

Glasgow Health Walks

Social Return on Investment Analysis

1st April 2011 to 31st March 2012



Glasgow Health Walks Social Return on Investment Analysis Date of release May 2013

This analysis was commissioned by Paths for All in April 2011 and carried out by Karen Carrick of Greenspace Scotland. The findings were assured in April 2013 by the SROI Network.

“ It was found that every £1 invested would generate around £8 of benefits. ”

“This report has been submitted to an independent assurance assessment carried out by The SROI Network. The report shows a good understanding of the SROI process and complies with SROI principles. Assurance here does not include verification of stakeholder engagement, data and calculations. It is a principles-based assessment of the final report”.

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Cover photo: Members of the Knightswood Health Walk Group

Back photo: Walk Glasgow Walk Leader away day September 2012

Executive Summary

The report provides an evaluation of the social return from investing in a programme of led health walks in Glasgow, many of which are delivered by volunteers. These walks are supported by 'Walk Glasgow', a partnership project funded by Glasgow Life, NHS Greater Glasgow and Clyde and Paths for All.

Social Return on Investment (SROI) provides a principled approach that can be used to measure and account for a broad concept of value. It enables the social, environmental and economic benefits a service or activity delivers to be calculated.

The analysis identified those most affected by the programme of led health walks and records and values some of the changes they experience. These include:

Walkers and walk leaders are fitter and have improved physical health as a result of becoming more regularly physically active, have more social contacts and are more confident, experience less isolation and take part in new experiences.

Walkers feel safe and comfortable and are able to take part in outdoor physical activity in their local green space by being part of a group, and can participate in a supported programme that encourages them to progress and to achieve a greater sense of personal satisfaction. They are able to interact with others from different cultural and social backgrounds and to gain a better understanding of ethnicity and disability.

Walk leaders have improved self-esteem and a sense of worth as they feel valued by the community and they are able to gain new practical and social skills.

Paths for All can recruit, train and retain volunteer walk leaders who provide essential services.

NHS Greater Glasgow and Clyde and **Glasgow City Council** make cost savings as a result of individuals requiring less medical care and support.

Vulnerable individuals who take part in closed walks are able to meet people and form new independent friendships and to have improved relationships with care and support staff.

It was found that every £1 invested would generate around £8 of benefits. By applying a sensitivity analysis, or varying any assumptions made in the calculation, the value of the benefits derived ranges from £7 to £9.

1. Introduction

1.1 Background

This report describes and quantifies the social return from investing in a programme of led health walks in Glasgow, many of which are delivered by volunteers. These walks are supported by 'Walk Glasgow', a partnership project funded by Glasgow Life, NHS Greater Glasgow and Clyde and Paths for All. The purpose of the project is to,

'Develop and promote walking opportunities across Glasgow, targeting groups least likely to take regular exercise, in order to increase physical activity levels and improve the health and wellbeing of city residents'.¹

Walk Glasgow supports a wide range of initiatives, in addition to the led health walks, such as workplace walks, school walking initiatives and active travel. This report details the changes that were identified and measured, from the perspective of those who actually experienced them as a result of participating in the led health walks.

The work carried out for this report was commissioned by Paths for all and undertaken from April to August 2012 by greenspace scotland supported by Glasgow Life, North Glasgow Healthy Living Community, NHS Greater Glasgow and Clyde and Paths for All. The period that is evaluated in the analysis is 1 April 2011 to 31 March 2012.

1.2 Walk Glasgow Health led health walks

Paths for All define a led health walk as,

'a short, safe, local, free led walk. Targeted at inactive individuals, at a moderate pace, lasting between 10 minutes and an hour'

Walk Glasgow was established in January 2009 and seeks to increase, improve and develop walking opportunities by using a partnership approach. In relation to the led health walks, which are the subject of this analysis, this is achieved by establishing connections with organisations who work directly with those communities who are most likely to experience health inequalities. The intention is *'to enable these organisations to deliver new opportunities and build community capacity for walking and walking projects'*². Community health walks are developed by locally based area walking networks.

The project is managed by a multi-agency steering group, and a co-ordinator is employed whose role is to develop walking initiatives, provide guidance, support and training, and to encourage public sector commitment. Paths for All are members of the steering group and provide support and assistance to enable others to deliver walking for health programmes that reduce the proportion of the population who are inactive.

In the period between 1 April 2011 and 31 March 2012 a total of 59 walking projects were in existence as part of Walk Glasgow. These consisted of 33 open walks that were delivered on a weekly basis and 26 closed walks that took place at frequent intervals. Open walks, as the description suggests, are open to all and consist of led walks at an easy pace which last about an hour. Open walks are run by volunteer walk leaders who are unpaid and are usually recruited from the walkers in the group. For the purposes of this analysis each has been considered a separate stakeholder group.

Closed walks are not publicly accessible and attendance is restricted to certain groups of participants. Each walk is targeted at a particular client group e.g. hospital in-patients, people with learning disabilities, members of ethnic minorities and individuals referred by

¹ Walk Glasgow Annual Report September 2011

² Walk Glasgow Annual 2 year evaluation report Jan2009 – Dec2010

medical practitioners. The majority of walks support individuals who have experienced mental or physical challenges. Closed walks are frequently led by professional support staff who have taken part in the walk leader training programme. Where appropriate, participants in closed walks are encouraged and supported to move onto open walks as their personal confidence and abilities increase.

1.3 Policy Context

The Scottish Government's Physical Activity Strategy seeks to increase the number of people of all ages in Scotland who are physically active. The target is that by 2022, 50% of all adults and 80% of all children will meet the minimum recommended levels of physical activity³ which is at least 30 minutes of moderate activity on most days of the week. The most recent information from the Scottish Health Survey reveals the extent to which progress has been made.

- In 2011, 39% of adults reached minimum physical activity levels with men more likely to do so than women (45% compared with 33%).
- Since 2008, there has been no significant change in the proportion of adults meeting the recommendations.
- The proportions of men and women meeting the recommended activity levels decline significantly with age. Older people are much less likely to be physically active. Only 11% of men and 6% of women aged 75 and over meet minimum physical activity levels.
- Deprivation is strongly related to activity levels with adults living in the two most deprived SIMD quintiles least likely to meet the recommendations (34%-35%) compared with 42% in the two least deprived quintiles.⁴

Walking is one of the most common forms of physical activity, particularly amongst those who are least active, and has an important role to play in helping individuals to meet the desired levels of physical activity. At the launch of a proposed new initiative to promote walking, Sports and Commonwealth Games Minister, Shona Robison, said, "*there is overwhelming evidence in relation to the health benefits that come from walking so that is why the Scottish Government will develop a National Walking Strategy*"⁵

There are clear linkages between physical and mental health. The Mental Health Strategy for Scotland 2012-2015⁶ states,

'We also know that the recovery of people with more severe mental illnesses also benefits from access to services that support physical activity and social integration. The poor life expectancy of those with mental illness is as much or more driven by poor physical health and health behaviours as it is by their mental illnesses

Glasgow City Council's physical activity strategy, 'Let's make Glasgow more active'⁷ prioritises the promotion of walking as it '*has been identified as having the potential to make a bigger impact on peoples' everyday activity levels*'. *It is for this reason that initial action will focus on the promotion of walking*'.

This approach is endorsed by NHS Greater Glasgow and Clyde⁸ and reflected in their priorities for action. In recognition that, '*Walking is the most effective and easiest way to*

³ Let's Make Scotland More Active: A strategy for physical activity

⁴ The Scottish Health Survey 2011: Summary of Key Findings

⁵ A short walk to health

⁶ <http://www.scotland.gov.uk/Resource/0039/00398762.pdf>

⁷ Let's Make Glasgow More Active

⁸ Walking For Health

include physical activity in everyday life' they have determined 'to ensure reduction in barriers, real or perceived, and ensure that communities have equity of access to greenspaces'. Walking offers a cost effective accessible way of achieving physical activity which is 'the best buy for public health because of the health benefits it confers'⁹

The main benefits were neatly summarised by one of the walkers who stated, "My health is better and I have new friends."

1.4 Social Return on Investment

Social Return on Investment (SROI) provides a principled approach that can be used to measure and account for a broad concept of value.

SROI measures social, environmental and economic change from the perspective of those who experience or contribute to it. It can be used to identify and apply a monetary value to represent each change that is measured. The resultant financial value is then adjusted to take account of contributions from others. In this way the overall impact of an activity can be calculated and the value generated compared to the investment in the activities. This enables a ratio of cost to benefits to be calculated. For example, a ratio of 1:3 indicates that an investment of £1 in the activities has delivered £3 of social value.¹⁰

Whilst an SROI analysis will provide a headline costs to benefits ratio, it will also deliver a detailed narrative that explains how change is created and evaluates the impact of the change through the evidence that is gathered. An SROI analysis is based on clear principles and progresses through set stages. SROI is much more than just a number. It is a story about change, on which to base decisions, and that story is told through case studies, qualitative, quantitative and financial information. The principles of the SROI approach are set out in Appendix 2.

There are two types of SROI analyses: a forecast SROI predicts the impact of a project or activity and an evaluative SROI measures the changes that it has delivered. This report is an evaluative SROI analysis.

1.5 Purpose of the analysis

This analysis was commissioned by Paths for All who wanted to identify and value the multiple benefits that are delivered by the led health walks that take place in Glasgow. Glasgow has one of the highest instances of health inequalities in Europe and the lowest life expectancy in the UK¹¹. Walking programmes can do much to improve physical activity levels and improve quality of life and life expectancy, particularly in areas in which high levels of health inequalities exist. Paths for All wanted to use this analysis to contribute to the growing body of evidence of the multiple benefits of walking and to provide a Glasgow based perspective.

⁹ NHSGC / DPH Report 2009-11 / Online edition - Chapter 6

¹⁰ In SROI, 'social' is taken as a shorthand for social, economic and environmental value

¹¹ <http://www.scotland.gov.uk/Resource/Doc/226607/0061266.pdf>

2. Scope and stakeholders

2.1 Scope

This is an evaluation of the social return in investing in a programme of led health walks delivered across the city of Glasgow targeting those areas which experience health inequalities and which seeks to improve physical activity levels. It covers a one year period from 2011 to 2012.

2.2 Stakeholder identification and consultation

All those who were likely to experience change as a result of the project (the stakeholders), were identified, the nature of any changes that might be experienced considered and how such changes might be measured explored. At the end of the discussions a list of those organisations or individuals whom it was believed would be significantly affected was drawn up (the 'included' stakeholders). Details about the rationale for including these stakeholders are provided in Appendix 1.1. More detail about these stakeholders can be found in Appendix 1.2.

A list of those whom it was thought would not experience significant change, and hence it was not considered appropriate to contact for further discussion, was also identified (the 'excluded' stakeholders). More details on this group and the reason for their exclusion can be found in Appendix 1.1.

A consultation plan was established for each of the identified stakeholders using methodologies that best suited their individual needs. Consultation was carried out by greenspace scotland and facilitated by staff at Glasgow Life and North Glasgow Healthy Living Community. Appendix 1.3 sets out the engagement methods used for each stakeholder.

A small stakeholder steering group, composed of representatives from Glasgow Life, North Glasgow Healthy Living Community, Paths for All, and NHS Greater Glasgow and Clyde identified potential outcomes. These were confirmed through consultation with individual stakeholder groups who also considered any additional outcomes, which could be either positive or negative. This process was done through focus groups and individual interviews and formed the basis of subsequent data collection. Stakeholders were consulted at all stages of the process in various ways by commenting on sections, participating in small groups to consider specific aspects, e.g. identification of financial proxies and reviewing drafts. In addition the steering group met at regular intervals throughout the period of the analysis to review progress.

3. Theory of change from the perspective of stakeholders

This analysis reports the changes that result from participating in, contributing to or benefiting from a programme of led health walks on a regular¹² basis over a period of one year. Although these will be described in some detail, it is important to stress from the outset that the changes recorded were not identified as being part of a chain of events that have led onto or resulted in other things. The most significant long term benefits of walking regularly over a number of years are likely to be sustained or improved physical health leading to longer life -but measuring and valuing that is somewhat outwith the current scope!

A distinction was drawn between walkers and walk leaders with diagnosed medical conditions and those without, as whilst each derived changes in terms of improved physical fitness and better wellbeing those with diagnosed medical conditions received additional benefits.

Within each stakeholder grouping not all individuals experienced the same change and this is reflected in the quantities used to calculate the return on investment. Quantities are drawn from survey results and questionnaire responses.

Walking is one of the most natural activities and offers a method of dynamic aerobic exercise that is easily accessible to almost everyone. No special skills or equipment are required. It is extremely easy to include walking in a daily routine be it as part of a journey to work, a visit to the shops or a leisurely stroll in the park. The pace, the frequency and the distance of each walk is a matter of individual choice. Unlike some other physical activities it is extremely safe and there is little, if any, decline in middle age.

*'It is a year-round, readily repeatable, self-reinforcing, habit-forming activity and the main option for increasing physical activity in sedentary populations'*¹³

The health benefits of physical activity are well documented and can be observed in individuals who walk for less than 30 minutes a day. Studies suggest that even 15 minutes a day of brisk walking can add up to 3 years to life expectancy.¹⁴ Walking impacts positively on a range of conditions including diabetes, heart disease and cancer and there is a direct link between walking and a decrease in deaths from all causes. This ranges from a reduction in mortality rates of between 19% and 30% depending on the frequency and length of the walking activities.¹⁵

Whilst the benefits to physical health are immediately obvious and valued highly by participants in the led health walks, the opportunities for social interaction are considered to be equally important. The ability to engage with other people has a positive impact on health and the effects of social interaction and friendship on mental health and wellbeing are

¹² Individuals attending at least 75% of the sessions which equates to 27 hours

¹³ Morris JN, Health Promotion Sciences Unit, London School of Hygiene and Tropical Medicine, England.

Sports Medicine (Auckland, N.Z.) [1997, 23(5):306-332]

¹⁴ Wen, C.P. et al., 'Minimum amount of physical activity for reduced mortality and extended life expectancy: a prospective cohort study', *The Lancet* (2011) 378: 9798: 1244 –53

¹⁵ Lee, I.M. and P.J. Skerrett, 'Physical activity and all cause mortality: what is the dose - response relation?' *Medicine and Science in Sports and Exercise* (2001) 33: S459–S471:

<http://www.ncbi.nlm.nih.gov/pubmed/11427772>; and Woodcock, J. et al., 'Non - vigorous physical activity and all - cause mortality: systematic review and metaanalysis of cohort studies', *Int J Epidemiology* (2011) 40(1): 121–38: <http://ije.oxfordjournals.org/content/40/1/121.abstract>

significant. There is scientific evidence that loneliness and isolation cause physiological events that have an adverse effect on health.

*'Persistent loneliness leaves a mark via stress hormones, immune function and cardiovascular function with a cumulative effect that means being lonely or not is equivalent in impact to being a smoker or non-smoker'*¹⁶.

As with participating in physical activity, participating in social groups also results in longer life. A recent review of studies into the impact of relationships on health found that,

*'people had a 50% better survival rate if they belonged to a wider social group, be it friends, neighbours, relatives or a mix of these'*¹⁷.

As well as improving and sustaining physical and emotional health and wellbeing, led health walks deliver many other tangible benefits. These are described in the next sections and are illustrated by comments and case studies provided by those were consulted in the course of the analysis.

3.1 Walkers on open health walks

By taking part in led health walks walkers are able to become **fitter and have improved physical health as a result of becoming more regularly physically active.**

"I'm really glad I found an activity that I can manage and it's free"

"Walking is the only kind of exercise I can do and it helps me keep a reasonable level of fitness and I believe it will benefit my health generally."

Walking delivers benefits for individuals, be they walkers or walk leaders, who have diagnosed health conditions in relation to either demonstrable improvements in their disease or a slowing down of the rate of deterioration. **Walkers with diagnosed physical medical conditions are able to engage in physical activity and as a result feel fitter and become healthier.** Individuals who have **experienced mental health problems are able to engage in physical activity and feel happier and positive.**

"The walks make me get up and get myself moving I like walking and it helps my blood pressure. I feel better and more confident. I have other clubs I attend but I enjoy the walking group the most"

"I find on the whole I am now more active and personally more aware of what is going on in general. I have more confidence and am more comfortable speaking to people."

"The walks give me motivation"

The social aspect of walking is very important and valued highly. Walkers reported new friendships that ranged from having someone to talk to whilst they took part in the walk to having a friend they were able to take part in other activities with independently of the walking group. Most of the walking groups offer an opportunity for social contact and have a shared activity at the end of the walk.....usually involving a cup of tea! Over 90% of walkers reported that they **have more social contacts and are now more confident, experience less isolation and take part in new experiences.**

¹⁶ Cacioppo, J. T. and Hawkley, L. C. (August 2007) Aging and Loneliness: Downhill Quickly? Current Directions in Psychological Science

Department of Psychology: Chicago Health, Aging, and Social Relations Study (CHASRS)

¹⁷ PLOS Medicine: Social Relationships and Mortality Risk: A Meta-analytic Review

“Feel more fitting, more confident and have made new friends. I enjoy the company. When you are walking you are talking and don’t realise how far you are going, I would not have walked this far on my own”

“The best bit about the walks is getting to chat to all different types of folks. Everyone is very sociable and it is very easy to be part of the group. I feel less anxious.”

“The walking group brought me out of my shell. I learnt to do other things like mixing with the other women in the groups. It’s got me out of the house more so I am not so fed up, bored and up tight. I am enjoying life more.”

For some walkers, with limited opportunities to meet people out with the walking programme, seclusion or loneliness is particularly acute and possibilities for social contact limited. These individuals particularly valued the **close relationships with friends made on walks after experiencing social isolation after losing partners, retiring or moving into the area.** *“I started walking when I was recovering from bereavement. They make me feel normal again”*

“I have made a lot of friends and as I live alone I enjoy the company”

Many of the health walks are led by volunteers and it is typical to recruit volunteer walk leaders from within the group of walkers. This ability to gain confidence and be supported to move onto new challenges is an important aspect of the walking programme. **Walkers are able to participate in a supported programme that encourages them to progress and achieve a greater sense of personal satisfaction.**

Most of the walks take place in some of the beautiful parks and greenspaces that Glasgow offers. Many walkers, both male and female, said that they were reluctant to visit these natural open places on their own as they did not feel safe. They indicated that they enjoyed walking in a group much better than walking on their own as they felt more secure. The feelings of safety engendered by the led walks have a dual aspect. Firstly, people feel safe from threats of crime or violence by being part of a larger group of people. Secondly, several individuals who have experienced health problems are secure in the knowledge that walk leaders are aware of their medical history and are able to help if they became unwell. This is quite distinct from the sense of wellbeing that arises through physical activity. **Walkers feel safe and comfortable and are able to take part in outdoor physical activity in their local green space by being part of a group.**

“Can walk in secluded places with the group that I would not go in by myself”

During the conversations that take place on walks people were able to find out more about what was happening in their local area and further afield. As the majority of walkers tend to be from a similar, albeit older, age group it is possible to share information that is of particular relevance and interest. There was evidence that people would suggest other locally based activities and a few of their fellow walkers would agree to accompany them. **Walkers know more about other opportunities, events and services that are on offer and can take part in more activities which increase their confidence and sense of wellbeing.**

“The walks have opened a whole new world up for me. I have new friends and now take part in day trips to see new places. We had a day out to see Stirling Castle. One of the best things about the walks is you are able to meet people your own age and do things at your own pace”

Several of the walks take place in areas of biodiversity and walkers have been able to benefit from the understanding and experience some of their fellow group members have of the local environment. This peer education approach delivers benefits to both those imparting information and those gaining knowledge. **Walkers learn more about their local environment and can gain pleasure from seeing local flora and fauna.**

"I have discovered beautiful greenery and wildlife within close proximity to my house. I am more confident and enjoy meeting new people and I am sure my health has improved"

In more general terms by walking through different areas walkers are able to explore their surrounding environment and to gain new perspectives and experiences. As a result they **know more about their local area and find new places to visit which increases the sense of satisfaction and enjoyment they derive from the place in which they live**

"I enjoy seeing places I haven't seen before, meeting new people, getting fresh air and feeling fit"

"By going on the walks I have seen new things and gone new places I have never gone before. They are educational."

One of the unanticipated benefits of the walks was the opportunity it offered for people to come together whose paths would not normally cross. Several individuals reported an increased awareness and understanding of the diversity of their local community. **Walkers are able to interact with others from different cultural and social backgrounds and to gain a better understanding of ethnicity and disability**

"I understand more about people from other cultures."

"You get to talk to all different types of people from different backgrounds"

3.2 Walk Leaders on open health walks

Walk leaders enjoy many of the health benefits of walkers. As a group they tend to be slightly younger and fitter and are more likely to take part in other physical activities or to walk independently. **Walk leaders are much fitter and have improved health as a result of becoming more regularly physically active.**

"It keeps me healthy. Walking is now a pleasure"

"I went to the doctor because my memory was going. He said I needed to become more physically active. I started off as a walker and now lead a group."

As with the walkers the social aspect of the walks is very important and, **walk leaders have more social contacts and are now more confident, experience less isolation and take part in new experiences**

"I get a sense of satisfaction from being with other people"

"When I retired I lost touch with my friends from work but now I have new ones"

"The social aspect is a great comfort, sharing jokes, news etc. it lifts my spirits"

Walk leaders reported a feeling of pride and achievement in the part they play in supporting the delivery of the walks. They went to great lengths to create a safe and welcoming environment and to make sure walkers had a positive experience. **Walk leaders have improved self-esteem and a sense of worth as they feel valued by the community**

“Coming to the walking groups has done so much for me I wanted to give something back”

“I am a recovering alcoholic and being able to achieve something has changed my life. Since becoming a leader I am happier and I haven’t had a hospital related admission for over 3 years.”

“I look forward to the walks each week. I enjoy being part of making them friendly with a good atmosphere”

Walker Leaders are able to exchange information with other participants and **know more about other opportunities, events and services that are on offer and can take part in more activities which increase their confidence and sense of well being**

“we hear about other things we can go to and arrange to meet up”

All walk leaders are required to attend a training course provided by Paths for All which gives them the skills and understanding required to carry out their tasks. **Walk leaders have undertaken and achieved Walk Leader and First Aid certificates. This has increased their levels of confidence and given them practical skills such as first aid and planning which enhance employability or volunteering prospects**

3.3 Walkers on closed walks

Direct access to walkers on closed walks was limited and whilst a few individual interviews took place it was necessary to rely on evidence from support staff on the changes they had observed in participants. Interviews took place with three agencies that refer walkers to closed walks- Cornerstone Glasgow, PlatForum and the Recreation Unit at Leverndale Hospital.

Cornerstone and PlatForum stated unequivocally that without support from Walk Glasgow they would not have been able to start the walking programme and emphasized the need for on-going support to be provided as it is essential to sustaining delivery.

Demonstrable benefits to the walkers in relation to improvements to physical health were easily identified. **Walkers are fitter and have improved physical health as a result of becoming more regularly physically active**

One of the greatest benefits that walkers are able to experience by taking part in the closed walk is being able to meet new people. Social contact and interaction with other people can be particularly problematic for individuals who live in care or in supported accommodation. The circle of potential contacts is usually very small and it is hard to make independent friendships. Closed walks bring different groups together and promote social interaction. Special events which are open to all walkers such as the ‘Big Fit Walk’ provide opportunities for people to come together. **Walkers who are extremely socially isolated and excluded are able to meet people and form new independent friendships**

The walking programme offers the same chance to progress to becoming a walk leader to those individuals participating in closed walks as it does to their counterparts in the open walks. **Walkers are able to participate in a supported programme that encourages them to progress and achieve a greater sense of personal satisfaction.**

Staff reported a significant change in the behaviour of service users. The physical activity made **walkers more relaxed and calm and have improved relationships with staff that**

are able to offer better care and support. Having to spend less time managing behaviour issues meant staff could spend more time engaging with service users in a productive way.

“It tends to be people who live locally who come along. We have a good mix of people - some in wheelchairs. The beauty of the walks is that it offers ‘disguised’ exercise so whilst many people wouldn’t choose to exercise - walking encourages them to take part in physical activity. A walker has lost two dress sizes since she started going on the walks.

One of the biggest benefits is that our service users get to meet new people and strike up independent friendships. It’s hard for people in care to make new friends as they don’t meet many people. Whilst they have a support worker he or she is paid to be their friend. Coming to the centre people tend to see the same faces but going walking lets them meet new ones.

The Friday walks provide a sense of structure and routine in sometimes chaotic lifestyles. By going walking outside people stay within their local community and are more part of it. They feed the geese. Pat dogs. Just do normal everyday things. It makes people part of the community and they are understood better by the other residents.

Staff play an active role in the walks and some have benefitted from the free walk leader training that is provided. Walkers and Carers can do things on an equal basis – both are just out for a walk.”

Cornerstone

Mr A really enjoys the walks and seems happier and calmer when he gets back. Before he started walking he wouldn’t go near people and moved away when anyone tried to talk to him but now he has much better social interaction and will actually start conversations with people.

Case study

“The main things are social contact and physical health benefits. Residents are offered a choice of activities but walking is the most popular as it is so accessible. Walking is a great leveller and staff and participants take part on equal terms. Some individuals benefit more than others and some have gone onto get the walk leader training. Walking is a great stepping stone to other physical activities as it gives people confidence”

Leverndale Recreational Unit

“Service users aren’t really into exercise but they enjoy walking and it builds up their confidence. Exercise is seen as challenging but walking encourages physical activity and extends people’s horizons- one member now goes to zumba. It provides a link to the community.”

PlatForum

3.4 NHS Greater Glasgow and Clyde

It is recognised that regular walking has a significant impact on the length and quality of life. Physical activity, of which walking is the most accessible form, can reduce the incidence of death from some of the most prevalent and serious conditions in Scotland. In the scope of this analysis it has not been possible to measure and value properly the long term health benefits of walking which are experienced over a period of years. Walking is extremely cost

effective from a health point of view as it reduces hospital admissions; however the data to directly evidence this for participants in the walking programme was not readily available.

For the purposes of this analysis which has been undertaken at an individual, and not a population level, the only measures that it has been possible to apply are cost savings to the NHS in relation to reduced prescription costs. This in no way represents the real value or cost savings that are being achieved through the walking programme. For example, the average cost of treating a cardiovascular event is £4614 and it should be recognised and reflected in cost savings that walking significantly reduces the likelihood of heart disease¹⁸. By questioning individuals on their medical condition it has been possible to clearly evidence **cost savings to the NHS arising as a result of 37 individuals taking part in the programme on a regular basis reducing their blood pressure and requiring less drug therapies and also as a result of 60 individuals with clinically diagnosed mental health conditions taking part in the programme on a regular basis and requiring less drug therapies**

“Walking has the biggest reach and fewest barriers. It helps tackle health inequalities as 70% of walkers taking part in the programme come from those areas of multiple deprivation”

NHS Health Promotion Advisor

3.5 Glasgow City Council

As walkers have better levels of physical fitness they are able to remain active and live independently for longer. There is **reduced demand for home care as walkers have better mobility, and fewer falls due to increased agility and movement**. This results in significant cost savings to the council.

3.6 Paths for All

PfA play a crucial role in making the objectives on increasing physical activity that are set at a national level accessible, intelligible and deliverable at a local level. As well as raising general awareness of the benefits of walking they fulfil a co-ordinating role and offer practical support. This includes the provision of an extensive training programme that enables volunteers to assume the role of walk leaders. Health walks provide a ready supply of dedicated willing volunteers who are committed to the walking programme and want to contribute to its continuation. By supporting led health walks **PfA can recruit, train and retain volunteer walk leaders who provide services that would otherwise have to be provided by paid staff. Volunteers acquire the requisite experience by participating in the walk and this allows PfA to expand the scope of the programme as it is possible to use savings to provide more walking opportunities.**

3.7 Valuing the Health Benefits of walking

One of the biggest challenges of this analysis has been to value the health benefits of walking for those individuals participating in the programme of health walks. The significant contribution participating in physical activities in general, and walking in particular, make to health and wellbeing are well researched and have already been described.

Accessing information at the individual, as opposed to population, level has been extremely difficult. It had been hoped to track the progress of individuals and map their

¹⁸ <http://www.nice.org.uk/nicemedia/live/13024/49325/49325.pdf>

health improvements but this did not prove possible. The study sought to identify and capture the multiple benefits of health walks and in the time frame and resources allocated it was not possible to undertake the intensive research that a detailed measurement and analysis of health benefits required. In recognition of the difficulties faced in tracking individual progression Paths for All have commissioned a longitudinal study which follows a cohort of walkers over a three year period.

The preferred approach would have been to use Quality-adjusted life years (QALYs) to measure the health benefits

Quality adjusted life-years are a way of measuring both the quality and quantity of life. They take into account life expectancy and the quality of life that will be experienced during these years. Quality of life encompasses a range of factors, and is not just condition based. There a variety of ways in which it can be measured and the recommended approach is EQ-5D¹⁹ which allows individuals to describe their experiences in relation to defined dimensions of health which are :mobility: ability to live independently; capacity to enjoy a 'normal' life; degree of pain and discomfort and anxiety and depression. These principles are applied to measure the quality of life or state of health. One year of perfect health equates to one QALY whereas a year of life in a health state which scores only half of the value established for perfect health will be the equivalent of 0.5 QALYs. The approach is used to express the benefits gained from different interventions in a 'standardised' way and is used extensively to allocate resources.

The approach is particularly relevant in that it allows the cost of health interventions to be calculated and expressed in terms of QALYs. In this way the cost effectiveness of different interventions can be assessed. It should be pointed out that there are limitations with this methodology.²⁰

Other studies have measured the health benefits of walking in this way. However in contrast to a SROI analysis which measures and values all change it should be emphasised that these valued only those benefits directly associated with health states.

A study was undertaken in Spain in 2005 of elderly females who were overweight or moderately depressed and who were referred to a 6-month walking-based, supervised exercise program. The activities consisted of three 50-minute sessions per week. It was found that each extra QALY delivered by the exercise programme cost less than £270²¹

A pilot project by Natural England suggested that in the 3 year period of the Walking for Health expansion programme, each of the 2817 QALYs delivered would cost £4000.²²

NICE ²³generally say that an intervention is cost effective if it falls within the range of £20,000 — £30,000 per QALY, implying that health walks are an extremely cost-effective preventative health intervention. Cost-benefit analyses which NICE have considered suggest that every £1 spent on a health walk will save a Primary Care Trust around £7 on expenditure such as hospital admissions and medication.

¹⁹ EuroQol - Home

²⁰ http://www.whatisseries.co.uk/whatis/pdfs/What_is_a_QALY.pdf

²¹ BMC Public Health | Full text | Cost-utility of a walking programme for moderately depressed, obese, or overweighed elderly women in primary care: a randomised controlled trial Total value 400 euros or £270 using 2005 exchange rate of 0.675

²² Walking for Health: a cost effective healthcare solution | Walking for Health

²³ National Institute for Health and Clinical Excellence

In an attempt to provide a fuller picture of the value of the health benefits of walking it was decided to use the Health Economic Assessment ²⁴ or heat tool. This is designed to provide an economic assessment of the health benefits of walking by estimating the value of reduced mortality that results from specified amounts of walking. The resource is accessible on line and can be used to estimate the economic savings resulting from reductions in mortality as a consequence of regular walking. It answers the following question, *'if x people walk y distance on most days, what is the economic value of mortality rate improvements?'*

By applying the data collected in the calculation it is estimated that the number of deaths per year that are prevented by taking part in the programme of health walks is 0.04 and that the current value of the annual benefit, averaged across 1 year is around £2,580.00

Case Study

"I had my heart attack about 16 months ago in the middle of the night. At first I didn't realise what was happening but in the morning I had to get an ambulance. The doctor said I was lucky to be alive.

I feel much better now, better than I did before I had the heart attack! I am still on medication and will be for life but I am trying to reduce the amount. I take aspirin, esomeprazole, bisoprolol, ramipril and simvastatin. After I had my heart attack I went to the gym in the Royal for 12 weeks. It was a real struggle at first. I haven't been to the gym for a few months. There is no incentive when there is no-one to go with -that is a big issue. At first a group of us went with Live Active and we had a support worker. When that stopped it was difficult. Although you have the programme it's hard when there is no-one encouraging you and pushing you.

I get much more out of the walking group. Walking on a treadmill is not the same as walking and talking. There is a real social side to the walks that make you want to go along. I walk on my own and although I have a part time job walking still encourages me to get out of the house.

Taking part in the walks encourages me to look after myself and keeps me fit."

Similar challenges arose in relation to measuring the cost savings to local authorities as a consequence of the improved physical fitness experienced by some individuals through participating in the walking programme resulting in fewer falls. The evidence for falls reduction is based on individual reports but the cost savings are substantiated by national research. The average cost of a single hip-fracture was identified in a report by Parrot. S (University of York) in 'The Economic Cost to Hip Fracture in the UK' and in current prices equates to £36,977.85. Given that research suggests physical activity can prevent up to 25% of falls,²⁵ If even 10% of those individuals who reported improved mobility avoided falling this equates to cost savings of £110933.55

²⁴ WHO/Europe | Transport and health - Health economic assessment tool (HEAT) for cycling and walking

²⁵ [ARCHIVED CONTENT] At least five a week: Evidence on the impact of physical activity and its relationship to health : Department of Health - Publications

4. Inputs and outputs

4.1 Investment (inputs)

The money invested by the stakeholders below was used to pay staff costs, volunteer expenses, training and other associated expenses. The total amount invested in all the walks has been adjusted on a pro rata basis to take account of the fact that the outcomes measured and valued relate to a percentage of the total number of led health walks that are provided. A sufficiently large sample of health walks was surveyed to make sure that individual variations between the walks in relation to numbers of participants, geographical variations and target groups were taken into account.

Stakeholder	Description	Amount
PfA	Grant	£5620.80
NHS Greater Glasgow and Clyde	Grant and staff time	£5420.75
Keep well	Grant	£2,500.00
Glasgow Life	Grant	£1,200.00
SW CHP	Grant	£1,500.00
Glasgow City Council	Grant	£1,250.00
Northern Sole Mates	Staff Time	£5039.20
Volunteer Walk Leaders	Time	£26,174.40
Total inputs for April 11 to March 12		48,705.15

4.2 Outputs

The outputs describe, in numerical terms, the activities that took place as a result of the inputs. These activities or outputs will lead to change (or outcomes) for each of the identified stakeholders. The outputs identified are the delivery of 18 open and 3 closed walking groups that delivered walks throughout the year. In that time an average of 35 sessions each lasting just over an hour was delivered for each named walk.

Each walk leader was able to attend 2 training sessions.

4.3 Quantities

The open walks listed below were surveyed and a total of 141 responses from walkers received:

Wallacewell, Rosemount, Townhead, Lambhill, Pollockshaws, Pollock, Castlemilk, Lambhill, Canal Strollers, Tollcross, Nether craigs, Tollcross Live Active, Botanic Garden, Queen's Park, Possilpark, Heart of Scotston, Fare and Knightswood.

The average number of walkers attending these walks over the year was 153. The number of survey responses and actual recorded attendances are fairly similar and as a result the survey findings have been 'grossed up' or numbers surveyed projected to correspond to the average attendance figures.

41 walk leaders were surveyed and the actual responses are applied to the analysis.

Informal discussions with participants and support staff took place in relation to 3 of the closed walks. The walks included hospital in patients, individuals with mental or physical

disabilities and residents of supported accommodation. The numbers used are based on actual participant numbers recorded. The level of support provided to the closed walks varies significantly and this has been reflected in the apportionment of costs.

5. Outcomes and valuation

Detailed results from the stakeholder engagement and information collection are represented in the impact map information in Appendix 1.

5.1 Outcomes evidence

The changes (or outcomes) which were identified, following consultation with each stakeholder, are detailed below along with information on how the outcome was measured (indicators). All of the outcomes reported were positive.

In the course of the analysis unexpected outcomes were identified.

Walkers reported that by taking part in the programme of health walks they were able to interact with others from different cultural and social backgrounds and this gave them the opportunity to gain a better understanding of ethnicity and disability.

Walkers indicated that taking part in the walks made them feel safe and comfortable. They were more likely to take part in outdoor physical activity in their local green space by being part of a supported group. The sense of security they gained had two aspects. They were less likely to be the victims of crime and should they fall ill or require medical treatment trained walk leaders were around to provide emergency first aid.

The outcomes which had to be excluded and the reason for this are listed in Appendix 1.4.

Stakeholder	Outcome	Outcome Indicator	Source of quantities or data
NHS Greater Glasgow and Clyde	Cost savings to the NHS arising as a result of 37 individuals taking part in the programme on a regular basis reducing their blood pressure and requiring less drug therapies	No. of individuals reporting a reduction in the amount of prescribed drugs	Consultation
	Cost savings to the NHS arising as a result of 60 individuals with clinically diagnosed mental health conditions taking part in the programme on a regular basis and requiring less drug therapies	No. of individuals reporting a reduction in the amount of prescribed drugs	Consultation
Glasgow City Council	Value in reduced demand for home care as walkers have better mobility, and fewer falls due to increased agility and movement	No. of individuals reporting significant improvements in mobility and agility	Consultation
Paths for All	Cost savings/As a result of the walks PfA can recruit, train and retain volunteer walk leaders who provide services that would otherwise have to be provided by paid staff.	No. of hours provided by volunteer walk leaders in organising and providing walks average of 2 hours per walk	PfA records

	Volunteers acquire the requisite experience by participating in the walk and this allows PFA to expand the scope of the programme as it is possible to use savings to provide more walking opportunities		
Walk Leaders	Walk leaders have more social contacts and are now more confident, experience less isolation and take part in new experiences	No. of walk leaders who report a marked increase in social activities	Consultation
	Walk leaders are much fitter and have improved health as a result of becoming more regularly physically active	No. of walk leaders who report markedly improved levels of physical fitness	Consultation and evidence in research.
	Walk leaders have improved self-esteem and a sense of worth as they feel valued by the community	No. of walk leaders who report better self-esteem and feeling valued	Consultation
	Walk leaders have undertaken and achieved Walk Leader and First Aid certificates. This has increased their levels of confidence and given them practical skills (administration, planning, team working, first aid etc.) to enhance employability or volunteering prospects	No. of certificates gained by walk leaders	Consultation /database
Walkers and Walk Leaders	Walkers who have experienced mental health problems are able to engage in physical activity and feel happier and positive	No. of walkers with clinically diagnosed mental health problems who have an increased sense of wellbeing	Consultation and research PFA
Walkers and Walk Leaders	Walker with diagnosed physical medical conditions are able to engage in physical activity and as a result feel fitter and become healthier	No. of walkers reporting clinical improvements in their medical condition	Consultation and research PFA
Walkers in open walks	Walkers are able to interact with others from different cultural and social backgrounds and to gain a better understanding of ethnicity and disability	No. of walkers who report a better understanding of ethnicity and diversity	Consultation
	Walkers are fitter and have improved physical health as a result of becoming more regularly physically active	No. of walkers who report improved levels of physical fitness	Consultation
	Walkers have more social contacts and are now more confident, experience less isolation and take part in new experiences	No. of walkers reporting additional social contacts	Consultation
	Walkers are able to be participate in a supported programme that encourages them to progress and achieve	No. of walkers becoming walk leaders	PfA records

	a greater sense of personal satisfaction		
	Walkers form close relationships with friends made on walks after experiencing social isolation after losing partners, retiring or moving into the area	No. of walkers reporting the formation of close supportive relationships	Consultation
	Walkers feel safe and comfortable and are able to take part in outdoor physical activity in their local green space by being part of a supported group	No. of walkers reporting being able to feel safe to use local greenspace	Consultation
	Walkers know more about other opportunities, events and services that are on offer and can take part in more activities which increase their confidence and sense of well being	No of walkers reporting attending new activities/events	Consultation
	Walkers know more about their local area and find new places to visit which increases the sense of satisfaction and enjoyment they derive from the place in which they live	No. of workers reporting increased knowledge of their local area and who confirm that they have visited 4 new places	Consultation
Walkers in Closed Walks	Walkers are fitter and have improved physical health as a result of becoming more regularly physically active	No. of walkers who report improved levels of physical fitness	Consultation
	Walkers who are extremely socially isolated and excluded are able to meet people and form new independent friendships	No. of new independent friendships formed	Support Staff Records/ Observation
	Walkers are able to be participate in a supported programme that encourages them to a progress and achieve a greater sense of personal satisfaction	No. of walkers progressing to open walks or becoming walk leaders	PfA records
	Walkers are more relaxed and calm and have improved relationships with staff who are able to offer better care and support	The level of reduction in the number of hours that are spent in behaviour management issues	Support Staff Records/ Observation

5.2 Valuation

Financial proxies have been identified which allow a monetary value to be placed on the changes experienced by individual stakeholders. Wherever possible, stakeholders have been consulted on the appropriateness of these measures. In identifying the value given to a financial proxy an attempt has been made to link the financial amount to the level of importance placed on the change by individual stakeholders. In the case of the volunteer walk leaders and walkers this was identified through revealed preference exercises. These took place during focus group sessions in which individuals were asked to rate some of the benefits that walking delivered for them by equating the sense of satisfaction gained from walking to the pleasure gained from other activities whose cost is known. Options offered ranged from going to a café for a cup of tea and a cake (£3) to a short holiday (£300).

Financial proxies for the organisational or agency stakeholders were identified in discussion with the SROI steering group of which they were members. Further information on how each outcome is valued is provided in Appendix 1.5.

6. Social return calculation and sensitivity analysis

6.1 Duration and drop off

Before the calculation can be finalised a decision has to be made as to how long the changes produced by the Glasgow led health walk programme will last. In an SROI analysis the length of time changes endure is considered so that their future value can be assessed. The question to be answered is *'if the activity stopped tomorrow, how much of the value would still be there?'*

To predict the length of time changes will continue stakeholder opinion and independent research are both taken into account. There will be variations in the length of time benefits last according to the nature of the change and also the characteristics of individual stakeholders. Where significant assumptions have been required about the likely duration of change these have been considered in the sensitivity analysis in Section 6.4.

It is clear that some outcomes will last longer than others and may also be dependent on whether the activity is continuing or not. The health benefits of walking will endure for a very limited time if physical activity ceases and hence duration has been set at a year. The social networks formed will last much longer and it is anticipated that these will last between two and five years depending on the closeness of the social relationship that is formed.

The health benefits for walk leaders will last longer as walk leaders have higher fitness levels and are more likely to be physically active, and in these circumstances duration of two years is likely. The time frame of the benefits of the new social networks that are created are considered to be similar to that of walkers

The skills acquired by volunteer walk leaders and the increased awareness and understanding of issues such as the environment and diversity is assumed to last for around three years.

Outcomes which will continue to have a value in future years cannot be expected to maintain the same level of value for each of these years. This has been dealt with by assuming that the value will reduce or 'drop off' each year. National data on the drop off of physical activity has been collected and it suggests that as people get older there is a decrease in activity. As many of the walkers are within older age groups it would seem to be appropriate to use the national figures of drop out from physical activity by those who are active. The annual drop out figure by older active people is 2.9% per year and this figure has been applied.²⁶

In relation to walk leaders, in a survey recently undertaken by PFA and Queen Margaret University the average time that the PFA volunteers sampled lasted was 3.5 years.²⁷ This figure has been applied.

The new skills that are acquired and increased levels of awareness of diversity and the environment have been assumed to drop off by 25% a year.

In relation to considering the level to which the changes experienced as a result of increased numbers of social contacts and close friendships drop off consideration has been

²⁶ National Health Service Survey 2008 data of physical activity per age group. Census data on population groups 2001

²⁷ Mackenzie Stuart, 2010- A research collaboration between PFA and Queen Margaret University

given to the proximity of the relationship. The closer the relationship the less likely it is to drop off in future years.

Appendix 1.7 sets out the duration and drop off assumptions.

6.2 Reductions in value to avoid over claiming

As well as considering how long the changes a project or activity delivers will last, it is necessary to take account of other factors that may be influential. The recorded change might have happened regardless of the activity, something else may have made a contribution to it or the activity may have displaced changes taking place elsewhere. In considering the extent to which each of these factors have played a part in the total impact a realistic approach should be adopted. The aim is to be pragmatic about the benefits actually provided by the activity and to recognise that the value it creates is affected by other events. The SROI methodology does this by taking all these factors into account in calculating the actual impact a project or activity delivers.

6.2.1 Deadweight

A reduction for deadweight reflects the fact that a proportion of an outcome might have happened without any intervention. Deadweight has been calculated on the proportion of people who would be active on their own accord. In the age group 45-90, 72% are inactive and 28% are active. The project targets inactive individuals and hence only a small proportion of individuals on the project will fulfil physical activity guidelines when they start. Participating individuals freely admit that they would be unlikely to take part in physical activities unless prompted. Taking these issues into account, a figure of 7% for deadweight has been set that reflects research findings and the direct experience of stakeholders reported during consultation.²⁸

For walk leaders deadweight has been calculated as the percentage who would volunteer even if the project did not exist. As a result the deadweight has been calculated in line with the percentage of people who volunteer. It is estimated that 31% of Scottish People volunteer in some capacity and as a result deadweight of 31% is applied.²⁹ In relation to physical activity levels many volunteer walk leaders are already physically active and in Scotland a recent survey suggests 45% of men and 33% of women meet the minimum recommendations for physical activity in adults and hence an average of 38% has been used.³⁰

6.2.2 Attribution

Attribution takes account of external factors, or the contribution of others, that may have played a part in the changes that are identified.

For some outcomes, e.g. the social benefits gained by walkers on closed walkers, stakeholders made it clear that the changes they experienced had arisen solely as a result of participation in the walks. In these cases attribution has been set at 0%.

In relation to the health and wellbeing benefits experienced, attribution has been calculated by considering two factors. All individuals were asked to identify the amount of time spent each week in taking part in physical activities and the nature of those activities. From the

²⁸ Scottish Health Survey 2009 and Sportscotland Older People and Physical Activity Report 2007

²⁹ Scottish Household Survey 2009/10 <http://www.scotland.gov.uk/Publications/2011/08/17093111/13>

³⁰ <http://www.bhf.org.uk/plugins/PublicationsSearchResults/idoc.ashx?docid=e9994c21-ec6c-4fad-b741-ad96bacd69ed&version=-1>

findings it is possible to identify the amount of time spent walking as a proportion of the total time spent on all physical activities. In this way it is possible to calculate the % of the change that can be directly attributed to walking.

Consideration has also been given to Foster's findings in research into interventions to promote physical activity. Foster reports that the effect of self led and reported interventions (19 studies; 7598 participants is minimal). From research there is evidence that referral on to an exercise programme works and has effect as long as the programme lasts but is dependent on long term support. It is also clear that simply giving advice to someone to be more active is ineffective and does not generate any increased activity. This would suggest that there are low attribution levels as the walking programme is the only exercise programme that offers the degree of involvement necessary to support sustained activity. The difference between those advised to be more active and those who had received no advice was 3.7%.³¹ To reflect both direct and indirect research findings an attribution rate of 10% has been selected

Attribution for walk leaders is more difficult to calculate as the factors influencing them to become walk leaders and their contribution to other volunteering programmes vary significantly from individual to individual. In this instance attribution has been based on calculating average results from the responses provided by survey participants and more detailed feedback from focus groups.

In relation to the benefits gained from participating in physical activities it was possible to identify the hours walk leaders spent each week leading health walks in relation to any other physical activities in which they participated. As a result the level of improvements to physical health and wellbeing that it can be claimed has resulted directly from walking can be calculated, and attribution has been calculated at 15%.

The detailed assumptions about attribution are contained in Appendix 1.6.

6.2.3 Displacement

Displacement applies when one outcome is achieved but at the expense of another outcome, or another stakeholder is adversely affected. In relation to this programme displacement could have arisen as a result of walkers ceasing to take part in another activity because they are spending their time walking. However due to the nature of groups involved in the programme, their low engagement in other activities and the high rate of inactivity there is little risk of displacement. Indeed displacement was not identified in the course of stakeholder engagement.

Participants in the health walk programme are frequently sedentary, often isolated, and spend most of their time at home. For many the walking group offers the first step to increased levels of physical activity and the creation of wider social networks. Although not highlighted in the course of stakeholder engagement it was felt appropriate to reflect a minimal level of displacement and accordingly for the majority of outcomes it has been set at 5%.

For some outcomes there is no possibility of displacement, e.g. by feeling safe as a result of taking part in outdoor physical activities in a group, and accordingly it has been set at 0%.

³¹ Foster C.,Hilsdon M.,Thorogood M.,Interventions for promoting physical activity (a literature review) The Cochrane Collection of Systematic Reviews vol 3 2005

6.3 Calculation of social return

Appendix 1.8 details the values for each outcome that a stakeholder experiences and takes into account deductions to avoid over-claiming. These individual values have been added together then compared with the investment in the programme of health walks provided at section 4.1 above.

The results show a social return on investment of around £8 for every £1 invested based on the assumptions set out above.

6.4 Sensitivity analysis

In calculating the social return on investment it has been necessary to make certain assumptions or to use data which is not subject to universal agreement. To assess how much influence this has had on the final value that has been calculated a sensitivity analysis is carried out and the results recorded. By doing this the value of the benefits can be expressed within defined limits.

The most significant assumptions that were made were tested in the sensitivity analysis as detailed below:

(a) Deadweight:

Deadweight of 7 % has been assumed by taking into account that if the programme had not been in existence a number of individuals might have started walking independently. As the programme targets those who are hardest to reach it is very unlikely that they would have begun walking on their own. Deadweight has been calculated at 31% for walk leaders as this is the number according to research who would be volunteering anyway. There is a degree of certainty about the levels of deadweight that have been applied to these outcomes.

The level applied to those changes related to increased awareness and the acquisition of new skills is an estimate and much less certain and has been set at 25%. Deadweight for such outcomes is tested by both halving and doubling the amounts.

Deadweight for outcomes associated with increased awareness and the acquisition of new skills is halved and doubled.

(b) Attribution

Stakeholder feedbacks and research have been used to carry out a reasonably thorough identification of likely levels of attribution. This suggests that for many outcomes attribution levels are fairly low and on occasion non-existent.

In the absence of any supporting evidence, attribution in relation to local authority cost savings as a result of reduced demand for home care as a consequence of walkers having improved mobility and fewer falls is presumed to be significant and is set at 75%.

Given that there is a degree of confidence in most of the levels of attribution that have been identified for walkers and walk leaders through research or direct questioning the degree to which they will be varied in the sensitivity test will be small.

Attribution across all outcomes is reduced and increased by 10%

(c) Financial Proxies

A fairly high financial proxy has been used to value the reduced demand for home care and support provided by the local authority as a result of walkers having better mobility, and fewer. This has been selected using fairly robust costings and recognition has been made of the significant contribution that is likely to have been provided by others in achieving this outcome. Never the less this is a high financial proxy and will be tested.

Financial proxy used to value reduced demand for care and support is reduced by 50%

The financial proxy used to value the close relationships walkers form with friends made on walks following social isolation experienced after losing partners, retiring or moving into the area is fairly high. This proxy was identified using a contingent valuation exercise involving stakeholders so there is a degree of confidence in the measure selected but as it is high it will be tested.

(d) NHS Cost savings

It is likely that the health benefits of walking have a profound and lasting effect on NHS cost savings as a result of reduced demand for health services and hospital care due to improved physical and mental health. It was not possible to measure this in the analysis.

Cost savings to the NHS are increased by a factor of 10.

Revised Assumptions	Social Return
Deadweight across all outcomes associated with awareness and skills is halved	£8.33
Deadweight across all outcomes associated with awareness and skills is halved is doubled	£8.67
Attribution across all outcomes is reduced by 10%	£9.39
Attribution across all outcomes is increased by 10%	£6.75
Financial proxy used to value reduced demand for care and support is reduced by 50%	£7.02
Financial proxy used to value close relationships that are formed is reduced by 50%	£7.00
Cost Savings to the NHS are increased by a factor of 10	£8.64

6.5 Materiality Considerations

At every stage of the SROI process judgements have to be made about how to interpret and convey information. Sometimes the rationale behind the decision is obvious and fully evidenced, on other occasions additional explanation or information may be required. SROI demands total clarity and complete transparency about the approach that is taken so that there is no possibility of confusion or misinterpretation. Applying a concept of materiality means that explanations must be offered for information that can be interpreted in different ways and which can exert influence on the decisions others might take.

The concept can be of particular importance in ensuring that outcomes for stakeholders are not perceived as being duplicated and that the different values individual stakeholders may ascribe to the changes they experience are understood.

In assessing issues that are material SROI requires that various factors are taken into account. Stakeholder view is of paramount importance and from the outset, and throughout the preparation of this analysis stakeholders were invited to comment on the interpretation of

data and the inclusion of information. Engagement took various forms including e mail requests for comment, telephone interviews and meetings.

Outcomes that had minimal impact

In the course of the project two outcomes were identified, measured and valued but found to have insignificant impact in relation to the total value of the project and hence have been excluded from the final analysis.

These are as follows:

18 walkers indicated that they *'had learnt more about their local environment and could gain pleasure from seeing local flora and fauna'*. This change was measured and valued but found to have very little impact, around £151 and has been excluded from the overall calculation as it was deemed to be insignificant.

30 volunteer walk leaders suggested that they *'know more about other opportunities, events and services that are on offer and can take part in more activities which increase their confidence and sense of wellbeing'*. This change was measured and valued but found to have very little impact, around £438.98, and has been excluded from the overall calculation as it was deemed to be insignificant.

Anticipated outcomes

In initial discussions to scope out likely outcomes national research was used to establish the significant health and wellbeing benefits health walks deliver and the likely cost savings to the NHS. In the course of stakeholder engagement it became clear that there is a disconnect in the way such benefits are measured between individual and agency. It is difficult to obtain data from the NHS that reflects general improvements in health and wellbeing as the monitoring systems they use are generally condition based and record population level changes. Walkers reported significant improvements in relation to fitness or activity levels, weight management and improved wellbeing. These health improvements will result in reduced likelihood of disease and will reduce their need for health services and as a result allow resources to be allocated to other areas. The only way in which it was possible measure this in the constraints of the analysis was by the use of indicators of reduced medication and financial proxies of the value of reduced medication. The actual value of this is very small and does not represent the true cost savings to NHS Greater Glasgow and Clyde.

Outcomes that appear to be similar

When identifying what changed for them by taking part in the programme of health walks, walkers identified two outcomes which, at first glance, appear to be similar but are in reality different. These were that they *'know more about other opportunities, events and services that are on offer and can take part in more activities which increase their confidence and sense of wellbeing'* and that they *'know more about their local area and find new places to visit which increases the sense of satisfaction and enjoyment they derive from the place in which they live'*. In the first reported change walkers indicated that they were now taking part in new activities such as coffee mornings and tea dances. Many, but not all, of these were locally based and were indoors. They were often going along to them in the company of people they had met on the walking group. In the second reported outcome, walkers stated that whilst taking part in the walks they had 'discovered' new places in their local area that they had not been aware existed and were now visiting these independently and going outdoors more often.

Avoiding double counting

Walkers with diagnosed medical conditions identified an improvement in their medical condition as well as more general improvements to their health and wellbeing. Although both outcomes are linked in that they result in better overall health the changes in walkers with diagnosed health conditions are more significant and have been valued separately. Double counting is avoided by measuring and valuing independently only condition specific health improvements.

Chain of events

Research clearly demonstrates the long term health benefits of physical activity. For many walkers and volunteer walk leaders taking part in the walking programme is part of a long term chain of events that results in better, or a more gradual decline in, health that will last for some years. Unfortunately given the short time period of the study this was not possible to demonstrate. This analysis has demonstrated the integral value of the walking experience and highlighted, although not valued the part in plays in delivering enduring health benefits.

7. Conclusion and recommendations

The benefits to physical health of walking on a regular basis are accepted and understood, although perhaps the extent to which they can actually improve individual health is not appreciated. This analysis demonstrates the interconnectedness of physical health and mental wellbeing and illustrates the changes led health walks can make to the quality of individuals' lives by using a combination of robust research data and personal stories.

The social contacts and friendships that can result from participation in a led health walk have a profound and lasting effect on individuals and are valued highly. It would be wrong to underestimate the critical part this social interaction and engagement plays in promoting health and wellbeing. For many individuals who participate in health walks there is no alternative way to gain the benefits they are able to experience.

The analysis identified outcomes that were unanticipated and completely unexpected. It was never envisaged that health walks would play a part in promoting cultural awareness and understanding but this change was reported by participants. Led health walks bring people together, who would not otherwise interact, in a safe and relaxing environment. This approach has the potential to deliver multiple benefits that are not directly related to, but are supportive of, health and wellbeing.

Albeit to a limited extent, it was possible to consider the benefits to participants in led closed health walks. Whilst many of the health and wellbeing benefits walkers in closed walks experience are similar to their counterparts in open walks the choices available to participants in closed walks are much more limited. Individuals taking part in closed walks had far fewer chances to take part in physical activities and are often more reluctant to participate as their confidence levels are generally lower. For participants in closed walks, who may live in residential care, the prospects of forming independent friendships or of taking part in activities with other groups in the community are practically non-existent. Led walks offer individuals an accessible way of achieving this. They encourage mutual respect and improve relationships between walkers and their supporters or carers who are able to participate on equal terms for the duration of the activity.

There is ample justification for supporting led health walks for the improvements they offer to health and wellbeing alone, but when the other benefits they deliver are included the case becomes truly compelling. Health walks are a uniquely placed cost effective, engaging and inclusive way of delivering multiple benefits to groups and individuals who would not otherwise be able to access them.

Recommendations

R1. The effectiveness of the walking networks model should be explored.

Area based walking networks exist in Glasgow made up of organisations that support and manage health walks. The benefits derived from working in partnership by using this approach were identified as potential outcomes at the inception of the analysis. However given the focus and timescale of the evaluation it was not possible to explore this further. To properly identify the benefits of the walking network model that is used in Glasgow more detailed analysis should be undertaken that specifically considers the value of this way of working. Indications are that it is a very effective and efficient way of bringing both statutory and voluntary organisations together to support targeted service delivery.

R2. Ways of measuring the wider health benefits of walking on an individual basis should be identified.

Discussions should take place with NHS Greater Glasgow and Clyde to identify ways of measuring the wider health benefits of walking on an individual basis. In addition consideration should be given to collecting additional health information as part of routine monitoring that is associated with some of the other conditions (e.g. asthma) that were identified by participants. The findings from the longitudinal study commissioned by Paths for All should be related to this analysis.

R3. The report should be used to demonstrate the multiple benefits of health walks

The findings of the report should be circulated and used to justify the investment in health walking programmes as it has demonstrated that they offer an efficient and cost effective way of improving health. Whilst health care providers and services should be targeted, it should be noted that this analysis has shown that health walks deliver outcomes across a range of government agendas, for example building community capacity and promoting equality. This could be used as the basis to seek support from other agencies and organisations whose focus is not health but who are seeking to achieve these outcomes.

R4. This report should be used as a framework for future monitoring and evaluation

Local walking groups should be encouraged to use a simplified form of the approach outlined in the analysis to identify and measure the potential outcomes of the programmes they deliver. The analysis sets out who the likely stakeholders are, the changes they are likely to experience and how this can be measured. Whilst the situation will be different in each group the general principles contained in the analysis can be adapted to meet local needs.

R5. The role that Walk Glasgow plays in initiating and supporting walking programme should be explored.

Organisations supporting the closed walks made reference to the crucial part Walk Glasgow plays in both providing support to individual walks and offering opportunities for training and networking events. This was not fully considered in the analysis which looked at the value of led health walks and not at the ways in which they were supported. This could be the subject of further work and could be linked to R1.

R6. Explore further the outcomes arising from 'closed' walks

A more detailed analysis of the benefits delivered by closed walks should be undertaken to measure those outcomes which were identified but which it was not possible to value.

Appendix 1: Audit trail and impact map information

1.1 Stakeholders identified who were included or excluded

Stakeholder	Included/ excluded	Rationale
Walkers in open walks	Included	Key stakeholder and likely to experience significant outcomes.
Walk Leaders	Included	Key stakeholder and likely to experience significant outcomes.
Glasgow Life	Included	Funder/ Has a critical enabling role in helping the walkers and walk leaders experience their outcomes. Not likely to experience organisational change.
Paths for All	Included	Funder/ likely to experience outcomes
Healthy Living Networks	Excluded	Interagency group which has an enabling role in helping the walkers and walk leaders experience their outcomes. Not likely that group will experience change.
Walk Glasgow	Excluded	Interagency group which has an enabling role in managing the project and helping the walkers and walk leaders experience their outcomes. Participating organisations are considered separately.
Walking support networks	Excluded	Interagency groups which have an enabling role in helping the walkers and walk leaders experience their outcomes. Not likely that the group will experience change.
Organisations referring to closed walks	Included	Key stakeholder and likely to experience significant outcomes.
Walkers in closed walks	Included	Key stakeholder and likely to experience significant outcomes. There were difficulties in engaging with this group due to the nature of the challenges they experience. Direct contact was limited.
NHS Greater Glasgow and Clyde	Included	Funder/ likely to experience outcomes
Live Active	Excluded	Scheme that supports medical professionals to make individual referrals to exercise programmes. Not likely to experience significant outcomes

1.2 About the 'included' stakeholders

NHS Greater Glasgow and Clyde

NHS Greater Glasgow and Clyde is the largest health board in the UK and provides healthcare to over 1.2 million people. It employs more than 40,000 staff and has 35 hospitals. It serves the following areas: Inverclyde; Renfrewshire; East Renfrewshire; Glasgow; East Dunbartonshire; West Dunbartonshire, and parts of South Lanarkshire, including Rutherglen and Cambuslang.

Glasgow Life

A charitable company limited by guarantee set up by Glasgow City Council and operating under name of 'Culture and Sport Glasgow'. The vision is to *'inspire Glasgow's citizens and visitors to lead richer and more active lives through culture, sport and learning'*

Paths for All

Paths for All is a Registered Scottish Charity and a partnership organisation with over 25 partners comprising national organisations from public and third sectors. Paths for All's vision is for a happy, healthy, green and more active Scotland where increased physical activity contributes to health, quality of life and well-being for all. Paths for All champions walking in Scotland and encourages people to walk more, supports communities to develop welcoming and safe routes and promotes active travel for everyday journeys.

Glasgow City Council

Glasgow has a population of around 600,000 and is Scotland's largest city and the commercial capital of Scotland. There are 79 elected Members on the City of Glasgow Council which provides a wide range of services to the local population.

Closed walking groups

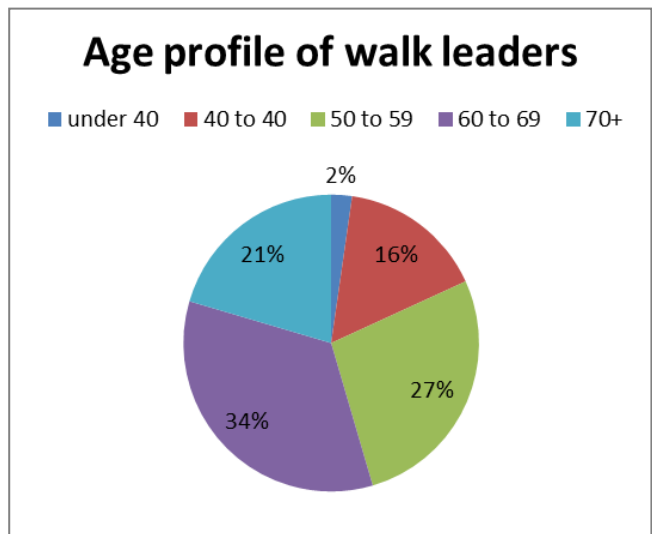
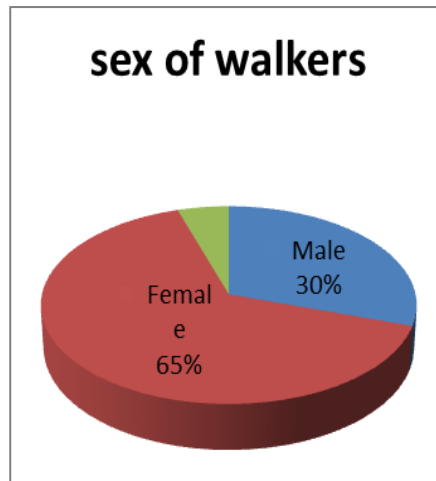
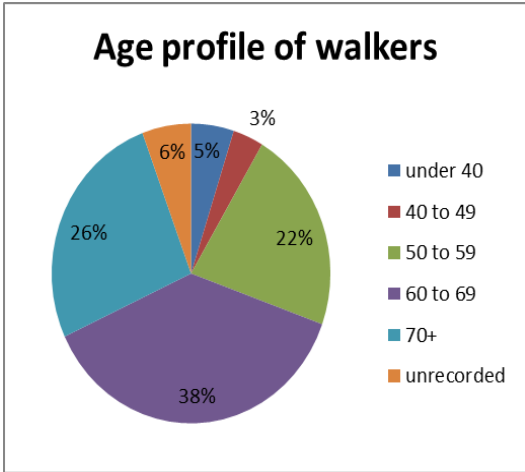
PlatForum is a membership organisation based in the South West of Glasgow whose objects are to raise awareness of mental health issues in the community, share information and to facilitate user participation in the planning and development of mental health services.

Cornerstone provides care and support services for adults, children and young people with disabilities and other support needs. A range of services is provided to support individuals to maintain their own homes. Services are designed to be flexible.

Leverndale Hospital provides inpatient mental health services. The recreation unit serves the individual needs of both inpatient and outpatient services.

Walkers and Walk Leaders

Participants in the walking group live locally and are mostly retired or not in work.



1.3 Engagement methods for ‘included’ stakeholders

The starting point of engagement with all stakeholders was to ask a series of open ended questions to identify what changed as a result of the activity and how they knew. The form of questioning used was appropriate to each individual stakeholder group, and if relevant they were asked about any contribution they might have made to the programme of health walks. Structured surveys were used for secondary data collection in the case of both walkers and walk leaders and these were based on the results of responses to open ended questions discussed in focus group sessions. Focus groups were attended by 21 walkers and 22 walk leaders.

Stakeholder	Method of Engagement	Date	Number
Walkers on open walks*	Focus group and survey	March to July 12	141
Walk Leaders*	Focus group and survey	March to July 12	41
Glasgow City Council	Individual Interviews	April and August 12	2
Organisations referring to closed walks e.g. Leverndale/ Cornerstone/ Platform	Individual Interviews	May to August 12	5
Walkers in closed walks	General discussion/ Interview with support workers	May to June 12	8
NHS Greater Glasgow and Clyde	Individual Interviews	March and August 12	3

*Copies of the survey used in secondary data collection and an analysis of the findings are attached as appendix two. The survey was distributed to both walkers and volunteer walk leaders and the results collated and analysed separately.

1.4 Outcomes identified but not measured

During the study, some outcomes were identified which were not included in the final impact map.

Stakeholder	Outcome	Indicator and proposed method of measurement	Rational for exclusion
NHS Greater Glasgow and Clyde	Cost savings as a result of Improvements in the health of individuals diagnosed with asthma	No. of individuals reporting a reduction in the amount of prescribed drugs Specific question included in individual surveys	Although identified by some participants there was insufficient evidence for this to be properly valued and included in the impact calculation. Given the difficulties with valuing cost savings to the NHS on an individual basis this will not impact significantly on the result. The total impact for costs savings

			through reduced prescribing is not substantial.
NHS Greater Glasgow and Clyde walks	Cost savings as a result of improvements in the health of individuals diagnosed with cancer	No of individuals reporting a reduction in the amount of prescribed drugs Specific question included in individual surveys	Although identified by some participants there was insufficient evidence for this to be properly valued and included in the impact calculation Given the difficulties with valuing cost savings to the NHS on an individual basis this will not impact significantly on the result. The total impact for costs savings through reduced prescribing is not substantial. .
Walk leaders	Improvements in the health of individuals diagnosed with asthma	No. of individuals reporting health improvements/ reduction in medication. Specific question included in individual surveys	Although identified by some participants there was insufficient evidence for this to be properly valued and included in the impact calculation
Walk leaders	Improvements in the health of individuals diagnosed with cancer	No. of individuals reporting health improvements/ reduction in medication. Specific question included in individual surveys	Although identified by some participants there was insufficient evidence for this to be properly valued and included in the impact calculation
Organisations referring to closed walks	By gaining awareness of other services provide a better service to clients by signposting	No. of additional services identified and number of clients accessing them Survey	Insufficient supporting data had been collected
	Staff supporting individuals to take part in the walking programme experience the health and wellbeing benefits	No. of individuals reporting improvements to health and wellbeing	Insufficient supporting data had been collected

	of outdoor physical activity		
Walkers in closed walks	Walkers with diagnosed physical medical conditions are able to engage in physical activity and as a result feel fitter and become healthier	No. of individuals experiencing health improvements/ reduction in medication. Medical questionnaire before and after activity	Insufficient supporting data had been collected.
Walkers in closed walks	Walkers who experience exclusion through disability are able to improve their connection to their local community. As a result there is better understanding of the nature of physical and mental disability and less discrimination	No. of positive engagements with community events /activities	Insufficient supporting data had been collected

1.5 Financial proxies

All of the outcomes that were included had a financial proxy assigned to them.

Stakeholder	Outcome	Description of financial proxy	Value	Source
NHS Greater Glasgow and Clyde	Cost savings to the NHS arising as a result of 37 individuals taking part in the programme on a regular basis reducing their blood pressure and requiring less drug therapies	the cost of drugs used to treat the condition -as recommended in NICE Guidance. the cost of drugs used to treat the condition -as recommended in NICE Guidance.	£29.64	have used only cost of ACE from Nice Guidance any patients have a combination of drugs which would render the figure higher) http://www.nice.org.uk/nicemedia/live/10986/30119/30119.pdf
	Cost savings to the NHS arising as a result of 60 individuals with clinically diagnosed mental health conditions taking part in the programme on a regular basis and requiring less drug therapies	the cost of drugs used to treat the condition -as recommended in NICE Guidance. the cost of drugs used to treat the condition -as recommended in NICE Guidance. (assuming 6 prescriptions a year)	£30.60	NHSGGC Antidepressants, Feb 2011 to Jan 2012, Gross Ingredient Cost - data source PRISMS £5.10
Glasgow City Council	Value in reduced demand for home care as walkers have better mobility, and fewer falls due to increased agility and movement	average cost of home care per annum for 7.9 hours per week at £12.12 per hour	£4,978.90	http://www.scotland.gov.uk/Publications/2011/08/30153211/3
Paths for All	Cost savings/As a result of the walks PfA can recruit, train and retain volunteer walk leaders who provide services that would otherwise have to be provided by paid staff. Volunteers acquire the requisite experience by participating in the walk and this allows PfA to expand the scope of the programme as it is possible to use savings to provide more walking opportunities	<i>cost of sessional coach at £6.30 per hour</i>	£6.30	Instructor Jobs, vacancies in Paisley Indeed.co.uk
Walk Leaders	Walk leaders have more social contacts and are now more confident, experience less isolation	50% increase in average spend on social trips out	£228.80	Stake holder engagement groups/Family Spending 2011

	and take part in new experiences			Appendix 1 Components of Household Expenditure 2010 Table A1 at 9.4.1 , 9.4.2 9.4.3 (£8.80 a week)
	Walk leaders are much fitter and have improved health as a result of becoming more regularly physically active	50 % Reduced Spend on Health	£52.00	Family Spending 2011 Appendix 1 Components of Household Expenditure 2010 Table A1 at 6.1.1.1 and 2 (£2 per week)
	Walk leaders have improved self-esteem and a sense of worth as they feel valued by the community	average value of a donation to charity	£124.80	Family Spending 2011 Appendix 1 Components of Household Expenditure 2010 Table A1 at 13.4.2.2 (£2.40 per week)
	Walk leaders have undertaken and achieved Walk Leader and First Aid certificates. This has increased their levels of confidence and given them practical skills (administration, planning, team working, first aid etc.) to enhance employability or volunteering prospects	Cost of a leadership course for walk leaders. Nordic walking £169	£169.00	1 day course for nordic walking. http://www.nordicwalking.co.uk/?page=become_an_instructor&c=37
Walkers and Walk Leaders	Walkers who have experienced mental health problems are able to engage in physical activity and feel happier and positive	50% reduced Spend on Health	£52.00	Family Spending 2011 Appendix 1 Components of Household Expenditure 2010 Table A1 at 6.1.1.1 and 2 (£2 per week)
Walkers and Walk Leaders	Walker with diagnosed physical medical conditions are able to engage in physical activity and as a result feel fitter and become healthier	75% increase in average spend on social trips out	£343.20	Stake holder engagement groups/Family Spending 2011 Appendix 1 Components of Household Expenditure 2010 Table A1 at 9.4.1 , 9.4.2 9.4.3 (8.80 a week)
Walkers in open walks	Walkers are able to interact with others from different cultural and social backgrounds and to gain a better understanding of ethnicity	cookery class	£99.50	Scotland Cookery lessons Food and Drink Buyagift

	and disability			
	Walkers are fitter and have improved physical health as a result of becoming more regularly physically active	Cost of a gym session. Each sessions costs £5.35 which equates to £187.25 per year	£187.25	Cost
	Walkers have more social contacts and are now more confident, experience less isolation and take part in new experiences	average cost of joining a club/organisation in Glasgow	£50.00	Costs of joining clubs range from free to £200.
	Walkers are able to be participate in a supported programme that encourages them to progress and achieve a greater sense of personal satisfaction	cost of a life coaching package	£300.00	http://www.associationforcoaching.com/memb/UKcrs104.pdf
	Walkers form close relationships with friends made on walks after experiencing social isolation after losing partners, retiring or moving into the area	average cost of a holiday abroad	£655.20	Stake holder engagement groups/Family Spending 2011 Appendix 1 package holiday 9.6.2 total of £12.60 pw
	Walkers feel safe and comfortable and are able to take part in outdoor physical activity in their local green space by being part of a group	Hourly rate of qualified police officer at £13.20 per hour based on 35 hours supporting 18 walks	£462.00	Benefits of Being a Police Officer - Strathclyde Police
	Walkers know more about other opportunities, events and services that are on offer and can take part in more activities which increase their confidence and sense of well being	average cost of a local newspaper 56p per week for 52 weeks a year	£29.12	WH Smith
	Walkers know more about their local area and find new places to visit which increases the sense of satisfaction and enjoyment they derive from the place in which they live	5 hours of a private tour guide at an average rate of £30 per hour	£150.00	http://tourguides.viator.com/Listing.aspx?type=tourguide&Country=United%20Kingdom&Region=Scotland&City=Glasgow&pref=02&aid=oe146&gclid=CIK-m7qI5rYCFcXltAodtVEAnw
Walkers in Closed Walks	Walkers are fitter and have improved physical health as a result of becoming more regularly	Cost of a gym session. Each sessions costs £5.35 which	£187.25	http://www.glasgowlife.org.uk/sport/join-glasgow-club/pay-as-you-

	physically active	equates to £187.25 per year		go/cost/Pages/home.aspx
	walkers who are extremely socially isolated and excluded are able to meet people and form new independent friendships	100% increase in average spend on trips out	£457.60	Stake holder engagement groups/Family Spending 2011 Appendix 1 Components of Household Expenditure 2010 Table A1 at 9.4.1 , 9.4.2 9.4.3(8.80 a week)
	Walkers are able to be participate in a supported programme that encourages them to a progress and achieve a greater sense of personal satisfaction	cost of a life coaching package	£300.00	http://www.associationforcoaching.com/memb/UKcrs104.pdf
	walkers are more relaxed and calm and have improved relationships with staff who are able to offer better care and support	Cost of a Challenging behaviour course	£600.00	http://www.jcktraining.co.uk/favicon.ico

1.6 Deductions to avoid over-claiming

Stakeholder	Outcome	Rationale for deadweight	Rationale for displacement	Rationale for attribution
NHS Greater Glasgow and Clyde	Cost savings to the NHS arising as a result of 37 individuals taking part in the programme on a regular basis reducing their blood pressure and requiring less drug therapies	7% Older People and Physical Health Report 2007	0%	21% Other lifestyle choices will make a small contribution
	Cost savings to the NHS arising as a result of 60 individuals with clinically diagnosed mental health conditions taking part in the programme on a regular basis and requiring less drug therapies	7% Older People and Physical Health Report 2007	0%	21% Other lifestyle choices will make a small contribution
Glasgow City Council	Value in reduced demand for home care as walkers have better mobility, and fewer falls due to increased agility and movement	7% Older People and Physical Health Report 2007	0%	75% Other lifestyle choices will make a significant contribution
Paths for All	Cost savings/As a result of the walks PfA can recruit, train and retain volunteer walk leaders who provide services that would otherwise have to be provided by paid staff. Volunteers acquire the requisite experience by participating in the walk and this allows PfA to expand the scope of the programme as it is possible to use savings to provide more	31% Scottish Household Survey	0%	5% Limited availability of similar programmes

	walking opportunities			
Walk Leaders	Walk leaders have more social contacts and are now more confident, experience less isolation and take part in new experiences	31% Scottish Household Survey	5%	15% Stakeholder feedback
	Walk leaders are much fitter and have improved health as a result of becoming more regularly physically active	38% See narrative 6.2.1	5%	33% Stakeholder feedback
	Walk leaders have improved self-esteem and a sense of worth as they feel valued by the community	31% Scottish Household Survey	5%	15% Stakeholder feedback
	Walk leaders have undertaken and achieved Walk Leader and First Aid certificates. This has increased their levels of confidence and given them practical skills (administration, planning, team working, first aid etc.) to enhance employability or volunteering prospects	31% Scottish Household Survey	5%	10% Stakeholder feedback
Walkers and Walk Leaders	Walkers who have experienced mental health problems are able to engage in physical activity and feel happier and positive	15% Stakeholder feedback	5%	21% Stakeholder feedback
	Walker with diagnosed physical medical conditions are able to engage in physical activity and as a result feel fitter and	15% Stakeholder feedback	5%	21% Stakeholder feedback

	become healthier			
Walkers in open walks	Walkers are able to interact with others from different cultural and social backgrounds and to gain a better understanding of ethnicity and disability	7% Older People and Physical Health Report 2007	5%	15% Stakeholder feedback
	Walkers are fitter and have improved physical health as a result of becoming more regularly physically active	7% Older People and Physical Health Report 2007	5%	10% See narrative 6.2.2
	Walkers have more social contacts and are now more confident, experience less isolation and take part in new experiences	7% Older People and Physical Health Report 2007	5%	10% See narrative 6.2.2
	Walkers are able to participate in a supported programme that encourages them to progress and achieve a greater sense of personal satisfaction	0% Older People and Physical Health Report 2007	0%	0% See narrative 6.2.2
	Walkers form close relationships with friends made on walks after experiencing social isolation after losing partners, retiring or moving into the area	7% Older People and Physical Health Report 2007	5%	10% See narrative 6.2.2
	Walkers feel safe and comfortable and are able to take part in outdoor physical activity in their local green space by being part of a group	0% Stakeholder feedback	0%	0%
	Walkers know more about other opportunities,	25% Stakeholder feedback	0%	25% Stakeholder feedback

	events and services that are on offer and can take part in more activities which increase their confidence and sense of well being			
	Walkers know more about their local area and find new places to visit which increases the sense of satisfaction and enjoyment they derive from the place in which they live	25% Stakeholder feedback	0%	25% Stakeholder feedback
Walkers in Closed Walks	Walkers are fitter and have improved physical health as a result of becoming more regularly physically active	7% Older People and Physical Health Report 2007 Equivalent Population	0%	4% Limited other opportunities
	Walkers who are extremely socially isolated and excluded are able to meet people and form new independent friendships	10% Stakeholder feedback (3 rd party)	0%	0%
	Walkers are able to be participate in a supported programme that encourages them to a progress and achieve a greater sense of personal satisfaction	7% Older People and Physical Health Report 2007 Equivalent Population	0%	0%
	Walkers are more relaxed and calm and have improved relationships with staff who are able to offer better care and support	25% Stakeholder feedback (3 rd party)	0%	25% Stakeholder feedback (3 rd party)

1.7 Duration and drop off assumptions

Stakeholder	Outcome	Duration	Drop off
NHS Greater Glasgow and Clyde	Cost savings to the NHS arising as a result of 37 individuals taking part in the programme on a regular basis reducing their blood pressure and requiring less drug therapies	1	n/a
	Cost savings to the NHS arising as a result of 60 individuals with clinically diagnosed mental health conditions taking part in the programme on a regular basis and requiring less drug therapies	1	n/a
Glasgow City Council	Value in reduced demand for home care as walkers have better mobility, and fewer falls due to increased agility and movement	1	n/a
Paths for All	Cost savings/As a result of the walks PFA can recruit, train and retain volunteer walk leaders who provide services that would otherwise have to be provided by paid staff. Volunteers acquire the requisite experience by participating in the walk and this allows PFA to expand the scope of the programme as it is possible to use savings to provide more walking opportunities	2	4%
Walk Leaders	Walk leaders have more social contacts and are now more confident, experience less isolation and take part in new experiences	2	4%
	Walk leaders are much fitter and have improved health as a result of becoming more regularly physically active	2	3%
	Walk leaders have improved self-esteem and a sense of worth as they feel valued by the community	1	0%
	Walk leaders have undertaken and achieved Walk Leader and First Aid certificates. This has increased their levels of confidence and given them practical skills (administration, planning, team working, first aid etc.) to enhance employability or volunteering prospects	3	25%
Walkers and Walk Leaders	Walkers who have experienced mental health problems are able to engage in physical activity and feel happier and positive	1	n/a

	Walker with diagnosed physical medical conditions are able to engage in physical activity and as a result feel fitter and become healthier	1	n/a
Walkers in open walks	Walkers are able to interact with others from different cultural and social backgrounds and to gain a better understanding of ethnicity and disability	3	25%
	Walkers are fitter and have improved physical health as a result of becoming more regularly physically active	1	n/a
	Walkers have more social contacts and are now more confident, experience less isolation and take part in new experiences	2	25%
	Walkers are able to be participate in a supported programme that encourages them to progress and achieve a greater sense of personal satisfaction	3	4%
	Walkers form close relationships with friends made on walks after experiencing social isolation after losing partners, retiring or moving into the area	5	5%
	Walkers feel safe and comfortable and are able to take part in outdoor physical activity in their local green space by being part of a group	1	n/a
	Walkers learn more about their local environment and can gain pleasure from seeing local flora and fauna	1	n/a
	Walkers know more about their local area and find new places to visit which increases the sense of satisfaction and enjoyment they derive from the place in which they live	3	25%
Walkers in Closed Walks	Walkers are fitter and have improved physical health as a result of becoming more regularly physically active	1	n/a
	Walkers who are extremely socially isolated and excluded are able to meet people and form new independent friendships	1	n/a
	Walkers are able to be participate in a supported programme that encourages them to a progress and achieve a greater sense of personal satisfaction	3	25%
	Walkers are more relaxed and calm and have improved relationships with staff who are able to offer better care and support	1	n/a

1.8 Calculation

Stakeholder	Outcome	Quantity	Value	Less Deadweight	Less Displacement	Less Attribution	Impact
NHS Greater Glasgow and Clyde	Cost savings to the NHS arising as a result of 37 individuals taking part in the programme on a regular basis reducing their blood pressure and requiring less drug therapies	37	£29.64	7%	0%	21%	£805.73
	Cost savings to the NHS arising as a result of 60 individuals with clinically diagnosed mental health conditions taking part in the programme on a regular basis and requiring less drug therapies	60	£30.60	7%	0%	21%	£1,348.91
Glasgow City Council	Value in reduced demand for home care as walkers have better mobility, and fewer falls due to increased agility and movement	34	£4,978.90	7%	0%	75%	£39,358.20
Paths for All	Cost savings/As a result of the walks PFA can recruit, train and retain volunteer walk leaders who provide services that would otherwise have to be provided by paid staff. Volunteers acquire the requisite experience by participating in the walk and this allows PFA to expand the scope of the programme as it is possible to use savings to provide more walking opportunities	1610	£6.30	31%	0%	5%	£6,648.74
Walk Leaders	Walk leaders have more social contacts and are now more confident, experience less isolation and take part in new experiences	30	£228.80	31%	5%	15%	£3,824.45
	Walk leaders are much fitter and have improved health as a result of becoming more regularly physically active	41	£52.00	28%	5%	33%	£889.56

	Walk leaders have improved self-esteem and a sense of worth as they feel valued by the community	41	£124.80	31%	5%	15%	£2,850.95
	Walk leaders have undertaken and achieved Walk Leader and First Aid certificates. This has increased their levels of confidence and given them practical skills (administration, planning, team working, first aid etc.) to enhance employability or volunteering prospects	41	£169.00	31%	5%	10%	£4087.76
Walkers and Walk Leaders	Walkers who have experienced mental health problems are able to engage in physical activity and feel happier and positive	71	£52.00	15%	5%	21%	£2,534.10
	Walker with diagnosed physical medical conditions are able to engage in physical activity and as a result feel fitter and become healthier	60	£343.20	15%	5%	21%	£13,136.15
Walkers in open walks	Walkers are able to interact with others from different cultural and social backgrounds and to gain a better understanding of ethnicity and disability	30	£99.50	7%	5%	15%	£2,241.66
	Walkers are fitter and have improved physical health as a result of becoming more regularly physically active	145	£187.25	7%	5%	10%	£21,589.32
	Walkers have more social contacts and are now more confident, experience less isolation and take part in new experiences	137	£50.00	7%	5%	10%	£5,446.78
	Walkers are able to be participate in a supported programme that encourages them to progress and achieve a greater sense of personal satisfaction	19	£300.00	0%	0%	0%	£5,700.00
	Walkers form close relationships with friends made on walks after experiencing social isolation after losing partners, retiring or moving into the area	41	£655.20	7%	5%	10%	£21,360.27

	Walkers feel safe and comfortable and are able to take part in outdoor physical activity in their local green space by being part of a group	35	£462.00	0%	0%	0%	£16,170.00
	Walkers know more about other opportunities, events and services that are on offer and can take part in more activities which increase their confidence and sense of well being	46	£29.12	25%	0%	25%	£3,881.25
	Walkers know more about their local area and find new places to visit which increases the sense of satisfaction and enjoyment they derive from the place in which they live	24	£150.00	25%	0%	25%	£4,012.24
Walkers in Closed Walks	Walkers are fitter and have improved physical health as a result of becoming more regularly physically active	22	£187.25	25%	0%	25%	£9,060.48
	Walkers who are extremely socially isolated and excluded are able to meet people and form new independent friendships	8	£457.60	7%	0%	4%	£2,232.00
	Walkers are able to be participate in a supported programme that encourages them to a progress and achieve a greater sense of personal satisfaction	22	£300.00	10%	0%	0%	£7,425.00
	Walkers are more relaxed and calm and have improved relationships with staff who are able to offer better care and support	46	£600.00	7%	0%	0%	£3,881.25

Totals

	Year 1	Year 2	Year 3	Year 4	Year 5	Total Social Return	Total Present Value (PV)
Impact Value	£172,682.12	£145,713.35	£43,066.49	£32,440.99	£17,398.08	£411,301.03	£384,630.27

The SROI calculation is expressed as a ratio of return from investment. It is derived from dividing the monetised value of the sum of all the benefits by the total cost of the investment. To get the true value of the impact it must first be adjusted to reflect its Present Value (PV); this process is called discounting and reflects the present day value of benefits projected into the future. PV is applied to those values that have been projected for longer than 1 year. The

interest rate used to discount the value of future benefits is 3.5%; the recommended discount rate for public funds in the Government Green Book³².

In this report the following figures were used to calculate the social return on investment.

- the total present value (PV) is £384,630.27.
- the total investment figure in the same period to generate this value is £48,705.15

The SROI ratio is calculated by dividing the present value by the investment.

The social return from investing in the programme of led health walks in Glasgow was in the region of £8 for every £1 invested.

³² HM Treasury. The Green Book, Appraisal and Evaluation in Central Government
<http://www.nhstayside.scot.nhs.uk/chp/pkchp/focus/6.pdf>

Appendix 2: The Principles of SROI

Principle	Description
Involve stakeholders	Inform what gets measured and how this is measured and valued by involving stakeholders
Understand what changes	Articulate how change is created and evaluate this through evidence gathered, recognising positive and negative changes as well as those that are intended or unintended
Value the things that matter	Use financial proxies in order that the value of the outcomes can be recognised. Many outcomes are not traded in markets and as a result their value is not recognised
Only include what is material	Determine what information and evidence must be included in the accounts to give a true and fair picture, such that stakeholders can draw reasonable conclusions about impact
Do not over-claim	Only claim the value that organisations are responsible for creating
Be transparent	Demonstrate the basis on which the analysis may be considered accurate and honest, and show that it will be reported to and discussed with stakeholders
Verify the result	Ensure independent appropriate assurance

The SROI Network has published a comprehensive guide to SROI. This can be downloaded at www.sroinetwork.org.uk

Appendix 3: Survey Materials

Questionnaire

All responses will be treated confidentially

1. What is your age? _____ Male or Female

2. How many hours a week do you spend taking part in the walks? _____.

3. What other physical activities do you take part in?

4. How many hours per week do you spend doing them?

5. What are your main reasons for attending the walk (tick all that apply)

Getting outdoors	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Improving fitness	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Exercising safely	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Making new friends	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Something to do	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Something else? What _____		

6. What is the best bit about coming on the walks?

7. What has changed for by taking part in the walks, tick all that apply?

An increase in physical activity	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Better physical health	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Feeling happier and more confident	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Making new friends	YES <input type="checkbox"/>	NO <input type="checkbox"/>
New skills	YES <input type="checkbox"/>	NO <input type="checkbox"/>
What? _____		
Learning more about your local area	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Something else		
What? _____		

8. We would really like to find out a little more about how walking has help people with conditions that have been diagnosed by a medical professional? Have you been diagnosed with any of the following?

Anxiety or depression	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Diabetes	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Overweight	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Heart disease	YES <input type="checkbox"/>	NO <input type="checkbox"/>
High blood pressure	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Mobility problems	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Other, please state		

11. Have any of these conditions improved since you started walking? As a result have there been any changes in medical care e.g. fewer prescriptions, less support needed? If so please describe it.

Anxiety or depression	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Change	_____	
Diabetes	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Change	_____	
Overweight	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Change	_____	
Heart disease	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Change	_____	
High blood pressure	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Change	_____	
Mobility problems	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Change	_____	

12 Have the new friendships you may have created on the walks improved your social life? If so please give examples of the kinds of new/ additional activities you now take part in.

13. Any other comments on the walk?

Would you be prepared to discuss some of your answers in more detail? If so please provide your name and a contact number or e mail address

Acknowledgements

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Walk Glasgow Walk Leader Away Day September 2012

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