February 2015		4	Searched using "content finder" search box.
<u>SROI network</u>	11 <sup>th</sup> February 2015		0	Source suggested by Optimity Advisors. Browsed publications section.
<u>New Economics Foundation</u>	11 <sup>th</sup> February 2015		1	Browsed SROI publications section. Source identified during searching process.
<u>RBS SE100</u>	11 <sup>th</sup> February 2015		1	Source identified during searching process. Searched via Google site search.
<u>NIHR CLAHRC Yorkshire and Humber</u>	11 <sup>th</sup> February 2015		1	Source identified by NICE's Health Economist.
Other papers passed on by NICE Health Economist	-		2	

### Search strategies

Databases:
<p>The common search string:</p> <p><i>("social return on investment" OR "social ROI" OR SROI)</i></p> <p>...was used in all databases and on all websites unless otherwise stated. The list below gives the field codes used or fields searched on particular database platforms.</p> <p>Ovid databases: .tw</p> <p>Cochrane/Wiley databases: :ti,ab,kw</p> <p>Web of Science: TI= ... OR TS= ...</p> <p>Campbell Library: all text or keywords</p>

ProQuest databases: used “anywhere in document” option

Social Care Online: *advanced search, all fields*

#### Notes:

No search terms were used specifically to identify community engagement initiatives. This decision was informed by the experiences of O’Mara-Eves et al. (2013), who have highlighted the limitations of a traditional searching approach in this area.

The phrase “*social ROI*” was used in preference to the less precise syntax (*social adj3 ROI*), (or similar). The latter approach was tested but produced a significant amount of “noise” due to the fact that ROI is a commonly used abbreviation for the Republic of Ireland.

Website sources are largely the same as those used for the systematic review on the effectiveness of community engagement initiatives, commissioned by NICE for this piece of guidance. Any additions or amendments have been noted above.

## Data Extraction Tables

Table 5: Data Extraction – Glasgow Health Walks

<b>Study</b>	<ul style="list-style-type: none"> <li>• <b>Author:</b> Carrick K.</li> <li>• <b>Year:</b> 2013</li> <li>• <b>Bibliographic reference:</b> Carrick K. 2013. Glasgow Health Walks Social Return on Investment Analysis 1st April 2011 to 31st March 2012. Healthier Scotland; 2-57</li> <li>• <b>Type of community engagement:</b> Peer/lay delivered</li> </ul>
<b>Setting</b>	<ul style="list-style-type: none"> <li>• <b>Country:</b> UK</li> <li>• <b>Setting:</b> Community</li> <li>• <b>Location:</b> Outdoor activity</li> </ul>
<b>Population</b>	<ul style="list-style-type: none"> <li>• <b>Participants characteristics and source:</b> Public and people in need</li> <li>• <b>Number:</b> The average number of participants over 1 year was 153</li> </ul>
<b>Intervention</b>	<ul style="list-style-type: none"> <li>• <b>Intervention details (what, where, when, how):</b> Led walks either led by the professional (closed walks) or open walks led by volunteers</li> </ul>
<b>Comparator</b>	<ul style="list-style-type: none"> <li>• <b>Description of comparator- usual care, other intervention(s):</b> Not reported but accounted for deadweight</li> </ul>



<b>Period of evaluation</b>	<ul style="list-style-type: none"> <li>• <b>Timing:</b> Over 5 years (intervention for a year (1<sup>st</sup> April 2011 – 31<sup>st</sup> March 2012))</li> </ul>
<b>Project cost</b>	<ul style="list-style-type: none"> <li>• <b>Input:</b> £48,705.15</li> </ul>
<b>Net present value</b>	<ul style="list-style-type: none"> <li>• <b>Timing:</b> Over 5 years</li> <li>• <b>Net present value:</b> £384,630.27</li> </ul>
<b>Discount rate</b>	<ul style="list-style-type: none"> <li>• <b>Rate:</b> 3.5%</li> </ul>
<b>Outcome</b>	<ul style="list-style-type: none"> <li>• <b>Outcomes:</b> Walkers and walk leaders have improved physical health as a result of increased regular physical activity. They also have more social contacts, increase confidence, are less isolated and experience new activities. Walkers feel safe and comfortable and increase their outdoor physical activity</li> </ul>
<b>Methods of analysis/ Results</b>	<ul style="list-style-type: none"> <li>• <b>Details of SROI:</b> Stakeholders involved:           <ul style="list-style-type: none"> <li>○ Glasgow Life;</li> <li>○ Health Glasgow Healthy Living Community;</li> <li>○ Path for All;</li> <li>○ NHS Greater Glasgow and Clyde;</li> <li>○ Glasgow City Council;</li> <li>○ Walkers and Walk Leaders.</li> </ul> </li> <li>• <b>Results of the evaluation:</b> £8 gain in benefits per £1 invested</li> </ul>
<b>Limitations and additional comments</b>	<ul style="list-style-type: none"> <li>• <b>Limitations identified by the author(s):</b> Not reported</li> <li>• <b>Issues identified by this review:</b> Results were transparently presented and drew on research evidence. A question mark remains over the validity of self-reported health changes.</li> </ul>

Table 6: Data Extraction – Parent Champions for Childcare

<b>Study</b>	<ul style="list-style-type: none"> <li>• <b>Author:</b> Dixon D.</li> <li>• <b>Year:</b> 2012</li> <li>• <b>Bibliographic reference:</b> Dixon D. 2013. Social Return on Investment (SROI); Parent Champions Liverpool Prototype Project</li> <li>• <b>Type of community engagement:</b> Peer/lay delivered</li> </ul>
<b>Setting</b>	<ul style="list-style-type: none"> <li>• <b>Country:</b> UK</li> <li>• <b>Setting:</b> Community</li> <li>• <b>Location:</b> Various</li> </ul>
<b>Population</b>	<ul style="list-style-type: none"> <li>• <b>Participants characteristics and source:</b> Parents</li> <li>• <b>Number:</b> Parent Champions 6, Parents 589, children 92; 3 child centres, 2 Daycare Trust; 1 Children &amp; Family Information Service</li> </ul>
<b>Intervention</b>	<ul style="list-style-type: none"> <li>• <b>Intervention details (what, where, when, how):</b> Parent Champions</li> </ul>

	informing and supporting mothers about early learning and childcare
<b>Comparator</b>	<ul style="list-style-type: none"> <li>• <b>Description of comparator - usual care, other intervention(s):</b> Not reported but accounted for deadweight</li> </ul>
<b>Period of evaluation</b>	<ul style="list-style-type: none"> <li>• <b>Timing:</b> 5 year period</li> </ul>
<b>Project cost</b>	<ul style="list-style-type: none"> <li>• <b>Input:</b> £84,092.40</li> </ul>
<b>Net present value</b>	<ul style="list-style-type: none"> <li>• <b>Timing:</b> Over 5 years</li> <li>• <b>Net present value:</b> £1,075,567</li> </ul>
<b>Discount rate</b>	<ul style="list-style-type: none"> <li>• <b>Rate:</b> 3.5%</li> </ul>
<b>Outcome</b>	<ul style="list-style-type: none"> <li>• <b>Outcomes:</b> Parent champions gained employment and improved confidence, increased transferable skills and knowledge about children as well as increased wellbeing. Parents trusted Parent Champions as a source of information.</li> </ul>
<b>Methods of analysis/ Results</b>	<ul style="list-style-type: none"> <li>• <b>Details of SROI:</b> Stakeholders involved:             <ul style="list-style-type: none"> <li>○ 6 Parent Champions;</li> <li>○ 589 parents;</li> <li>○ 4 children’s centres;</li> <li>○ 92 children;</li> <li>○ 1 Children &amp; Family Information Service;</li> <li>○ 2 daycare trusts;</li> <li>○ The State.</li> </ul> </li> <li>• <b>Results of the evaluation:</b> £12.79 gain in benefits per £1 invested</li> </ul>
<b>Limitations and additional comments</b>	<ul style="list-style-type: none"> <li>• <b>Limitations identified by the author(s):</b> Not reported</li> <li>• <b>Issues identified by this review:</b> Benefits were not transparently reported but were dominated by access to childcare while inadequate allowance was made for the costs of childcare. The key issue is whether expanding access to childcare could be achieved at lower cost.</li> </ul>

Table 7: Data Extraction – Community Libraries Programme

<b>Study</b>	<ul style="list-style-type: none"> <li>• <b>Author:</b> Renaisi</li> <li>• <b>Year:</b> 2011</li> <li>• <b>Bibliographic reference:</b> Renaisi. 2011. Community engagement in public libraries: an evaluation update of the Big Lottery Fund’s Community Libraries Programme</li> <li>• <b>Type of community engagement:</b> Peer/lay delivered</li> </ul>
<b>Setting</b>	<ul style="list-style-type: none"> <li>• <b>Country:</b> UK</li> <li>• <b>Setting:</b> Community</li> <li>• <b>Location:</b> Libraries</li> </ul>

<b>Population</b>	<ul style="list-style-type: none"> <li>● <b>Participants' characteristics and source:</b> Make Friends with a Book – Not specified. Bengali Women's Conversation Group – Bengali women and other ethnicities and faith groups (not specified)</li> <li>● <b>Number:</b> Make Friends with a Book – in 2 libraries average 8 users x 43 sessions in Smethwick and average 7 users x 24 sessions in Bleakhouse. Bengali Women's Conversation Group – 11 attendees per session and 45 sessions</li> </ul>
<b>Intervention</b>	<ul style="list-style-type: none"> <li>● <b>Intervention details (what, where, when, how):</b> Make Friends with a Book &amp; Bengali Women's Conversation Group - Reading groups</li> </ul>
<b>Comparator</b>	<ul style="list-style-type: none"> <li>● <b>Description of comparator - usual care, other intervention(s):</b> Not reported but accounted for deadweight</li> </ul>
<b>Period of evaluation</b>	<ul style="list-style-type: none"> <li>● <b>Timing:</b> Both interventions 1 year</li> </ul>
<b>Project cost</b>	<ul style="list-style-type: none"> <li>● <b>Input:</b> Make Friends with a Book - £9,648.80. Bengali Women's Conversation Group - £8,690</li> </ul>
<b>Net present value</b>	<ul style="list-style-type: none"> <li>● <b>Timing:</b> Over 1 year</li> <li>● <b>Net present value:</b> Make Friends with a Book - £63,832.98. Bengali Women's Conversation Group - £48,613.</li> </ul>
<b>Discount rate</b>	<ul style="list-style-type: none"> <li>● <b>Rate:</b> Not reported (period of evaluation was 1 year only)</li> </ul>
<b>Outcome</b>	<ul style="list-style-type: none"> <li>● <b>Outcomes:</b> Participants: improved mental health, improved confidence and wellbeing, and improved community cohesion. Also improved English language ability. Volunteers: value of their time, gained skills</li> </ul>
<b>Methods of analysis/ Results</b>	<ul style="list-style-type: none"> <li>● <b>Details of SROI:</b>            Stakeholders involved – Make Friends with a Book:           <ul style="list-style-type: none"> <li>○ Group participants;</li> <li>○ Group leaders;</li> <li>○ Sandwell MIND representatives;</li> <li>○ Sandwell PCT (Senior Mental Health Promotion Officer);</li> <li>○ Community Development Manager;</li> <li>○ Library Managers (from 2 libraries).</li> </ul>           Stakeholders involved - Bengali Women's Conversation Group:           <ul style="list-style-type: none"> <li>○ Bengali Outreach Worker;</li> <li>○ Library staff and management;</li> <li>○ Participants;</li> <li>○ Volunteers;</li> <li>○ Learning Coordinator;</li> <li>○ Westminster Family Learning.</li> </ul> </li> <li>● <b>Results of the evaluation:</b> Make Friends with a Book £4.2 gain in benefits per £1 invested. Bengali Women's Conversation Group - £2.7</li> </ul>

	per £1 invested
<b>Limitations and additional comments</b>	<ul style="list-style-type: none"> <li>• <b>Limitations identified by the author(s):</b> Restricted stakeholder engagement to reduce high costs of SROI. Also concern about the ability of SROI to be comparable when looking across projects</li> <li>• <b>Issues identified by this review:</b> For Make Friends with a Book, the validity of the financial proxies was difficult to assess; this was one of the more expensive interventions at over £600 per participant. For the Bengali Women’s Conversation Group, the proxy of cost of voluntary care for reduced isolation was not underpinned by evidence of cost saving; this was a relatively costly intervention (£1700 per beneficiary or £800 per participant)</li> </ul>

Table 8: Data Extraction – Community Champions

<b>Study</b>	<ul style="list-style-type: none"> <li>• <b>Author:</b> Envoy Partnership</li> <li>• <b>Year:</b> 2014</li> <li>• <b>Bibliographic reference:</b> Envoy Partnership. 2014. Social Return On Investment (SROI) analysis of Tri-Borough Public Health; Community Champions</li> <li>• <b>Type of community engagement:</b> Peer/lay delivered</li> </ul>
<b>Setting</b>	<ul style="list-style-type: none"> <li>• <b>Country:</b> UK</li> <li>• <b>Setting:</b> Community</li> <li>• <b>Location:</b> Not specified</li> </ul>
<b>Population</b>	<ul style="list-style-type: none"> <li>• <b>Participants characteristics and source:</b> Community members</li> <li>• <b>Number:</b> Champions 76, households 150-200</li> </ul>
<b>Intervention</b>	<ul style="list-style-type: none"> <li>• <b>Intervention details (what, where, when, how):</b> Community Champions within the communities</li> </ul>
<b>Comparator</b>	<ul style="list-style-type: none"> <li>• <b>Description of comparator - usual care, other intervention(s):</b> Not reported but accounted for deadweight</li> </ul>
<b>Period of evaluation</b>	<ul style="list-style-type: none"> <li>• <b>Timing:</b> 1 and 3 year period</li> </ul>
<b>Project cost</b>	<ul style="list-style-type: none"> <li>• <b>Input:</b> £550,000</li> </ul>
<b>Net present value</b>	<ul style="list-style-type: none"> <li>• <b>Timing:</b> Over 1 and 3 years</li> <li>• <b>Net present value:</b> 1 year: £2.56m and 3 years: £.2.78m</li> </ul>
<b>Discount rate</b>	<ul style="list-style-type: none"> <li>• <b>Rate:</b> 3.5%</li> </ul>
<b>Outcome</b>	<ul style="list-style-type: none"> <li>• <b>Outcomes:</b> Community Champions have resulted in changes in:</li> </ul>

	<ul style="list-style-type: none"> <li>○ Community cohesion;</li> <li>○ Increased knowledge;</li> <li>○ Reduced inequalities;</li> <li>○ Increased physical activities;</li> <li>○ Improved physical health;</li> <li>○ Avoided type 2 diabetes;</li> <li>○ Improved emotional and mental wellbeing;</li> <li>○ Reduced body weight;</li> <li>○ Reduced social care needs.</li> </ul>
<b>Methods of analysis/ Results</b>	<ul style="list-style-type: none"> <li>● <b>Details of SROI:</b> Stakeholders involved:           <ul style="list-style-type: none"> <li>○ Community Champions;</li> <li>○ Local residents;</li> <li>○ Children in the community;</li> <li>○ Local Services/Government.</li> </ul> </li> <li>● <b>Results of the evaluation:</b> £5.05 gain in benefits per £1 invested over 3 years</li> </ul>
<b>Limitations and additional comments</b>	<ul style="list-style-type: none"> <li>● <b>Limitations identified by the author(s):</b> Not reported</li> <li>● <b>Issues identified by this review:</b> Estimates of health impact are crucially dependent on converting responses to self-completion questionnaires into quantified health improvements.</li> </ul>

Table 9: Data Extraction – Get into Reading Wirral

<b>Study</b>	<ul style="list-style-type: none"> <li>● <b>Author:</b> Whelan G</li> <li>● <b>Year:</b> 2013</li> <li>● <b>Bibliographic reference:</b> Whelan G. 2013. An evaluation of the social value of the Get into Reading initiative in Wirral, Merseyside</li> <li>● <b>Type of community engagement:</b> Peer/lay delivered</li> </ul>
<b>Setting</b>	<ul style="list-style-type: none"> <li>● <b>Country:</b> UK</li> <li>● <b>Setting:</b> Community</li> <li>● <b>Location:</b> Various</li> </ul>
<b>Population</b>	<ul style="list-style-type: none"> <li>● <b>Participants' characteristics and source:</b> Open groups for anyone to attend. But the project aims to improve the lives and experiences of certain population groups, including individuals experiencing mental ill-health, the elderly and those with dementia, individuals involved with the criminal justice system, and young people</li> <li>● <b>Number:</b> There are usually between four and 12 members in each group which meet on a weekly basis for one to two hours. Get into Reading reaches approximately 600 people each week on the Wirral</li> </ul>
<b>Intervention</b>	<ul style="list-style-type: none"> <li>● <b>Intervention details (what, where, when, how):</b> Open reading groups</li> </ul>

	in various setting
<b>Comparator</b>	<ul style="list-style-type: none"> <li>• <b>Description of comparator - usual care, other intervention(s):</b> Not reported but accounted for deadweight</li> </ul>
<b>Period of evaluation</b>	<ul style="list-style-type: none"> <li>• <b>Timing:</b> 1 year</li> </ul>
<b>Project cost</b>	<ul style="list-style-type: none"> <li>• <b>Input:</b> £4,014.76</li> </ul>
<b>Net present value</b>	<ul style="list-style-type: none"> <li>• <b>Timing:</b> Over 1 year (no discounting)</li> <li>• <b>Net present value:</b> £28,669.54</li> </ul>
<b>Discount rate</b>	<ul style="list-style-type: none"> <li>• <b>Rate:</b> NR as run for a year</li> </ul>
<b>Outcome</b>	<ul style="list-style-type: none"> <li>• <b>Outcomes:</b> Increased volunteering, providing administrative support and assisting with session delivery. Participants reported gaining qualifications in something they were interested in or improving on personal skills. Many reported experiencing greater empathy for others and an ability to better express their feelings and to be more understanding of others' feelings. Improved confidence</li> </ul>
<b>Methods of analysis/ Results</b>	<ul style="list-style-type: none"> <li>• <b>Details of SROI:</b> Stakeholders involved:             <ul style="list-style-type: none"> <li>○ The Reader Organisation;</li> <li>○ Group attendees;</li> <li>○ Volunteers;</li> <li>○ Get into Reading staff</li> <li>○ The Lauries (venue)</li> </ul> </li> <li>• <b>Results of the evaluation:</b> Get into Reading initiative in Wirral results in £6.47 gain in benefits per £1 invested.</li> </ul>
<b>Limitations and additional comments</b>	<ul style="list-style-type: none"> <li>• <b>Limitations identified by the author(s):</b> Calculations limited to 1 year. On a number of occasions where group members were not able to arrive at financial amounts themselves, financial proxies were derived by using known proxies used elsewhere. Small sample in some groups</li> <li>• <b>Issues identified by this review:</b> Financial proxies reflect the costs of alternative services, without evidence that they generate similar outcomes.</li> </ul>

Table 10: Data Extraction – Taiko Drumming for Health initiative in Wirral

<b>Study</b>	<ul style="list-style-type: none"> <li>• <b>Author:</b> Whelan G</li> <li>• <b>Year:</b> 2013</li> <li>• <b>Bibliographic reference:</b> Whelan G. 2013. An evaluation of the social value of the Taiko Drumming for Health initiative in Wirral, Merseyside</li> </ul>
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	<ul style="list-style-type: none"> <li>• <b>Type of community engagement:</b> Peer/lay delivered</li> </ul>
<b>Setting</b>	<ul style="list-style-type: none"> <li>• <b>Country:</b> UK</li> <li>• <b>Setting:</b> Community</li> <li>• <b>Location:</b> Schools and adult day centres</li> </ul>
<b>Population</b>	<ul style="list-style-type: none"> <li>• <b>Participants' characteristics and source:</b> Young people - disabled adults and primary school age children (aged 6-11 years). Three 4hr weekly session</li> <li>• <b>Number:</b> In the past year more than 300 drummers attended the sessions in Wirral</li> </ul>
<b>Intervention</b>	<ul style="list-style-type: none"> <li>• <b>Intervention details (what, where, when, how):</b> Drumming in day centres and schools</li> </ul>
<b>Comparator</b>	<ul style="list-style-type: none"> <li>• <b>Description of comparator - usual care, other intervention(s):</b> Not reported but accounted for deadweight</li> </ul>
<b>Period of evaluation</b>	<ul style="list-style-type: none"> <li>• <b>Timing:</b> 1 year</li> </ul>
<b>Project cost</b>	<ul style="list-style-type: none"> <li>• <b>Input:</b> £15,965</li> </ul>
<b>Net present value</b>	<ul style="list-style-type: none"> <li>• <b>Timing:</b> Over 1 year (no discounting)</li> <li>• <b>Net present value:</b> £120,938</li> </ul>
<b>Discount rate</b>	<ul style="list-style-type: none"> <li>• <b>Rate:</b> NR as run for a year</li> </ul>
<b>Outcome</b>	<ul style="list-style-type: none"> <li>• <b>Outcomes:</b> Opportunity to meet new people on a regular basis. Promoting of teamwork and learning from each other. Engagement with Taiko Drumming for Health also had the added effect of boosting mental health and wellbeing by making people feel good about themselves. Drumming was also therapeutic: the beat was calming yet it was energetic, and was described as a form of physical activity for many involved. Through drumming, both disabled adult and child students had learnt new skills – not just drumming, but associated rhythm, beat, dance and synchronising actions with movement</li> </ul>
<b>Methods of analysis/ Results</b>	<ul style="list-style-type: none"> <li>• <b>Details of SROI:</b> Stakeholders involved:             <ul style="list-style-type: none"> <li>○ Taiko Drumming for Health project management;</li> <li>○ Drummers;</li> <li>○ Volunteers;</li> </ul> </li> <li>• <b>Results of the evaluation:</b> Taiko Drumming for Health in Wirral results in £8.58 gain in benefits per £1 invested.</li> </ul>
<b>Limitations</b>	<ul style="list-style-type: none"> <li>• <b>Limitations identified by the author(s):</b> One of the main perceived</li> </ul>

and additional comments	<p>limitations of SROI, as with other types of evaluation, is that it is difficult to compare results between organisations</p> <ul style="list-style-type: none"> <li>• <b>Issues identified by this review:</b> Difficult to verify results, drummers' time is counted as a benefit as well as a cost, but any benefits are achieved at a low cost of £52 per person</li> </ul>
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Table 11: Data Extraction – Ferries Family Groups in Wirral

Study	<ul style="list-style-type: none"> <li>• <b>Author:</b> Roach G, Whelan G, Hughes L</li> <li>• <b>Year:</b> 2013</li> <li>• <b>Bibliographic reference:</b> Roach et al. 2013. An evaluation of the social value created by Ferries Family Groups in Wirral, Merseyside</li> <li>• <b>Type of community engagement:</b> Peer/lay delivered</li> </ul>
Setting	<ul style="list-style-type: none"> <li>• <b>Country:</b> UK</li> <li>• <b>Setting:</b> Community</li> <li>• <b>Location:</b> The family groups meet at various community locations (e.g. church halls, community centres and libraries)</li> </ul>
Population	<ul style="list-style-type: none"> <li>• <b>Participants' characteristics and source:</b> Each family group consists of a group of up to 16 adults and children. Led by trained volunteers, the groups help anyone who needs support, whether as an individual or family. 2hr weekly meeting</li> <li>• <b>Number:</b> In the past year, 128 families have been supported by Ferries Family Groups, with a total of 65 new referrals from a range of local agencies and organisations</li> </ul>
Intervention	<ul style="list-style-type: none"> <li>• <b>Intervention details (what, where, when, how):</b> Discussion within each weekly group is guided by the parents – predominantly women, who have the opportunity to chat amongst themselves while having a focus on a particular activity, including courses and workshops on issues related to confidence-building, community development, cookery, financial management, and craft activities</li> </ul>
Comparator	<ul style="list-style-type: none"> <li>• <b>Description of comparator - usual care, other intervention(s):</b> Not reported but accounted for deadweight</li> </ul>
Period of evaluation	<ul style="list-style-type: none"> <li>• <b>Timing:</b> 1 year</li> </ul>
Project cost	<ul style="list-style-type: none"> <li>• <b>Input:</b> £87,544.04</li> </ul>
Net present value	<ul style="list-style-type: none"> <li>• <b>Timing:</b> Over 1 year (no discounting)</li> <li>• <b>Net present value:</b> £367,801</li> </ul>
Discount rate	<ul style="list-style-type: none"> <li>• <b>Rate:</b> NR as run for a year</li> </ul>
Outcome	<ul style="list-style-type: none"> <li>• <b>Outcomes:</b> The family groups had led to an increase in socialising,</li> </ul>



	<p>making new friends and attending other Ferries Families events, courses and family fun days. Linked with greater socialisation was the sense of social inclusion. The support groups combated loneliness and isolation, and for many the groups were something positive to look forward to, and the only opportunity they had in the week to socialise outside of their homes. Most stakeholders reported learning new skills as a direct result of engagement with Ferries Family Groups, including personal skills and qualities such as confidence and self-esteem and reduced shyness. Many were also empowered to gain qualifications, training and employment and some had gone on to volunteer, within Ferries Family Groups and elsewhere. Children’s confidence had also grown, allowing them to want to go on school trips, where they had not previously.</p>
Methods of analysis/ Results	<ul style="list-style-type: none"> <li>● <b>Details of SROI:</b> Stakeholders involved:           <ul style="list-style-type: none"> <li>○ Parents;</li> <li>○ Volunteers;</li> <li>○ Workers;</li> <li>○ Referral agencies;</li> </ul> </li> <li>● <b>Results of the evaluation:</b> Ferries Family Groups in Wirral results in £5.20 gain in benefits per £1 invested.</li> </ul>
Limitations and additional comments	<ul style="list-style-type: none"> <li>● <b>Limitations identified by the author(s):</b> One of the main perceived limitations of SROI, as with other types of evaluation, is that it is difficult to compare results between organisations</li> <li>● <b>Issues identified by this review:</b> The reader may not be convinced by the use of the cost of a relationship skills certificate to value the main benefit but a low cost intervention (£41 per person).</li> </ul>

Table 12: Data Extraction – Stick ‘n’ Step

Study	<ul style="list-style-type: none"> <li>● <b>Author:</b> Whelan G</li> <li>● <b>Year:</b> 2014</li> <li>● <b>Bibliographic reference:</b> Whelan G. 2014. An evaluation of the Stick ‘n’ Step charity in Wirral, Merseyside</li> <li>● <b>Type of community engagement:</b> Peer/lay delivered</li> </ul>
Setting	<ul style="list-style-type: none"> <li>● <b>Country:</b> UK</li> <li>● <b>Setting:</b> Community</li> <li>● <b>Location:</b> Stick ‘n’ Step centre in Wallasey</li> </ul>
Population	<ul style="list-style-type: none"> <li>● <b>Participants’ characteristics and source:</b> Families who have children with cerebral palsy</li> <li>● <b>Number:</b> Stick ‘n’ Step works with around 70 families from across the</li> </ul>

	North West of England and North Wales
<b>Intervention</b>	<ul style="list-style-type: none"> <li>• <b>Intervention details (what, where, when, how):</b> Stick 'n' Step provides free specialist conductive education (CE). CE sessions are educational and focus on accelerating development and independence while offering the social aspect of meeting others in similar situations and making friends. CE takes place up to twice a week at a centre in Wallasey</li> </ul>
<b>Comparator</b>	<ul style="list-style-type: none"> <li>• <b>Description of comparator - usual care, other intervention(s):</b> Not reported but accounted for deadweight</li> </ul>
<b>Period of evaluation</b>	<ul style="list-style-type: none"> <li>• <b>Timing:</b> 1 year</li> </ul>
<b>Project cost</b>	<ul style="list-style-type: none"> <li>• <b>Input:</b> £317,053 per group</li> </ul>
<b>Net present value</b>	<ul style="list-style-type: none"> <li>• <b>Timing:</b> Over 1 year (no discounting)</li> <li>• <b>Net present value:</b> £1,233,636.00</li> </ul>
<b>Discount rate</b>	<ul style="list-style-type: none"> <li>• <b>Rate:</b> NR as run for a year</li> </ul>
<b>Outcome</b>	<ul style="list-style-type: none"> <li>• <b>Outcomes:</b> All children and adult stakeholders involved in this evaluation reported a number of outcomes from which three main themes of impacts emerged, based around social, mental health and wellbeing benefits and the learning of new skills. Social benefits included the meeting of new people, making new friends and feeling more socially included in society. As a result of engagement with Stick 'n' Step, mental health and wellbeing had improved with many respondents stating they felt happy and relaxed after attending. Having learnt new skills which had enabled them to make improvements in their mobility, and the pain reduction that came with CE sessions, many young people reported feelings of pride brought on by how hard they had worked to achieve personal goals set out as part of their holistic programme of care when they first attended Stick 'n' Step</li> </ul>
<b>Methods of analysis/ Results</b>	<ul style="list-style-type: none"> <li>• <b>Details of SROI:</b> Stakeholders involved: <ul style="list-style-type: none"> <li>○ Young people who attended CE sessions;</li> <li>○ Parents whose children attend sessions;</li> <li>○ Volunteers and staff facilitators who support CE sessions as part of Stick 'n' Step</li> </ul> </li> <li>• <b>Results of the evaluation:</b> Stick 'n' Step results in £4.89 gain in benefits per £1 invested</li> </ul>
<b>Limitations and</b>	<ul style="list-style-type: none"> <li>• <b>Limitations identified by the author(s):</b> On a number of occasions where stakeholders were not able to arrive at financial amounts</li> </ul>

<b>additional comments</b>	<p>themselves, financial proxies were based on known proxies used elsewhere in other research or from examples given during qualitative data collection. One of the main perceived limitations of SROI, as with other types of evaluation, is that it is difficult to compare results between organisations</p> <ul style="list-style-type: none"> <li>• <b>Issues identified by this review:</b> Assumptions (rather than evidence) about conversion of qualitative impacts into quantified effects and a high cost intervention.</li> </ul>
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Table 13: Data Extraction – Life Expectancy Wirral initiative

<b>Study</b>	<ul style="list-style-type: none"> <li>• <b>Author:</b> Whelan G</li> <li>• <b>Year:</b> 2013</li> <li>• <b>Bibliographic reference:</b> Whelan G. 2013. An evaluation of the social value created by the Life Expectancy Wirral initiative, Merseyside. Final report</li> <li>• <b>Type of community engagement:</b> Collaboration</li> </ul>
<b>Setting</b>	<ul style="list-style-type: none"> <li>• <b>Country:</b> UK</li> <li>• <b>Setting:</b> Community</li> <li>• <b>Location:</b> Churches</li> </ul>
<b>Population</b>	<ul style="list-style-type: none"> <li>• <b>Participants characteristics and source:</b> Church attendants</li> <li>• <b>Number:</b> Assumed 376</li> </ul>
<b>Intervention</b>	<ul style="list-style-type: none"> <li>• <b>Intervention details (what, where, when, how):</b> Church pairings and green space initiative</li> </ul>
<b>Comparator</b>	<ul style="list-style-type: none"> <li>• <b>Description of comparator - usual care, other intervention(s):</b> Not reported but accounted for deadweight</li> </ul>
<b>Period of evaluation</b>	<ul style="list-style-type: none"> <li>• <b>Timing:</b> 1 year period</li> </ul>
<b>Project cost</b>	<ul style="list-style-type: none"> <li>• <b>Input:</b> £24,715</li> </ul>
<b>Net present value</b>	<ul style="list-style-type: none"> <li>• <b>Timing:</b> Over 1 year</li> <li>• <b>Net present value:</b> £1,36,771.28</li> </ul>
<b>Discount rate</b>	<ul style="list-style-type: none"> <li>• <b>Rate:</b> Not reported (period of evaluation was 1 year only)</li> </ul>
<b>Outcome</b>	<ul style="list-style-type: none"> <li>• <b>Outcomes:</b> Life Expectancy Wirral (LEW) helped to create friendships between the pairing; the project brought together people from disadvantaged areas and wealthier areas. Increased friendships helped to tackle isolation and loneliness. There was a better understanding of the community life among those participating and an increase in the sense of community. Wellbeing of the participants has improved. The project helped to identify people in need. In addition, some people</li> </ul>

	gained crafting skills. The project also reinforced the role of the church
<b>Methods of analysis/ Results</b>	<ul style="list-style-type: none"> <li>● <b>Details of SROI:</b> Stakeholders involved:           <ul style="list-style-type: none"> <li>○ Volunteers;</li> <li>○ People involved in partnerships;</li> <li>○ Representatives from church pairings;</li> <li>○ LEW project leads.</li> </ul> </li> <li>● <b>Results of the evaluation:</b> £5.53 gain in benefits per £1 invested</li> </ul>
<b>Limitations and additional comments</b>	<ul style="list-style-type: none"> <li>● <b>Limitations identified by the author(s):</b> Issues with the SROI – relies heavily on qualitative research. “The nature of the SROI evaluation in attempting to quantify the unquantifiable”; use of financial proxies (“an approximation or derived value where an exact market-traded measure of value is not possible to obtain”<sup>36</sup>). In a number of cases, the focus group members were unable to arrive at financial values.</li> <li>● <b>Issues identified by this review:</b> Financial proxies are open to challenge but some positive benefits are generated at a relatively low cost of less than £100 per person.</li> </ul>

Table 14: Data Extraction – Healthwise

<b>Study</b>	<ul style="list-style-type: none"> <li>● <b>Author:</b> Goodwin Development Trust</li> <li>● <b>Year:</b> 2011</li> <li>● <b>Bibliographic reference:</b> Healthwise. 2011. Social Return on Investment – Evaluation (April 2010 to March 2011)</li> <li>● <b>Type of community engagement:</b> Collaboration</li> </ul>
<b>Setting</b>	<ul style="list-style-type: none"> <li>● <b>Country:</b> UK</li> <li>● <b>Setting:</b> Community</li> <li>● <b>Location:</b> Hull</li> </ul>
<b>Population</b>	<ul style="list-style-type: none"> <li>● <b>Participants characteristics and source:</b> Health Champions</li> <li>● <b>Number:</b> 104 Champions</li> </ul>
<b>Intervention</b>	<ul style="list-style-type: none"> <li>● <b>Intervention details (what, where, when, how):</b> Health Champions operating within the community</li> </ul>
<b>Comparator</b>	<ul style="list-style-type: none"> <li>● <b>Description of comparator - usual care, other intervention(s):</b> Not reported but accounted for deadweight</li> </ul>
<b>Period of evaluation</b>	<ul style="list-style-type: none"> <li>● <b>Timing:</b> 1 and 3 year period</li> </ul>
<b>Project cost</b>	<ul style="list-style-type: none"> <li>● <b>Input:</b> £160,086.80</li> </ul>
<b>Net present</b>	<ul style="list-style-type: none"> <li>● <b>Timing:</b> Over 1 and 3 years</li> </ul>

36 Envoy Partnership. 2014. Social Return On Investment (SROI) analysis of Tri-Borough Public Health: Community Champions. London: Envoy Partnership.

<b>value</b>	<ul style="list-style-type: none"> <li>• <b>Net present value:</b> at 3 years (assumption): £568,800.70</li> </ul>
<b>Discount rate</b>	<ul style="list-style-type: none"> <li>• <b>Rate:</b> 3.5%</li> </ul>
<b>Outcome</b>	<ul style="list-style-type: none"> <li>• <b>Outcomes:</b>            Training gives an opportunity to Health Champions to gain knowledge. Health Champions report that they feel better, gain valuable skills and feel more confident. Health Champions also report improved health and wellbeing. The training also motivates Champions to seek further employment. Healthwise employees (3 employees) report that they have gained valuable knowledge that enables them to move on to more advanced jobs. One of the employees also reported improved health, reduced weight and cholesterol levels and that the programme makes them feel good about helping others. The project outputs were useful evidence for Altogether Better and demonstrated value for money. This enables the organisation to secure additional funding and gain credibility. No outcomes were reported for households</li> </ul>
<b>Methods of analysis/ Results</b>	<ul style="list-style-type: none"> <li>• <b>Details of SROI:</b> Stakeholders involved:           <ul style="list-style-type: none"> <li>○ Health Champions;</li> <li>○ Healthwise employees;</li> <li>○ Altogether Better (the funding body);</li> <li>○ Indirect beneficiaries, such as family, friends, colleagues (not consulted for evaluation);</li> <li>○ Referral agencies (not consulted for evaluation);</li> <li>○ Goodwin Development Trust (not consulted for evaluation);</li> <li>○ Steering Group (not consulted for evaluation);</li> <li>○ The Big Lottery (not consulted for evaluation);</li> <li>○ Statutory bodies (for example, the NHS (not consulted for evaluation)).</li> </ul> </li> <li>• <b>Results of the evaluation:</b> £3.55 gain in benefits per £1 invested over 3 years</li> </ul>
<b>Limitations and additional comments</b>	<ul style="list-style-type: none"> <li>• <b>Limitations identified by the author(s):</b> Limited time to consult with other stakeholders</li> <li>• <b>Issues identified by this review:</b> Difficult to relate individual components of benefit to the overall figure. Benefits to health champions in terms of increased confidence and wellbeing need to be worth more than £1500 each but health benefits to others excluded.</li> </ul>

Table 15: Data Extraction - Introduction to Community Development & Health (ICDH)

<b>Study</b>	<ul style="list-style-type: none"> <li>• <b>Author:</b> Willis et al.</li> <li>• <b>Year:</b> 2014</li> <li>• <b>Bibliographic reference:</b> Willis L, Mustaphanin M, Skinner J, Garbe F, Gilwhite E. 2014. The value of personal growth: a social return on investment analysis of the Introduction to Community Development and Health Course. Sheffield City Council. ISBN 978-0-86321-269-7</li> <li>• <b>Type of community engagement:</b> Collaboration</li> </ul>
<b>Setting</b>	<ul style="list-style-type: none"> <li>• <b>Country:</b> UK</li> <li>• <b>Setting:</b> Community</li> <li>• <b>Location:</b> Not specified</li> </ul>
<b>Population</b>	<ul style="list-style-type: none"> <li>• <b>Participants characteristics and source:</b> Volunteers</li> <li>• <b>Number:</b> 41 graduates, 11 friends and family members, 3 partner organisations</li> </ul>
<b>Intervention</b>	<ul style="list-style-type: none"> <li>• <b>Intervention details (what, where, when, how):</b> Within the communities</li> </ul>
<b>Comparator</b>	<ul style="list-style-type: none"> <li>• <b>Description of comparator - usual care, other intervention(s):</b> Not reported but accounted for deadweight</li> </ul>
<b>Period of evaluation</b>	<ul style="list-style-type: none"> <li>• <b>Timing:</b> SROI for 5 years</li> </ul>
<b>Project cost</b>	<ul style="list-style-type: none"> <li>• <b>Input:</b> £78,000</li> </ul>
<b>Net present value</b>	<ul style="list-style-type: none"> <li>• <b>Timing:</b> 5 years</li> <li>• <b>Net present value:</b> £1,091,859.33</li> </ul>
<b>Discount rate</b>	<ul style="list-style-type: none"> <li>• <b>Rate:</b> 3.5%</li> </ul>
<b>Outcome</b>	<ul style="list-style-type: none"> <li>• <b>Outcomes:</b>            Improvements and benefits were seen among a number of stakeholders. 85% of the participants of the course and 66% of friends and family members improved health behaviours. 65% of the ICDH learners have increased self-confidence and 56% increased self-efficacy to make changes. In addition, 56% attended further training and became more involved with the local community. A greater trust in communities was also reported (30.5%). 59% of the learners became regular volunteers that also benefited partner organisations and 29% secured employment. The potential benefits are seen for the State in terms of reductions in benefit payments as well as reductions in healthcare service utilisation<sup>37</sup>.</li> </ul>
<b>Methods of analysis/</b>	<ul style="list-style-type: none"> <li>• <b>Details of SROI:</b> Stakeholders involved:</li> </ul>

37 Willis L, Mustaphanin M, Skinner J, Garbe F, Gilwhite E. 2014. The value of personal growth: a social return on investment analysis of the Introduction to Community Development and Health Course. Sheffield City Council. ISBN 978-0-86321-269-7. Page 10

<p><b>Results</b></p>	<ul style="list-style-type: none"> <li>○ A number of stakeholders were involved in the evaluation:</li> <li>○ Commissioners within Sheffield City Council (SCC);</li> <li>○ Commissioners within NHS Sheffield Clinical Commissioning Group (CCG);</li> <li>○ Public Health consultants and leaders across Sheffield;</li> <li>○ Public Health practitioners working with local communities;</li> <li>○ Academics at local universities and within CLAHRC (Collaborations for Applied Health, Research &amp; Care);</li> <li>○ SCC Localities, Housing and Health &amp; Social Care Teams;</li> <li>○ Sheffield Health and Wellbeing Consortium;</li> <li>○ Partner and Provider organisations within the Third Sector;</li> <li>○ Graduates of the ICDH programme;</li> <li>○ Community members and potential ICDH learners.</li> </ul> <ul style="list-style-type: none"> <li>● <b>Results of the evaluation:</b> £14 gain in benefits per £1 invested over 5 years</li> </ul>
<p><b>Limitations and additional comments</b></p>	<ul style="list-style-type: none"> <li>● <b>Limitations identified by the author(s):</b> Due to limited follow-up data across the programme the authors were unable to establish conclusively what proportion of the whole cohort sustained changes made during the course or went on to make further changes afterwards.</li> <li>● <b>Issues identified by this review:</b> Results were transparently reported and may be compared with other studies. Health care cost savings may justify the intervention but non-health benefits should be treated with caution. The time period for the resource inputs is unclear.</li> </ul>

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