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# Healthwise

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## Social Return on Investment - Forecast

(April 2010 to March 2011)

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June 2011

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## 1. Executive Summary

### 1.1 What is Healthwise?

The Healthwise project, based at Goodwin Development Trust in Hull has requested a SROI **forecast** of its activity over a 12 month period, April 2010 to March 2011.

Healthwise aims to increase the knowledge, understanding, awareness and information about health issues for those people who attend courses which focus on leading healthier lifestyles. Participants undertake a basic level of training (Level 1 – Introduction to Health Issues) and at this point become known as Health Champions. They then have the opportunity to undertake Level 2 training (The Role of the Health Champion) and can choose to develop their skills as trainers by taking part in a Train the Trainers Course (CIEH – Level 3 Award in Training Skills and Practice) – all courses are free to the Health Champions, and travel and childcare is reimbursed for those taking part.

People who take part in the project also get 26 weeks of support from the Healthwise team, which can take the form of phone calls, e-mails and meetings, offering advice and guidance and further information about other training opportunities or relevant local events.

The project aims to encourage people to share the knowledge they have gained with friends and family, signposting people to support services within the city such as the Stop Smoking service, Action for Change, MIND, etc. Volunteering opportunities are provided for people who take part in the course, as well as the opportunity to work closely with the local Primary Care Trust (PCT) and become actively involved in decision-making processes and shaping service delivery across the city.

### 1.2 Who are the Stakeholders?

A number of stakeholders have been identified who may benefit from the Healthwise project. These include:

- **Health Champions**
- **Healthwise employees**
- **Altogether Better (the funding body)**
- **Indirect beneficiaries (family, friends, colleagues, etc)**
- **Statutory bodies (the Hull PCT)**
- Referral agencies

The five stakeholders highlighted in bold were consulted for this forecast, however due to time constraints, outcomes for the Hull PCT and indirect beneficiaries were not included in the analysis. Although referral agencies were identified as a stakeholder, the project was not set up to collect details regarding the agencies, meaning that for the purposes of this forecast we were unable to include them (more detailed explanations can be found in Section 3.2).

### 1.3 What Changes for the Stakeholders as a Result of the Project?

#### Health Champions

The main stakeholders of the Healthwise project are the Health Champions themselves and they experienced several outcomes as a result of being involved in the project. These outcomes were identified as;

**Feeling good.** Health Champions reported that they felt good that they were taking part in a “worthwhile activity”. They liked the feeling that came from being able to signpost people to health services, improving the lives of others.

**Confidence.** Health Champions reported that attending the courses and being involved in the project improved their levels of confidence. Having to stand up and present in front of each other tested people’s boundaries and encouraged them to do something they had not done before. They also found that by increasing their knowledge, this also meant that they had more confidence and self-belief in themselves because they could signpost people to health services within the city.

**Improved health and wellbeing.** Health Champions said their health and wellbeing had improved as a result of attending the training and learning about healthy eating and healthy lifestyles – this improved wellbeing manifested itself in issues such as weight loss and smoking cessation.

**Volunteering.** Health Champions felt that completing at least the Level 1 course meant that they had gained skills and confidence to help them become volunteers. Those Health Champions that had completed the Train the Trainer course were actually volunteering for the Healthwise project by delivering the Level 1 training.

**Employment.** Health Champions had reported they had gained skills and confidence by completing the Level 1 training, which had led to some people securing employment.

#### Healthwise employees

The Healthwise team is very small, consisting of only three employees. However they also benefitted from the project, this outcome being;

**Feeling good.** As much as the Health Champions themselves felt good about being able to support people and signpost them. The Healthwise employees reported that watching people develop and change and grow in confidence over the 26-week period of support made them feel good about helping them.

## Altogether Better

Altogether Better not only funded the project but also received some benefit from it in the following ways;

**Increased funding.** The success of the Healthwise project (Hull is just one project out of 16 in the Yorkshire and Humber region) has provided Altogether Better with a larger evidence base, which demonstrates the value of the projects funded by Altogether Better and can lead to increased funding for other projects.

**Reputation.** Altogether Better has seen their reputation and credibility amongst other organisations increase as a result of the success of the projects. Getting through to the semi-finals of the National Lottery Awards 2011, receiving a Big Society Award and being featured in a Governmental White Paper means there is increased potential to gain funding in the future, and also the opportunity to help create and influence national policies.

It is important to note that there may have been significant outcomes, positive and negative for other stakeholder groups, especially the indirect beneficiaries that we have been unable to explore in this forecast. Therefore the value created and destroyed by the project is not fully captured. We are committed to exploring, measuring and valuing changes for other stakeholders in any further evaluative study.

### 1.4 Social Return on Investment Calculation

The outcomes listed above have been included in the Impact Map (see Appendix 1) and financial proxies attached to them (see Section 4.5) to result in a final SROI calculation.

This calculation has shown that **for every £1 invested in Healthwise, the project is forecast to generate £2.57 of social value.** Even when taking into account sensitivity (see Section 6.3) the social value created ranges from £2.03 to £2.57 for every £1 invested.

Health Champions account for nearly 60% of the total impact generated by the project, which is encouraging given that they are intended to be the main beneficiaries of the project.

However as already noted, some of the other stakeholders in the project have not been included in the SROI calculation. The outcomes for these stakeholders especially with regards to the indirect beneficiaries (which amount to around 6,000 people) could affect the social return calculation either positively or negatively (or not at all), meaning that the current figure of £2.57 is not necessarily a true estimate social value created by the Healthwise project.

#### Healthwise Project in numbers

- **£2.57** social value for every **£1** invested.
- **104** Health Champions affected by the project.
- Health Champions account for nearly **60%** of the total impact generated by the project.
- **Over £1 million** worth of new funding awarded to Altogether Better as a result of the success of the project.
- Total value of inputs into the project = **£160,086.80**. Total impact (including the initial investment) = **£410,756.39**

## **2. Establishing Scope**

### **2.1 Organisation Overview**

Goodwin Development Trust was set up as a charitable organisation in 1994 by residents of the Thornton Estate in Hull, who wanted to improve their quality of life and the services available on their estate. Goodwin now employs over 300 staff, with a turnover of £12 million, working across 38 sites aiming to deliver services that improve the quality of life for residents throughout the city, and is recognised as an example of best practice by many organisations.

#### **Mission Statement**

“We are a locally controlled and accountable organisation, committed to improving the Quality of Life within communities through identifying and addressing the needs of local people, and by working in partnership with them and with statutory, voluntary and professional organisations.”

Goodwin’s success stems from an entrepreneurial spirit, organisational flexibility and a business approach to attracting funding whilst at the same time working in partnership with statutory, voluntary and professional organisations to deliver quality services for the community. It truly reflects the ethos of social enterprise.

### **2.2 Project Overview**

As part of the regional Altogether Better programme, Goodwin operates the Hull Healthwise project. The project reaches individuals in deprived communities to provide them with the skills, confidence, networks and support to become community Health Champions – affecting life changing improvements in the health and wellbeing of their families, friends and local networks. The project involves local people at every level and creates a step change in healthy, active lifestyles that fundamentally improve the city’s health problems for generations to come.

The project began in September 2008 and will end in June 2011. It provides one-to-one support and accredited training to people in Hull introducing them to health issues; how they can influence these issues both at a local and strategic level; and becoming a volunteer on the project. Health Champions enable the project to reach a high number of indirect beneficiaries who receive health messages and be signposted to relevant health services.

Further details about the project are told by the stakeholders in their own words throughout this report.

## 2.3 Methodology for Analysis

Goodwin strives to recognise the value of its services, and demonstrate this to its funders and Board of Trustees. SROI accounts for the social and environmental costs and benefits, which can often be difficult to measure. Goodwin is using its coherent and recognised model to develop and implement across relevant projects, throughout the whole organisation. Goodwin believes that SROI can demonstrate the added-value that its projects are already delivering, using an increasingly recognised framework that enables social value to equate to a monetary value.

SROI is the tool used to assess Healthwise and recognise the impacts of this project. The authors have followed The SROI Guide 2009 [www.thesroinetwork.org](http://www.thesroinetwork.org) and summarised to the right. They also adhered to the seven SROI principles. Where possible, using the colour key below, sections of the report have been cross-referenced to the relevant principles.

### Key - SROI Principles:

1	Involving stakeholders
2	Understand what changes
3	Value things that matter
4	Only include what is material
5	Do not over claim
6	Be transparent
7	Verify the result

The SROI process encourages Goodwin to work with relevant stakeholders in identifying the outcomes that are important to them, and be supported by a framework that helps articulate their stories of change. Through various stages of engagement with stakeholders, a monetary value can be sought for each outcome, and a final social value can be estimated against every £1 invested. An Impact Map has been used to document the findings through the five stages of analysis – a full version of the map is included in Appendix 1.

### Summary of SROI stages (referenced to sections of the report):

1. Scope and stakeholders (sections 2 and 3) - *purpose and context of analysis, and those stakeholder groups that are material.*
2. Inputs, outputs and outcomes (section 4) - *identify and verify with stakeholders, including chains of events that are relevant and significant.*
3. Evidence outcomes (section 4) - *identify indicators, collect data and agree quantity and duration. Confirm financial proxies with values and sources.*
4. Impact of activities (section 5) - *determine deadweight, displacement, attribution and drop-off rates, with rationale. Reassess stakeholders if necessary.*
5. Financial projections (section 6) *calculate impact for year 1 and subsequent years, use a discount rate for net present value and find the social return £ per £. Complete sensitivity analysis to test assumptions.*
6. Report, communicate and embed (sections 1 and 7) - *complete written report to justify findings and assumptions documented in the Impact Map. Present results to key stakeholders and respond to findings by embedding into processes. Gain independent assurance for report if required.*

## 2.4 Scope of Analysis

The Healthwise project is coming close to the end of its current contract. The Head of Department and Project Manager at Goodwin requested that a SROI report was completed – this is a **forecast of the value created by Healthwise activities during April 2010 to March 2011**. The primary purpose of the report is to demonstrate impact and share the results with the current funder (Altogether Better), as well as other statutory bodies including the Hull PCT and Hull City Council - in the hope that it leads to ongoing funding for the project. Extracts of the report and a summary of the Impact Map will be provided.

A forecast study of the Healthwise project has been completed internally by two members of Goodwin staff. There has also been input from two Senior Managers, as well as the Project Manager throughout regular intervals of the process. The time allocated to complete the analysis and report writing covered four months, in between the work commitments that staff have aside from the SROI analysis.

The results of this analysis will be available towards the end of the project, during the period of fundraising. This report documents the decisions and assumptions made by the authors when calculating the social return calculation. It will be submitted to The SROI Network with the aim of receiving independent assurance of the analysis.

The results of the study will also be shared with other relevant stakeholders. The authors will learn from the process presenting the benefits and challenges to Senior Managers, staff and Board of Trustees – taking place during relevant meetings. They will plan ahead on how to embed SROI into the organisation's reporting including ways to build-up expertise amongst staff, and defining timelines/priorities for completing forecast and evaluative studies on future projects.

## 2.5 Theory of Change

The project is designed to add value to the community, and Health Champions are encouraged and supported to extend their sphere of influence through increased voluntary/community activity. This analysis needs to measure immediate impact that is tangible and easily recognised by the stakeholders concerned. This means focusing and assessing the following activities:

- Training undertaken by Health Champions in Level 1 (Introduction to Health Issues), Level 2 (Role of the Health Champion) and Level 3 (Train the Trainer).
- The 26 weeks of support received by all Health Champions that have completed the Level 1 course, enabling them to take further training opportunities and increase their knowledge and understanding of their role within the community.
- Health Champions sharing the health knowledge they have gained with friends and family, signposting people to support services in the city.
- Volunteering opportunities provided to Health Champions that complete the Level 3 course.

- The opportunities for Health Champions to work closely with the local PCT, and become actively involved in decision-making processes and shaping service delivery across the city.

### Case Study - Margaret

Margaret was in her early 40s and self-employed as a black cab driver. This sedentary job included long hours and weekend work, and left her feeling low in energy and prone to making inappropriate choices when it came to meal times.

She could also feel the impact spreading through her home life; there were no regular meal times and *“the kids would often be eating chicken nuggets, chips and general junk food just for convenience a lot of the time.”* Margaret’s weight was gradually creeping up and she was left feeling run-down, lethargic and low on self-esteem.

After hearing about Healthwise through a local slimming club, Margaret and her husband both attended the Level 1 course to increase their awareness of health issues, in the hope that she could incorporate this in to her family life and pass on the knowledge to their friends.

Although Margaret didn’t feel particularly unconfident before she started her training with Healthwise, she found that being on the courses developed her knowledge and skills which in turn enhanced her confidence, allowing her to go out to talk to members of the public and offer them advice. As Margaret said, *“I’ve always been a people person and have no difficulty in chatting to people, and since completing the Healthwise training I feel more confident in passing on the correct information to people which has proved very rewarding.”*

Most importantly, since attending the training, Margaret gained employment as a Community Health Warden, which involved her working within the community, offering bespoke services around health issues. She also set up her own walking group, encouraging people in her own community to increase their levels of exercise and this group has now become self sufficient. Unfortunately, due to the discontinuation of funding, Margaret was made redundant but had been inspired by her training to continue to look for work within the health sector and, thanks to the skills and abilities she had learned through attending her training, gained another job working for Goodwin Development Trust’s eHealth service. This role involves providing information and advice to the elderly and vulnerable people about assistive technologies, to promote independent living and improve quality of life.

### 3. Identifying Stakeholders

#### 3.1 Stakeholder Analysis

The following table identifies all stakeholders who affect or are affected by the activities identified in the scope - whether it is positive or negative change (see bullet points). This information was gathered through discussions with the Project Manager; from the project bid and other contract documentation. Details are also included in the first two columns of the Impact Map:

Stakeholder	Context of Involvement and Expected Changes
Health Champions	<p>Members of the community who wish to develop their health knowledge to improve their own health and for those people around them. They undertake OCN Level 1 'Introduction to Health Issues' training and receive 26 weeks of support from Healthwise staff. They can continue to be engaged by taking part on the Level 2 'Role of the Health Champions'. The staff offer an 'open door' policy, so Health Champions are welcome to return and share information and experiences, receiving further support where necessary.</p> <p>For anyone who has completed Level 2 training and is deemed suitable and interested in becoming a volunteer on the project, they will be offered the opportunity to take part in the Level 3 'Train the Trainers' course. Volunteering involves promoting Healthwise to recruit more Health Champions, and also prepare, promote and deliver Level 1 training.</p> <p>A spin-off, independent group has formed called Healthwise Champions Unite. Health Champions are free to join the group and meet once a month at a community centre in Hull to socialise, and share experiences and good practice.</p> <p>It is assumed Health Champions, no matter what their level of training, will continue to cascade health information and advice to people around them, signposting them to relevant/specialist services. It is also aimed at them making positive health changes in their own lives, as well as for those around them.</p> <ul style="list-style-type: none"> <li>✓ Gain increased knowledge, understanding, awareness and information about health issues.</li> <li>✓ Knowledge of support services in the city, both internally and externally.</li> <li>✓ Opportunities to get involved in consultations, feedback and shape new services in the local area as well as nationally.</li> <li>✓ Increased self confidence and self-esteem.</li> <li>✓ Improved levels of physical activity, diet and better mental health.</li> <li>✓ Adopting a healthier lifestyle and improve their quality of life.</li> <li>× Spend more money i.e. on healthier foods; gym membership; and buy new clothes due to weight loss.</li> </ul>

Stakeholder	Context of Involvement and Expected Changes
Employees	<p>The team consists of a full-time Project Manager, a full-time Training and Support Officer and a part-time Administrator. All staff roles comprise of community development work and dealing with hard-to-reach groups. They support Health Champions through formal training and informal support over a 26-week period. They require knowledge of the support services available, and develop skills to manage the project and its services.</p> <ul style="list-style-type: none"> <li>✓ Understanding of support service available.</li> <li>✓ Increased confidence, awareness and skills.</li> <li>✓ Access to further training.</li> <li>✓ Improved health and wellbeing.</li> <li>✓ Improved skills of community development and how to engage with hard-to-reach groups.</li> </ul>
Altogether Better	<p>Based in Leeds, Altogether Better is a regional collaborative health and wellbeing programme hosted by NHS Yorkshire and the Humber <a href="http://www.altogetherbetter.org.uk">www.altogetherbetter.org.uk</a> It manages 16 locally-delivered projects across the region including Hull Healthwise, and is funded by the Big Lottery. It plays a national role in developing evidenced-based models and testing the Community Health Champion model around various health issues, in a range of settings.</p> <p>Altogether Better is the sole funder of the Healthwise project, providing £386,770 revenue expenditure, from 1 April 2008 to 30 September 2011.</p> <ul style="list-style-type: none"> <li>✓ Increase understanding and evidence of how this model of community development works.</li> <li>✓ Recognition from Government, PCTs, Local Authorities and VCS.</li> <li>✓ An evidence-base which underpins this approach for commissioners, planners, deliverers and evaluators.</li> <li>✓ Sustainability.</li> <li>✓ A systematic approach to community empowerment as a means of tackling health inequalities.</li> </ul>

Stakeholder	Context of Involvement and Expected Changes
Hull PCT	<p>Healthwise could offer cost-saving potential for the Hull PCT, due to the project's overall aim of improving health inequalities in Hull. As well as Altogether Better, Hull PCT is also an accountable body for Healthwise and performance-manages the project.</p> <ul style="list-style-type: none"> <li>✓ Receive increased membership to NHS Hull<sup>1</sup>, as Health Champions receive the knowledge of this service and are supported in becoming NHS Ambassadors.</li> </ul>
Indirect Beneficiaries	<p>This can be family, friends and colleagues of the Health Champions - anyone in their local networks. These people are spoken to about health issues; helped with a particular health-related problem; receive information and leaflets; and signposted to relevant services. This encourages them to make positive health changes in their lives.</p> <ul style="list-style-type: none"> <li>✓ Increased awareness of health services across the city.</li> <li>✓ Receive information about the benefits of adopting a healthier lifestyle.</li> <li>✓ Opportunities to access training, and develop skills and knowledge.</li> <li>✓ Support from people they trust (the Health Champions).</li> </ul>
Referral agencies	<p>These agencies offer bespoke health services to the community and will receive footfall associated to the work of the Health Champions. Common referrals include Fit Fans, Goodwin's Stop Smoking Service, NHS Health Trainers, Why Weight, NHS Hull Physio Direct, Single Point of Access for Mental Health Services, Health Central and Action for Change.</p> <ul style="list-style-type: none"> <li>✓ Increased number of referrals and people accessing their services.</li> <li>✓ Improved partnership working.</li> <li>✓ Increased knowledge of health issues, accessing the Healthwise training.</li> <li>✓ Better promotion of services.</li> </ul>

<sup>1</sup> Hull PCT ask members of the public to become members of NHS Hull – these members are then consulted about NHS services. For more information visit <http://www.hullpct.nhs.uk/pages/membership-scheme--3>

### 3.2 Stakeholder Involvement

The following table outlines those stakeholders who are relevant to the scope of analysis:

Stakeholders	Group Size	Research Method	Included in Impact Map?	How Involved or Why Not
Health Champions	104 people completed Level 1 training	Focus groups Telephone calls Feedback report One-to-one meetings	Yes	<p>Two focus groups - the first group with 19 people undertaking the Level 2 course and the second with 6 clients completing the Level 3 course (to prepare to volunteer).</p> <p>The Health Champions were at two different stages of activity, but remained part of the same stakeholder group. After identifying and discussing outcomes, it will be established whether those volunteering would form a sub-group.</p> <p>The lead member of the Health Champions Unite group was also contacted for consultation. This tested whether members experienced similar outcomes as to those people that were not part of this group - to further verify the results.</p> <p>Finally, the team attended a celebration event for Health Champions to further consult and verify the results.</p>
Employees	3 staff members	One-to-one interviews Focus group	Yes	All staff were consulted individually to define outcomes and they were happy to meet as a group to verify results and complete subsequent stages.
Altogether Better	1 organisation	Telephone interview Funding bid	Yes	Spoke to the Strategy and Partnership Manager about intended and unintended changes from the impact of all projects within the Programme. It wasn't possible to consult with the Learning Network Manager of the programme who has greater understanding of Hull Healthwise activities.

Stakeholders	Group Size	Research Method	Included in Impact Map?	How Involved and Why Not
Hull PCT	1 organisation	Telephone interview  One-to-one interview	No	<p>The Hull PCT was consulted for this forecast but unfortunately, in the time period available we were unable to verify the outcomes and determine proxies.</p> <p>The PCT is currently undergoing a turbulent time and due to local austerity measures and efficiency savings, the PCT's staff has reduced from between 30-40% in preparation for 2014, when there will be a handover to Clinical Commissioning Groups. This downsizing meant that much of the information that was previously held by the PCT has since been out-sourced, meaning that information was no longer readily available to them when we enquired. This also meant that the staff still employed at the PCT were working at over-capacity levels, meaning that they were not able to devote as much time as they might have liked to be able to respond to our enquiries.</p> <p>For an evaluative SROI, we would recommend more baseline data be collected by the project and the Hull PCT to be consulted earlier on in the process to ensure they are not excluded from the Impact Map.</p>

Stakeholders	Group Size	Research Method	Included in Impact Map?	How Involved and Why Not
Indirect beneficiaries	~6,000 people	Questionnaire	No	<p>Healthwise staff support people developing in their role as Health Champions and monitor this activity for the funder. The project was not set up to track/monitor the details and nature of support that Health Champions offer to people in their local networks thereafter. It has therefore made it difficult to access this stakeholder group or refer to any existing data, to see how their lives have been affected by contact with Health Champions. Working with 104 Health Champions has led to indirect support to a further ~6,000 people.</p> <p>A short questionnaire was made available to the Health Champions to distribute to the people they have engaged with (see Appendix 2). Only 10 people responded, none of which provided their contact details where requested, to enable follow-up discussions. Due to lack of access, it was therefore decided not to include them in the analysis.</p>
Referral agencies	Receive referrals from ~60% of indirect beneficiaries	N/A	No	<p>The project was not officially set up to monitor the nature or number of referrals received by specific organisations (though some details were tracked on paper and not on the Healthwise database). As the names of individual referral agencies were not collected it was not possible to consult with agencies to see if anything had changed for them as a result of being involved with the project. For an evaluative SROI, details on referral agencies would need to be collected. (See Section 7.2 “Review and Recommendations” and also Appendix 3)</p>

### 3.3 Research Methods and Data Sources

The majority of the data gathered for this analysis came from face-to-face, qualitative research. Focus groups were used to allow participants to talk to peers in sharing and validating their thoughts, and be in a comfortable environment to talk freely and cascade their experiences. Primary data was also gathered in the form of one-to-one interviews where possible, and this meant the researcher could take what had been learned from group discussions and have a more focused discussion with individuals. Follow-up discussions, either by telephone or face-to-face, were needed to validate chains of events, and agree financial proxies, etc. Secondary data was gathered from the help of project staff including database statistics, project documentation including bids and newsletters, and the results of previous surveys and evaluations.

All stakeholders that it was possible to reach were consulted. In total around 20% of Health Champions were involved. This is a reasonable sample but we cannot be sure that other changes would not have been identified, had we consulted more of the Health Champions.

To gather primary data from a sample of the Health Champions, in the time and resources available, consultation took place around events that were already organised by the project, i.e. after training sessions for the Level 2 and Level 3 courses. This approach was encouraged by the Project Manager - maximising attendance, and it made better use of everyone's time in organising and attending the meetings. Consequently, non-random sampling took place, in the form of convenience sampling. "With convenience sampling, the samples are selected because they are accessible to the researcher. Subjects are chosen simply because they are easy to recruit. This technique is considered easiest, cheapest and least time consuming."<sup>2</sup>

This does however present drawbacks, as the sample represents the 'active' Health Champions, and you would anticipate hearing more positive outcomes. Staff were not present during meetings to avoid participants saying what they thought people might want to hear. The same principle applied when consulting employees – one-to-one interviews were appropriate (without the Project Manager) to encourage honesty, and a focus group thereafter enabled some further exploration of outcomes and an indication of their prevalence amongst the group.

It was important to prepare prior to meetings, so stakeholders' time was used as efficiently as possible. At the start of discussions, introductions were given so stakeholders knew what to expect, covering:

- Purpose of SROI analysis
- Duration of discussion
- Use of note taking
- Honest views
- Feedback remaining anonymous
- Possible follow-up discussions.

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<sup>2</sup> [www.experiment-resources.com/non-probability-sampling.html](http://www.experiment-resources.com/non-probability-sampling.html)

Below is a set of generic questions that were used as a reference during focus groups and interviews with Health Champions. They prepare the stakeholders to talk about what it was like before, during and after the project, helping them to reflect on experiences. Open questions enable stakeholders to talk freely about what changes are material (relevant) and whether they are positive or negative. Prompts were used where necessary to encourage people to elaborate where there was a possible chain of events to unfold and negative outcomes were also prompted. The questions below are more of a checklist for the person running the interview/focus group than the actual questions asked of stakeholders.

A stakeholder checklist (see Appendix 4) was also used when appropriate during meetings. It contains questions regarding other stages of the SROI process, so that stakeholders could go on to measure the outcomes and impact.

#### Consultation Questions

Before:

1. *How did you hear about the project?*
2. *What did you think the project would be like?*
3. *How were you feeling before the project?*
4. *What made you want to get involved?*

During:

5. *Can you describe your first day on the course? (Who did they meet and how did they feel?)*
6. *What kinds of things did you do on the course?*
7. *Were there any particular activities you enjoyed?*
8. *Did you come across any challenges and how did you overcome them?*
9. *What was the best part of the project and why?*
10. *What was the worst part of the project and why?*

After:

11. *What benefits have you gained from the project?*
12. *What difference has the project made to your life?*
13. *Have you talked to other people about the project and why?*

## 4. Outcomes and Evidence

### 4.1 Inputs and Outputs of Activities

The activities being analysed are included in stage 2 of the Impact Map and are as follows:

- Training undertaken by Health Champions for:
  - Level 1 course (Introduction to Health Issues) – 104 people attended
  - Level 2 course (Role of the Health Champion) – 47 people attended
  - Level 3 course (Train the Trainer) - 18 people attended<sup>3</sup>
- The 26 weeks support received by all Health Champions that have completed the Level 1 course. This support takes the form of phone calls, e-mails and meetings offering health advice and guidance, and further information about other training opportunities or relevant local events.
- Health Champions sharing the health knowledge they have gained with friends and family, signposting people to support services in the city.
- Volunteering opportunities provided to Health Champions that complete the Level 3 course. They can deliver the Level 1 course, and prepare and attend promotional events for new starters.
- The opportunities for Health Champions to work closely with the local PCT, and become actively involved in decision-making processes and shaping service delivery across the city.

The monetary and non-monetised inputs that enable the activities to take place include the cost of the single contract (covering the cost of employees' time to deliver services) and the Health Champions' time to receive the knowledge and support, and pass on health messages as well as signpost friends and family to relevant services. Valuing Health Champions' time was determined with the Project Manager and the monitoring data gathered throughout the 26 weeks of support. Without this input, the project could not be delivered.

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<sup>3</sup> Regarding the figures of attendance: Graduating from the Level 1 course was mandatory before attending any further training. Therefore the 47 people that attended the Level 2 course are part of the 104 figure that undertook Level 1. The same applies for the Level 3 course, with attendees having to complete the Level 2 course, meaning that the 18 people that undertook Level 3 are part of the 47 people that took Level 2. We have used the figure of 104 when calculating the Impact Map to avoid double counting.

Stakeholders	Intended/Unintended changes	Inputs		Outputs
	What do we think will change for them?	What will they invest?	Value £	Summary of activity in numbers
Health Champions	Gain increased knowledge, understanding, awareness and information about health issues. Knowledge of support services in the city, both internally (Goodwin) and externally. Opportunities to get involved in consultations, feedback and shaping new services in the locally and nationally	Time, skills, knowledge, enthusiasm, commitment, motivation	£40,086.80	100 places offered for Level 1 course (Introduction to Health Issues). 60 places offered for Level 2 course (Role of the Health Champion). 14 places offered for Level 3 course (Train the Trainer). All those who complete Level 1 receive 26 weeks support. They share the knowledge they have gained with friends and family, signposting people to support services in the city
	Increased self confidence and self-esteem. Improved levels of physical activity, diet and better mental health. Adopting a healthier lifestyle and improve their quality of life			
	Access to training, volunteering opportunities and increased employment/self employment prospects			14 volunteering places are available to deliver the Level 1 course. There are two celebration events; at least four networking events; and regular promotional events for Health Champions to attend. Those who want to volunteer can prepare and attend to promote the project to new starters

To quantify Health Champions' development and volunteering time on the project:

2.5 hrs per week x £5.93 (minimum wage)  
= £14.83 x 26 weeks (intensive support and monitoring period)  
= £385.45 (per person) x 104 people  
= **£40,086.80.**

Stakeholders	Intended/Unintended changes	Inputs		Outputs
	What do we think will change for them?	What will they invest?	Value £	Summary of activity in numbers
Employees	Understanding of support services available. Increased confidence, awareness and skills. Access to further training	Time	£0.00	1 part-time employee and 2 full-time employees
	Improved health and wellbeing			
	Improved skills of community development and how to engage with hard-to-reach groups			
Altogether Better (Funder)	Increase understanding and evidence of how this model of community development works. Recognition from Government, PCTs, Local Authorities and VCS. An evidence base which underpins this approach for commissioners, planners, deliverers and evaluators. Sustainability. A systematic approach to community empowerment as a means of tackling health inequalities	Funding, expertise, guidance and support	£120,000.00	Contract
		<b>TOTAL    £160,086.80</b>		

## 4.2 Experienced Change/Outcomes

The outcomes, as explained by the stakeholders, have been added to the Impact Map and explain the theory of change. It was important to include changes that were relevant (material) to the stakeholder, but were indeed outcomes associated to them – this was prevalent when interviewing employees who talked a lot about the changes they witnessed amongst Health Champions. Double counting outcomes had to be avoided and to also confirm the stakeholder group remained material to the scope of activity.

The outcomes have been described as ‘chains of events’. In the example below, the Health Champions completed the activity, which led to an intended outcome (associated to a different stakeholder group), and finally led to the end of the chain (outcome 2) that would be eventually measured:

Activity	Output	Outcome 1	Outcome 2
Health Champions complete training	Gain the ability to signpost members of the public to other health services	Improve the lives of other people <i>(an outcome for indirect beneficiaries)</i>	They feel is a "worthwhile activity"

The table overleaf outlines the outcomes identified for the three stakeholders included in this forecast. There will be other outcomes for other stakeholder groups, such as Hull PCT and the indirect beneficiaries of the project, but as explained in Section 3.2, these groups have not been included in this analysis.

There were no negative outcomes identified by stakeholders, so this does unbalance and weaken the results of the analysis. However, employees and Health Champions are aware that the project is coming close to an end and is currently seeking new sources of funding. They would like to see it continue, so with this view, stakeholders will instinctively avoid sharing negative feedback (if any). Also, convenience sampling has meant that consulting ‘active’ Health Champions could lean towards more positive experiences and outcomes.

Stakeholders	The Outcomes (what changes)
<b>Health Champions</b>	Health Champions signpost friends and family to other health services and “feel good” about improving the lives of other people
	Health Champions see their confidence and self-esteem increase as a result of being involved in the project
	Health Champions gain knowledge about healthy eating which improves their health and wellbeing
	Health Champions get skills and confidence to move into volunteer work
	Health Champions get skills and confidence and gain employment as a result
<b>Employees</b>	Lose weight because of the knowledge gained from working on the project
	Watching people develop and change over the 26 week period of support makes the employees feel good about helping them
<b>Altogether Better (Funder)</b>	Larger evidence base which demonstrates the value and worth of the project(s) which can then lead to increased funding for other projects
	Success of the projects has meant that Altogether Better has increased their credibility and reputation amongst other organisations which means there is an increased potential to gain funding and help create national policies

This outcome was relevant to only one member of the staff team. When this outcome was valued and measured through stage 3, it was later determined through a focus group discussion that the value is in fact insignificant to the stakeholder group (when compared to other outcomes identified).

The SROI process is stakeholder-involved, meaning that some of the outcomes were identified by the stakeholders during focus group discussions, whilst others were identified by looking at the intended outcomes of the project. The identified changes were verified by the stakeholders during focus groups and at the Healthwise Celebration Event. The following table includes quotes from the Health Champions that contributed to the decisions made to include certain outcomes in this forecast:

Outcome	What the Health Champions said
Health Champions signpost friends and family to other health services and “feel good” about improving the lives of other people	<p>“Passing things on, seeing the people I live with make changes feels really good.”</p> <p>See Case Study – Margaret (page 10)</p>
Health Champions see their confidence and self-esteem increase as a result of being involved in the project	<p>“The Level 1 and 2 courses have given me the confidence to stand up in front of people.”</p> <p>“Now I have the confidence to stand up at events. I don’t have to feel shy.”</p> <p>“It gives me motivation.”</p> <p>See Case Study – Kate (page 25)</p>
Health Champions gain knowledge about healthy eating which improves their health and wellbeing	<p>See Case Study – Margaret (page 10)</p> <p>See Case Study – Claire (page 28)</p>
Health Champions get skills and confidence to move into volunteer work	<p>“I’m getting the confidence to move onto volunteer work and hopefully eventually get back into work.”</p> <p>“Healthwise opens other doors.”</p>
Health Champions get skills and confidence and gain employment as a result	<p>“Coming to the training when unemployed is a good thing because it shows you’ve been active.”</p> <p>“I now have more knowledge to know what I want to do with my life.”</p> <p>“Having not worked for a while, Healthwise has helped me towards work.”</p> <p>See Case Study - Margaret (page 10)</p> <p>See Case Study – Saira (page 25)</p>

The following case study highlights how life-changing the Healthwise Project was to some of the Health Champions in terms of gaining employment and future career path.

#### **Case Study - Saira**

Saira was a Pakistani mother of two who had been living in the country for five years. She had previously been a GP in Pakistan but was unable to work in England until she had passed the General Medical Council (GMC) medical board exams. She came to Healthwise because she wanted to get out of the house more once the children had gone to school, and socialise and meet other people.

Having undertaken the training up to and including Level 3, Saira gained employment as a Community Health Warden, meaning that not only could she put the knowledge she had gained from Healthwise to good use, but could also save money to pay for the GMC exams.

She is now considering a different career path and instead of becoming a GP is looking into undertaking an MSc in Public Health.

This case study obviously presents only one Health Champion's story, but is representative of several other people who felt that the course had improved their chances of obtaining new employment or changing career direction.

This case study also highlights the impact the course had on improving Saira's confidence - just the act of getting out of the house and becoming confident talking to people meant that she then felt able to undertake the GMC exams. The importance of the increase in confidence and self-esteem should not be underestimated.

#### **Case Study - Kate**

Kate signed up to complete the Level 1 course after a friend recommended it to her. At the time, she was feeling very unconfident and suffering from low self-esteem and felt she was "hiding in a corner", fearful of standing up and talking in front of others. However, the more she learned on the course and the more she felt she could help people, the more her confidence improved.

After completing the Level 1 course, Kate underwent gender reassignment surgery which further improved her confidence as she felt comfortable in her own skin, and from there she went on to complete the Level 2 course and also hopes to complete the Level 3 course. In her own words she feels she has gone from "hiding in the shadows to standing in front of people." Kate credits Healthwise with being the "first step on the ladder" towards building her confidence to undergo gender reassignment.

### 4.3 Indicators of Change

An indicator is a way of showing that change has occurred. Where possible, more than one indicator has been used to show that the outcome has been achieved, whilst using both objective and subjective measures.

Stakeholders	The Outcomes (what changes)	Indicator (how would we measure it)
<b>Health Champions</b>	Health Champions signpost friends and family to other health services and “feel good” about improving the lives of other people	Number of Health Champions who report that they have signposted people who have made changes to their lives, which has made them "feel good"
	Health Champions see their confidence and self-esteem increase as a result of being involved in the project	Staff report increase in confidence and self-esteem in Health Champions over duration of project
		Health Champions report feeling more confident about applying for voluntary positions or jobs in the future
	Health Champions gain knowledge about healthy eating which improves their health and wellbeing	Number of Health Champions whose entry and exit questionnaires show improvements in healthy eating and levels of activity
	Health Champions get skills and confidence to move into volunteer work	Number of Health Champions who now have volunteer placements after completing Healthwise training
	Health Champions get skills and confidence and gain employment as a result	Number of Health Champions who have gained employment after completing Healthwise training
<b>Employees</b>	Watching people develop and change over the 26-week period of support makes the employees feel good about helping them <sup>4</sup>	Number of employees reporting a sense of achievement at seeing people develop

<sup>4</sup> All employees noted that watching people develop was an important part of their job and one that they had not experienced in other employment they had previously. Helping people was a specific part of this particular role that would be unlikely to have occurred in other employment. This outcome remains in the Impact Map because it was verified with employees as a significant change for them they have experienced as a direct result of being employed by Healthwise.

Stakeholders	The Outcomes (what changes)	Indicator (how would we measure it)
<b>Altogether Better (Funder)</b>	Larger evidence base which demonstrates the value and worth of the project(s) which can then lead to increased funding for other projects	Receipt of new contracts
	Success of the projects has meant that Altogether Better has increased their credibility and reputation amongst other organisations, which means there is an increased potential to gain funding and help create national policies	Research with Leeds Metropolitan University, Big Society Award, featured in White Paper for Public Health (Marmot Review)

The indicators (and outcomes) were verified by the stakeholders themselves at a celebration event held by the project in June 2011. Health Champions past and present were invited to attend an event to hear stories from one another and receive their certificates. Throughout this event, Health Champions were able to come and see the outcomes and indicators, and were asked if they agreed with them and felt they were a fair representation of the outcomes of the project.

Each indicator and its source have been detailed on the Impact Map (Appendix 1). Some indicators were fairly easy to ascertain, for instance, for Altogether Better, the larger evidence base of value and worth of the project(s) that leads to increased funding for other projects was easily valued at the amount of actual funding received over the analysis period.

### **Case Study – Claire**

Claire is a mother of five whose general health was poor – she was smoking heavily, drinking more than the recommended alcohol intake and eating erratically. She was encouraged to attend the Level 1 training by a friend and after completing Level 1, went on to undertake Level 2 and 3.

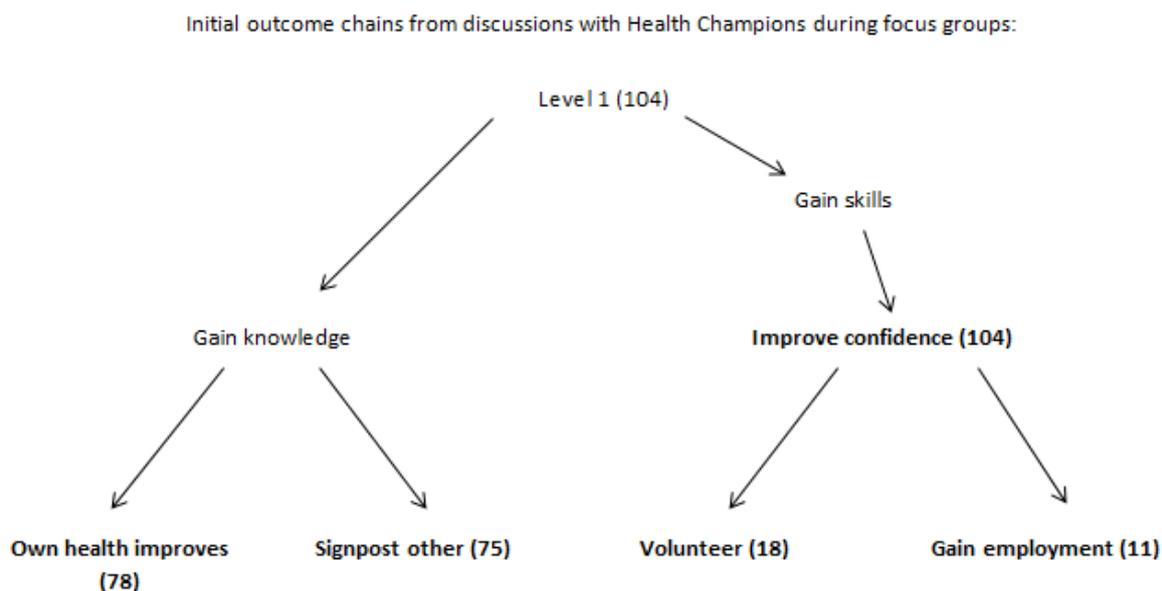
The courses have taught her a lot about healthier eating and healthier lifestyles, which made her think about addressing some of the health issues in her own life and she now feels that she’s “in no way a health freak, but I’m making better choices.”

Importantly, Claire’s been able to pass the messages on to her own family saying, “I certainly feel they are taking more notice of me now, paying more attention to what I say...banning smoking from the family home was done so easily, I didn’t have to go into long explanations...the family seem to respect what I say now...it’s not such a battle.”

#### 4.4 Quantity and Duration of Change

The **quantities** of the people affected by the change were mostly estimated by either consulting the records kept by the employees of Healthwise or by calculating a sample, based on the number of stakeholders consulted in the focus groups. For example, in the focus group, when an outcome was identified, a show of hands was made across the group to acknowledge whether they agreed that the change was relevant to them. The numbers were counted and according to the size of the focus group, were scaled up as a percentage of the overall Health Champions involved. Given the sample size and the likely bias towards agreement using this method, coupled with the likely bias towards those that had had a positive experience of the programme, the quantities of outcomes are an estimate.

The diagram below details how the outcomes for the Health Champions were derived. Chains of events were documented, to try and establish what were important outcomes for this stakeholder group. Confidence was an important outcome for the Health Champions, as all of them (104 in total) felt that just the act of attending the Healthwise training had improved their confidence and self-esteem in some way. These changes in confidence ranged from people feeling more confident about standing up and presenting in front of people, to people who just felt they could make friends more easily.



For some people this increase in confidence led on to further outcomes because people felt motivated and confident to move on to volunteer positions or gain employment (see page 24 for evidence from the Health Champions themselves). Many of the people on the course were unemployed at the start of training, and of these, we have forecast that 11 people moved into employment as a result of attending the course, by using the skills and confidence they had gained from the training. Similarly we have forecast that 18 people used the confidence they had gained to begin volunteering.

To avoid double counting, we have subtracted the number of people who felt their confidence had led to them gaining employment or a volunteer position from the total number of Health Champions who said that their confidence had improved (as shown in the diagram above).

The **duration** of each change is also considered in the Impact Map. In this particular project, many of the changes noted were significant and could potentially last for many years.

When considering an outcome such as “improved confidence” for the Health Champions, this could last with people potentially for the rest of their lives. However, it is also important to note that once the initial 26 weeks of support has ended, the Healthwise project cannot keep track of data and outcomes such as these. However, with the Health Champions reporting these outcomes as being significant to them, it would be important not to under, or over, -estimate the duration of this change.

For many of the outcomes, we have capped the duration at a maximum of three years to acknowledge that changes may not be maintained.

Stakeholders	The Outcomes (what changes?)	Duration (How long will the change last?)	Why that duration?
Health Champions	Health Champions signpost friends and family to other health services and “feel good” about improving the lives of other people	3	People are likely to retain the knowledge they have gained from the training and the 26 weeks support. But it will become out of date every few years with changes to services as a result of comprehensive spending reviews.
	Health Champions see their confidence and self-esteem increase as a result of being involved in the project	1	Boosts to confidence are long-lasting but there may be some drop-off once the training is over and they are no longer involved in the project. <sup>5</sup>
	Health Champions gain knowledge about healthy eating which improves their health and wellbeing	3 <sup>6</sup>	Habits might slip and new nutritional information may become available, so knowledge becomes out-of-date.
	Health Champions get skills and confidence to move into volunteer work	3	Volunteering skills will remain with people for long periods of time.
	Health Champions get skills and confidence and gain employment as a result	3	Less than the volunteering skills because CVs need constantly updating and skills may be lost over time.

<sup>5</sup> This is based on conversations with experienced project managers who have run Healthwise as well as other health-related projects. They felt that confidence can wain once the support offered by project is no longer there. For instance the Health Champions Unite group was formed as a result of Health Champions feeling they needed more support once the 26 weeks were over.

<sup>6</sup> Studies have shown that four years is the approximate time that people who diet retain their weight. Please see “From ‘Dieting’ to ‘Healthy Eating’. An exploration of Shifting Constructions of Eating for Weight Control.” Gwen. E. Chapman In Eds. J. Sobal and D. Maurer “*Interpreting Weight. The Social Management of fatness and thinness.*” (pp73-87) Walter de Gruyter Inc; New York. We have valued the duration as lasting for 3 years, rather than 4 to avoid over-claiming.

Stakeholders	The Outcomes (what changes?)	Duration (How long will the change last?)	Why that duration?
Employees	Watching people develop and change over the 26-week period of support makes the employees feel good about helping them	3	That feeling can remain for a long time after the relationship with the client has ended and employees can think back and remember the feeling of helping someone develop.
Altogether Better (Funder)	Larger evidence base which demonstrates the value and worth of the project(s) which can then lead to increased funding for other projects	3	Credibility and reputation need to be constantly updated to continue to pull in funding, but the success of these projects should last for some time.
	Success of the projects has meant that Altogether Better has increased their credibility and reputation amongst other organisations, which means there is an increased potential to gain funding and help create national policies	3	Credibility and reputation need to be constantly updated to continue to pull in funding, but the success of these projects should last for some time.

#### 4.5 Financial Proxy of Outcomes

Financial proxies have been selected with the help of the stakeholders wherever possible. This has proven difficult at times, as the concept of SROI can be difficult to grasp when stakeholders are asked to value the change of the softer outcomes. There were challenges when discussing the issue of value with the Health Champions and the team tried to implement ways of encouraging them to put a financial value on something which they felt was immeasurable.

The team felt that the best way to do this was to determine some financial proxies which could be the value of certain outcomes and then take this to the Health Champions to play a version of “The Price is Right”, asking them whether they felt the proxy over or under valued the outcome, or whether they felt the proxy reflected how important the outcome was to them.

A celebration event was held for the Health Champions, during which they were shown the proxies that had been chosen. Appendix 5 shows how Health Champions placed stickers on flipcharts to indicate whether a value should be higher, lower or stay the same against the financial proxies suggested. In the particular case of the Health Champions reporting their confidence had increased, the majority of people felt that the team had undervalued this change and that it was one of the more important outcomes to people. This meant that the proxy was revised at a later date. In the case of the proxy identified for the outcome “signposting people makes you feel good”, four Health Champions felt the value should be increased, three felt it should stay the same and two felt it should be lowered. Therefore, on balance, the decision was made to keep the proxy at the same value.

All proxies were verified with the stakeholders in the same way – with the team choosing a potential proxy (such as the cost of Breastfeeding Peer Support Training for the outcome relating to Health Champions becoming volunteers) before returning to stakeholders to see if they felt this reflected the value they were getting from the outcome.

If an evaluative SROI was to be undertaken in the future then it would be advisable to remove the monetary values from the options available as this tended to be off-putting to the Health Champions, as they would get distracted by the figure, rather than focusing on the proxy as something which would provide them with a similar feeling. A similar method was used with the employees when determining proxies for their outcomes, which is explained in more detail over the page.

Each financial proxy and its source are detailed on the Impact Map in Appendix 1. The table below shows a snapshot of the proxies chosen and further explanation is provided as to why these proxies were selected:

The Outcomes (what changes?)	Financial Proxy (What proxy did we use to value the change?)	Value of Proxy
Health Champions signpost friends and family to other health services and “feel good” about improving the lives of other people	4 hours of volunteering per week for 26 weeks	£616.72 <sup>7</sup>
Health Champions see their confidence and self-esteem increase as a result of being involved in the project	Work placement abroad, out of your comfort zone, working with other people and helping others i.e. Camp America	£835
Health Champions gain knowledge about healthy eating which improves their health and wellbeing	Diet, Nutrition and Exercise Course	£375.20
Health Champions get skills and confidence to move into volunteer work	Breastfeeding Peer Support Mentor training	£160.11 <sup>8</sup>
Health Champions get skills and confidence and gain employment as a result	A 6-week work placement (e.g. those undertaken through the Local Work Guarantee Scheme)	£1,316.46
Watching people develop and change over the 26-week period of support makes the employees feel good about helping them	Cost of putting a child through university for a year	£3,375 <sup>9</sup>
Altogether Better has a larger evidence base which demonstrates the value and worth of the project(s), which can then lead to increased funding for other projects	Value of funding won	£1,045,000
Success of the projects has meant that Altogether Better has increased their credibility and reputation amongst other organisations, which means there is an increased potential to gain funding and help create national policies	1 year marketing campaign to showcase the results of the project	£64,000.00

Working with people over an extended period of time would generate the same feeling:

£5.93 x 4 hours = £23.72

£23.72 x 26 weeks.

This was initially valued much lower but Health Champions felt it undervalued the change, so the proxy was revised.

37 hours per week x 6 weeks = 222 hours x £5.93.

Employees undertook a contingent valuation and they valued this change themselves.

This figure was verified with the stakeholder during consultation.

This figure is based on estimated calculations from a marketing expert at Goodwin Development Trust who provided a breakdown of the work which may go into a campaign for a similar project. (Please see Appendix 6)

<sup>7</sup> This proxy was calculated using £5.93 as the National Minimum wage. This figure was correct at the time of writing the report.

<sup>8</sup> Ibid

<sup>9</sup> More details on how this proxy was determined are included on page 34.

When trying to determine the financial proxy for one of the outcomes for the staff, the team felt it was appropriate to use a contingent valuation. The outcome was “Watching people develop and change over the 26-week period of support makes the employees feel good about helping them.” We wished to measure this “feel good” factor so went about devising a list of options which might result in that same feeling. The employees were gathered together and were each presented with this list and asked to rank them in order of whether they would give them the same amount of feeling.

The list the employees were given did not have the monetary values written on it, in case this distracted them from choosing them as an option in case they felt it was too high or too low, thus influencing the result. We wished them to focus purely on what would give them the same feeling that they get from seeing their clients develop and change during their relationship with them.

Once the employees had individually ranked the options, there was then a discussion about what rankings they had given and why they had chosen them. In the end, all the employees had chosen the same two options as their number 1 and number 2 choice, and after a discussion they felt that the appropriate proxy i.e. the situation that would give them the same “feel good” factor was number 2 – putting a child through university for one year.

The contingent valuation offered to the employees is shown in the box opposite. This exercise proved extremely beneficial and highlighted the importance of involving stakeholders when determining proxies, as this outcome had initially been given a much lower value.

#### **Our Approach to Valuation – “The Price is Right”**

OUTCOME – “Employees reported a sense of achievement at seeing people develop and change over the 26-week period of support, which makes employees feel good about helping them.”

The question you need to keep in mind is: ‘What else could you do that would achieve a similar result?’ (The team can then establish a market place value for that other approach to achieving the outcome.)

1. Six months of volunteering = £308

Based on 2 hours of volunteering per week (on minimum wage - £5.93) over 26 weeks [www.direct.gov.uk](http://www.direct.gov.uk)

2. Cost of putting a child through University for a year = £3,375

Based on 1 year of tuition fees for an undergraduate degree [www.direct.gov.uk](http://www.direct.gov.uk)

3. Seeing people develop over a summer at Camp America = £1,000

Cost of a 9-week programme including flights, board, lodgings and option to travel after the programme [www.campamerica.co.uk](http://www.campamerica.co.uk)

4. Learning to drive and passing the driving test = £504

Based on 24 hours of lessons [www.theaa.com](http://www.theaa.com)

5. Adult swimming lessons = £143

Based on 1 lesson at £5.50 over 26 weeks [www.hullcc.gov.uk](http://www.hullcc.gov.uk)

## 5. Measuring Impact

### 5.1 Deadweight, Displacement and Attribution

For each outcome and for each stakeholder, the following three questions have been asked:

1. Would the change have happened anyway?
2. Has this activity just moved something rather than changing it?
3. Is any of the change down to others?

If the answer to any of the above questions is 'yes', then the percentage of change has been estimated and these are detailed in the Impact Map.

When considering **deadweight**, it was felt that the project was actually responsible for virtually all the changes which took place for the Health Champions. The project was set up as a completely new project, delivering a service which was not currently available in the market, so the deadweight has been estimated at between 5-10% for most of the outcomes. It was felt that these stakeholders, by their very nature, were people who were not ordinarily engaged in activities such as Healthwise, so were unlikely to have used any other services, although allowance was made for the fact that a small number of stakeholders may have accessed other services to get similar information.

When considering the outcome regarding the skills the Healthwise course offers the stakeholders in terms of volunteering skills, it was deemed appropriate to acknowledge that there were other organisations in the city which offered people the opportunity to gain volunteering skills, so a figure of 40% was used.

In terms of **displacement**, these measurements have been estimated at 0% because as has already been noted, the Healthwise project was new and innovative by its nature and was set up to fill a gap in the market.

**Attribution** is difficult to judge, as it can be subjective, but efforts were made, when stakeholders were consulted to ask the question, "Did anyone else help you achieve this outcome?" It was felt however that there was likely to be low levels of attribution for the Health Champions generally because they were a group of people that was not often engaged and so unlikely to have anyone/anything else attributing to the changes in their lives.

Anomalies	Discussion
<p>94% attribution figure for Altogether Better outcome <i>“Larger evidence base which demonstrates the value and worth of the project(s), which can then lead to increased funding for other projects.”</i></p>	<p>This figure was set at 94% because Healthwise Hull is one of 16 projects that Altogether Better funded and care was taken not to over-claim the impact of the success of the Hull project individually.</p> <p>However, upon speaking to Altogether Better to verify this claim it was decided to keep this figure at 94%.</p>
<p>94% attribution figure for Altogether Better outcome <i>“Success of the projects has meant that Altogether Better has increased their credibility and reputation amongst other organisations, which means there is an increased potential to gain funding and help create national policies.”</i></p>	<p>The representative from Altogether Better said that Healthwise Hull was a flagship project that performed particularly well, so it might be the case that attribution should possibly be decreased. But there might be other factors which contribute to increasing their evidence base and the garnering of potential funding, so it was felt the figure of 94% was a reasonable value.</p>

Consultation took place with a representative from Altogether Better who verified this figure.

### 5.2 Drop-off

When a change is judged to have lasted beyond the life of the Healthwise Hull project (see the duration column on the Impact Map), it is likely that the influence of the project on this outcome decreases as time moves on.

Drop-off varied widely for some of the outcomes in the Impact Map. A figure of 50% was also used when looking at the length of time the project might be responsible for an increase in people’s confidence – this was because it was felt that the initial confidence gained as a result of being involved with Healthwise might wain over time.

### 5.3 Total Impact

The impact, the total value of each change, is calculated as;

- The financial proxy
- multiplied by the quantity of the outcome
- minus any deadweight, attribution and/or displacement

This calculation has been carried out for each row of the Impact Map and this figure is the total of all the impact calculations for each outcome.

The total impact (at the end of the period under consideration) of activities identified by this analysis was valued at **£214,236.40** using this calculation and is shown on the Impact Map.

## 6. Social Return Calculation

### 6.1 Future Projections of Change

Some of the changes identified last beyond the activities analysed and the period of analysis as discussed previously in Section 5 on duration and drop-off. Where this occurred, the value of the change in future years has been projected and the value over all projected years totalled.

However, it is important to take into consideration when projecting value in to the future that the monetary value used to measure the financial proxies may be worth less.

To do this, the present value has been calculated using a discount rate of 3.5% (the basic rate recommended for the public sector in HM Treasury's Green Book<sup>10</sup>).

The present value of activities identified by this analysis was valued at **£410,756.39** using this calculation and is shown on the Impact Map.

### 6.2 Social Return Ratio

The social return is expressed as a ratio of present value (which also includes the initial input) divided by value of inputs. For this analysis, the social return ratio is therefore:

$$\frac{\pounds 410,756.39}{\pounds 160,086.80} = 2.57: 1$$

**This means that this analysis estimates that for every pound invested in Healthwise activities there is £2.57 of social value created.**

### 6.3 Sensitivity Analysis

Given that this analysis contains estimations and assumptions, it is prudent to review where these decisions have had a significant effect on the overall SROI figure stated and to, therefore, consider the confidence that can be placed on this.

Care has been taken to reduce the number of estimations and assumptions by talking to stakeholders wherever possible, but there is still a certain amount of estimation that has to take place, given the nature of the analysis as a forecast.

SROI guidance suggests calculating “*how much you need to change each estimate in order to make the social return become a social return ratio of £1 value for £1 investment.*”<sup>11</sup> However in the following scenarios we have taken the approach of identifying those outcomes which accounted for the largest portion of the overall value.

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<sup>10</sup> [www.hm-treasury.gov.uk/d/green\\_book\\_complete.pdf](http://www.hm-treasury.gov.uk/d/green_book_complete.pdf)

<sup>11</sup> A Guide to Social Return on Investment. Cabinet Office of the Third Sector

Three significant (or sensitive) areas of the analysis have been identified, two of these relating to changes for the Health Champions, one relating to the employees of Healthwise and one relating to the funder, Altogether Better. These are;

- Health Champions see their confidence and self-esteem increase as a result of being involved in the project
- Health Champions signpost friends and family to other health services and “feel good” about improving the lives of other people
- Watching people develop and change over the 26-week period of support makes the employees feel good about helping them.
- Altogether Better has a larger evidence base which demonstrates the value and worth of the project(s), which can then lead to increased funding for other projects

Together, these four outcomes account for 79% of the total value calculated. These four rows of the Impact Map are reviewed here to consider the estimations and assumptions made in arriving at the value of these changes. In particular, consideration will be given to the **quantity** that the change affects, the **financial proxy** chosen, and the estimations of **deadweight**, **attribution** and **drop-off**.

**Overall, when applying some alternative scenarios to this analysis, the greatest change to the SROI ratio is a reduction of 21% from 2.57:1 to 2.03:1. So, even with these significant variations below, there is still substantial value created by the activities analysed.**

1. Health Champions see their confidence and self-esteem increase as a result of being involved in the project

*Quantity of the outcome – 75 out of 104 Health Champions*

Health Champions reported in the focus groups that they felt their confidence had been boosted after attending the training, and also reported increases in confidence on paperwork completed for the Healthwise employees. However it could be possible that this is an over-estimation and so we will decrease the amount by approximately one half.

*Financial proxy – Work placement abroad.*

This proxy was initially estimated to be of much lower value. However, upon consultation with the Healthwise Champions at an event, it was deemed appropriate to increase the value of this change because stakeholders felt it did not capture the difference the increase in confidence had made to their lives. When asked how much value the Health Champions would place on the increase in their confidence, the frequent answer came back that it was “priceless” and difficult or impossible to value.

There was limited time in the consultation period to fully undertake a contingent valuation or revealed preference, so this proxy was chosen because it represented a much greater value than the previous figure. It was determined that the proxy was appropriate because it would afford stakeholders with the same kind of change – they would be taken out of their comfort zone (which stakeholders reported the Healthwise course did) and allow them to help other people (like the Healthwise course). There is the possibility the change might be valued too high.

### *Estimates of deadweight, attribution and drop-off*

Deadweight, attribution and drop-off are all estimates in this forecast analysis. These estimates have been based on stakeholder consultation, but they have not been checked with stakeholders due to time and availability restraints. There is the risk that these estimations are too low, although efforts have been made to try and estimate on the higher side so as to not inflate the impact that Healthwise project has on the lives of its stakeholders.

Deadweight has been placed at 5% in this case because it was felt that the stakeholders in question are unlikely to have engaged with any other project in the absence of Healthwise.

Drop-off has been placed at a high figure of 50% because it was felt that confidence can disappear fairly rapidly once the support structures have been removed and people are on their own. However it was hoped that the knowledge that stakeholders did gain, would keep confidence levels high for a certain period of time.

### *Conclusion*

The table below indicates that possible over-valuation of this change could result in the overall SROI dropping by 10%. This is most likely because of the large numbers of stakeholders involved in the change and the high value they placed on the change.

<i>Element</i>	<i>Current Calculation</i>		<i>Possible variations</i>
<b>Change</b>	<b>Health Champions complete Level 1 which increases their confidence</b>		
Quantity	75	38	Possibly not all stakeholders achieved change. Decreased by approximately 50%
Financial Proxy	£835	£556.67	Possibly valued too high. Decreased by 33%
Deadweight	5%	20%	More deadweight
Attribution	5%	20%	More attribution
Drop-off	50%	50%	Stayed the same
Impact	£56,519.06	£13,528.21	
<b>Effect on SROI ratio</b>	<b>2.57</b>	<b>2.31</b>	<b>- 10%</b>

## 2. Health Champions signpost friends and family to other health services and “feel good” about improving the lives of other people

### *Quantity of the outcome – 75 out of 104 Health Champions*

Health Champions reported in focus groups that the act of signposting their friends and families to other health services, thus improving other people’s lives, made them feel like they were taking part in a worthwhile activity which gave them a “feel good” feeling.

However, using focus group activity is not an accurate way to determine quantity of change so for the sensitivity analysis we will reduce this number by approximately half.

*Financial proxy – 4 hours volunteering a week, over 26 weeks*

This proxy was chosen because it was felt that Health Champions might feel the same sense of satisfaction if they volunteered in a placement for a number of weeks, building up relationships with people and seeing a change in someone. This proxy was verified by the stakeholders at the Celebration Event (see Appendix 5), although some people felt the proxy should be increased in value, the majority felt it should either stay the same or be decreased so it was left in place.

This outcome accounts for a large amount of the impact (almost 20%) and so for this reason it seems prudent to use it in this sensitivity analysis and see what impact, dropping the amount by 40% has.  
*Estimates of deadweight, attribution and drop-off*

Without the activity the change is unlikely to have happened because gaining the knowledge to signpost people and then feeling good about helping them, is entirely dependent on the activity happening in the first place. However an estimate of 10% was decided upon for deadweight in the case that people may have gained the knowledge from over avenues such as national advertising campaigns and passed on this information to friends and family. This figure of 10% is already high so we have decided not to change it for the sensitivity analysis.

Drop off was placed at 20% because it was felt that knowledge may become out of date the further away people were from the project. Health Champion’s knowledge of referral agencies and health eating and lifestyles may become stagnant or less relevant.

*Conclusion*

The table below indicates that this outcome is highly sensitive, with changes being made to it resulting in a potential drop in SROI value of 20%. This is most likely due to the large quantity of stakeholders involved in the change, as well as the high value of the financial proxy used.

<i>Element</i>	<i>Current Calculation</i>		<i>Possible variations</i>
<b>Change</b>	<b>Health Champions signpost friends and family to other health services and “feel good” about improving the lives of other people</b>		
Quantity	75	38	Possibly not all stakeholders achieved change. Reduced by approximately 50%
Financial Proxy	£616.72	£246.69	Possibly too high. Reduced by 40%
Deadweight	10%	0%	Stay same
Attribution	0%	20%	More attribution
Drop-off	20%	30%	More drop off
Impact	41,628.60	£6,749.44	
<b>Effect on SROI ratio</b>	<b>2.57</b>	<b>2.06</b>	<b>- 20%</b>

3. Watching people develop and change over the 26-week period of support makes the employees feel good about helping them

*Quantity of outcome – 3 out of 3 employees*

This figure is easy to quantify with such a small team. All team members were interviewed independently and reported this outcome.

*Financial proxy – Putting a child through university for one year*

This proxy was chosen by staff themselves when undertaking a contingent valuation (see Section 4.5). They were unaware of the actual value of the proxy they were choosing and were picking the proxy they felt would give them the same level of feeling that they get from helping people in their current role.

Nevertheless it is a high value and for this reason it has been included in the sensitivity analysis.

*Estimates of deadweight, attribution and drop-off*

These figures have been checked and verified by the Healthwise employees but they have been adjusted in the table below to avoid over-claiming.

Attribution was valued at 0% because the employees all reported in a focus group that they felt that no-one else contributed to this change, because the change was based solely on the relationship they had between themselves and the Health Champions they were supporting. Therefore the decision has been made to keep attribution at 0%.

Drop-off was estimated at 40% because although the relationship with the Health Champion technically ends after 26 weeks of support, the SROI analysis is measuring the *feeling* that employees get from seeing people develop. The employees felt that this change would stay with them for some time because even after Health Champions have left the 26 week support period, employees can still remember helping them and conjure up the “feel-good” factor for some time after.

*Conclusion*

The table below shows that this outcome is not particularly sensitive, resulting in a decrease in the SROI ratio of 3.5%. This is most likely due to the low number of stakeholders involved in the change.

<i>Element</i>	<i>Current Calculation</i>		<i>Possible variations</i>
<b>Change</b>	<b>Watching people develop and change over the 26-week period of support makes the employees feel good about helping them</b>		
Quantity	3	3	All employees independently reported the change
Financial Proxy	£3,375	£1687.50	Reduced by 50% to avoid over-claiming
Deadweight	10%	60%	Higher deadweight
Attribution	0%	0%	Stayed the same
Drop-off	40%	50%	More drop-off
Impact	£9,112.50	£1,989.00	
<b>Effect on SROI ratio</b>	<b>2.57</b>	<b>2.48</b>	<b>-3.5%</b>

4. Altogether Better has a larger evidence base which demonstrates the value and worth of the project(s), which can then lead to increased funding for other projects

*Quantity of outcome – 1 out of 1 stakeholder*

Quantity can obviously not be changed in this instance.

*Financial proxy – Cost of funding won*

The information for this financial proxy was determined by the stakeholder during various consultations throughout the SROI process. They felt that the evidence provided by the Healthwise project demonstrated the value and worth of the project, and this could then be used to attract funding from various sources, by demonstrating the previous success of other Altogether Better projects.

However, given the large value of the proxy (although there is a very large amount of attribution, see below) we have decreased the amount by 50% to avoid over-claiming.

*Estimates of deadweight, attribution and drop-off*

During the writing of this report there was some discussion as to whether to account for the effects of the Hull Healthwise project using the deadweight or attribution mechanism. It was decided that the figure for attribution would be put at 94% and that deadweight would be left at 0% to avoid under-valuing the outcome. The reasons for the 94% attribution figure have been discussed in Section 5.1

Drop off was originally set at 20% because it was felt that over time, Healthwise would become less relevant in terms of being used to attract new contracts and funding, as Altogether Better would be likely to use the evidence gathered from newer projects. For this analysis we have increased drop off to 40%.

*Conclusion*

The table below shows that this outcome is also sensitive, with changes being made to it resulting in a potential drop in SROI value of 21%. This is because the financial proxy has been valued at such a large sum.

<i>Element</i>	<i>Current Calculation</i>		<i>Possible variations</i>
<b>Change</b>	<b>Altogether Better has a larger evidence base which demonstrates the value and worth of the project(s), which can then lead to increased funding for other projects</b>		
Quantity	1	1	Only one funding body
Financial Proxy	£1,045,000.00	£522,500.00	Decreased by 50% to avoid over-claiming
Deadweight	0%	0%	Deadweight same
Attribution	94%	94%	Attribution same
Drop-off	20%	40%	More Drop-off
Impact	£62,700	£31,350	
<b>Effect on SROI ratio</b>	<b>2.57</b>	<b>2.03</b>	<b>- 21%</b>

## 6.4 Materiality Table

The following table outlines all of the outcomes collected and verified with stakeholders. It explains whether or not they were included in the final Impact Map and how this decision was based upon materiality:

Stakeholder	Outcome	Relevant	Significant	Included?	Why?
Health Champions	Health Champions signpost friends and family to other health services and “feel good” about improving the lives of other people	Yes	Yes	Yes	Used as part of sensitivity analysis (see Section 6.3) and remains in the Impact Map.
	Health Champions see their confidence and self-esteem increase as a result of being involved in the project	Yes	Yes	Yes	
	Health Champions gain knowledge about healthy eating which improves their health and wellbeing	Yes	Yes	Yes	Because it is material – these outcomes remain in the Impact Map throughout the analysis.
	Health Champions get skills and confidence to move into volunteer work	Yes	Yes	Yes	
	Health Champions get skills and confidence and gain employment as a result	Yes	Yes	Yes	
Employees	Watching people develop and change over the 26-week period of support makes the employees feel good about helping them	Yes	Yes	Yes	Used as part of sensitivity analysis (see Section 6.3) and remains in the Impact Map.

Stakeholder	Outcome	Relevant	Significant	Included?	Why?
Altogether Better	Larger evidence base which demonstrates the value and worth of the project(s), which can then lead to increased funding for other projects	Yes	Yes	Yes	Despite high attribution, due to the project being one of 16, the stakeholder verified that the value of Healthwise remained extremely significant and wanted to keep this value within the analysis (see Section 5.1). Used as part of sensitivity analysis (see Section 6.3).
	Success of the projects has meant that Altogether Better has increased their credibility and reputation amongst other organisations, which means there is an increased potential to gain funding and help create national policies	Yes	Yes	Yes	
Hull PCT	<i>Some of the Health Champions become members of NHS Hull enabling the NHS to consult the public about the provision of local services [draft outcome – unable to verify]</i>	N/A	N/A	No	The PCT is currently undergoing a turbulent time and due to local austerity measures and efficiency savings, the PCT's staff has reduced from between 30-40% in preparation for 2014, when there will be a handover to Clinical Commissioning Groups. This downsizing meant that much of the information that was previously held by the PCT has since been outsourced, meaning that information was no longer readily available to them when we enquired. This also meant that the staff still employed at the PCT were working at over-capacity levels, meaning that they were not able to devote as much time as they might have liked in responding to our enquiries.
	<i>Health Champions lead healthier lives, which means there is less demand on NHS resources [draft outcome – unable to verify]</i>	N/A	N/A	No	

## 7. Final Summary

### 7.1 Conclusions

The SROI calculation for the Healthwise project shows that, assuming the quantities of outcomes are as forecast, it is undeniably a project of worth, even when sensitivity is taken into consideration, the output ranges from £2.03 to £2.57 of social value created for every £1 invested.

In terms of value, the most important outcome for the Health Champions was that attending the training provided by Healthwise provided them with skills which could lead to potential career development. This outcome was reported by a number of indicators from people saying that the course had motivated them to go and look for new employment, that the course had provided them with a new skill to further their career or had led to them considering a career in the field of health.

Given that this was not necessarily an ambition of the project when it was conceived, this clearly shows the importance of involving stakeholders in discussions when undertaking an SROI forecast.

One of the outcomes which affected the highest number of Health Champions involved in the project, was that the course gave them a boost to their confidence. This is an outcome which is notoriously difficult to measure and it was only after much consultation with the stakeholders themselves that a financial proxy was decided upon – even so, the effect of an increase in self confidence is personal to each individual and some people may value it more than others.

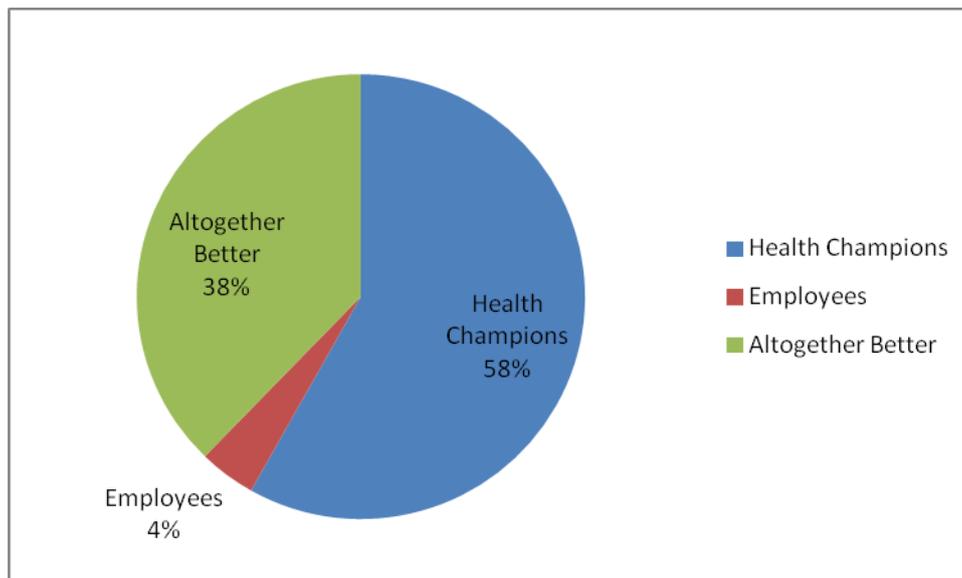
The funder stated that they have benefitted enormously from the success of the Healthwise project, meaning that Altogether Better has been able to attract new streams of funding and has also appeared in the Marmot Review<sup>12</sup> and won a Big Society Award – increasing their credibility and reputation amongst other organisations, which will hopefully lead to the potential of influencing national policies in the future.

Employees of Healthwise have also benefitted from the project, not merely in terms of career development, which might be expected from any form of employment, but in terms of healthier lifestyles and also gaining a sense that they have been able to help people in some way.

The pie chart shown on the next page illustrates how the stakeholders have individually benefitted from being involved with Healthwise. The Health Champions are obviously the biggest beneficiaries, accounting for nearly 60 per cent of the total financial impact. The employees are much smaller beneficiaries, but this is mostly down to the fact that they are a small team and the personal effect on each individual member of the team should not be discounted. The funding body have also benefitted from the project in terms of increased credibility and standing, and also in terms of increased inflow of funding as a result of the success of the project. Appendix 7 shows in more detail the breakdown of stakeholder outcomes and their share of the impact – this document will be used to share results with stakeholders and any other interested parties.

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<sup>12</sup> <http://www.marmotreview.org/AssetLibrary/pdfs/Reports/FairSocietyHealthyLives.pdf> [accessed 11/07/11]



There is much more work which could be undertaken to further enhance this current SROI forecast. One particular group of stakeholders, the indirect beneficiaries in the form of the friends and family of the Health Champions have not been included. This has been due to difficulties in accessing this group in the timescale for the report to be completed. More will be said on this in Section 7.2

## 7.2 Review and Recommendations

- Every effort was made to consult with the stakeholders of this project. In some cases this was relatively easy, a project with only three members of staff means that all the staff are easy to consult. However, the Health Champions as a stakeholder group were difficult to consult due to problems with access.

Some of the Health Champions are employed full-time, making it difficult to arrange suitable consultation times. Alternatively, for those people not employed full-time, it was a case of hoping that they would be willing to give up their free time to come in for a focus group, which social researchers will understand can be a difficult problem to overcome.

Therefore, the team undertook convenience sampling and tried to talk to Health Champions at times when they were already gathered together. This presented some difficulties – the first focus group contained a very large group of people, more than would be recommended for a focus group, and the limited time available to talk to them meant that splitting into smaller groups was not possible. Although a lot of information was gathered from this focus group, detailed discussions were not that possible due to the numbers of people involved.

- The celebration event was a useful opportunity to talk to stakeholders in a place where they were all gathered together but it was difficult to find time to talk in depth to people because it was not the main event of the day, and the consultation process was reliant on people wandering over to take part. Nevertheless it proved important in helping to identify any issues with financial proxies for the outcomes that had previously been determined.

- The Hull PCT was consulted for this forecast but unfortunately, in the time period available we were unable to verify the outcomes and determine proxies. It would have been beneficial to have involved the Hull PCT earlier on in the consultation process, allowing more time to verify and refine the results to enable their inclusion. The additional time would have allowed more flexibility to accommodate the internal restructuring and changes occurring within the Hull PCT, and the effects this has on staff availability.
- It is important to acknowledge that no negative outcomes were reported, which could imbalance the results of this analysis. This feedback may be due to Health Champions and employees knowing that the project is coming close to completion and being keen to share positive experiences. All stakeholders were given the opportunity any negative outcomes that they had experienced, but none were reported.
- An important omission in this SROI forecast is that of the effect of the Healthwise project on the indirect beneficiaries, namely the people that the Health Champions interact with and pass on advice to. The overall aim of the project is to create a ripple effect, with Health Champions cascading the information they have learned about healthy eating and healthy lifestyles on to members of the public, who in turn pass this information on.

Obviously the project would hopefully result in outcomes for these indirect beneficiaries which would be positive, and therefore increase the social return calculation, but until consulted there is no way of determining whether the outcomes have been positive, negative, or whether indeed there has been no change at all for this stakeholder group. We have been unable to include them, for reasons outlined in the Stakeholder Involvement table in Section 3.2 (page 16).

For a more accurate forecast, these outcomes would need to be included, and in the table overleaf recommendations have been made regarding collecting data for these stakeholders in the future.

To undertake an evaluative SROI, rather than a forecast as we have done here, there are some recommendations that would need to be put in place to ensure that appropriate data was being collected and that the full impact of the Healthwise project was measured.

Most of these recommendations relate to the involvement of other stakeholder groups to inform a choice of what to measure, and the collection of data which would allow the quantity of outcomes achieved by the project to be better established.

Recommendation	Why this recommendation is needed	How this recommendation would help
<p><u>Collect contact information</u> for the indirect beneficiaries via the Health Champions</p>	<p>The Healthwise project only currently collects basic data regarding the number of indirect beneficiaries consulted. Health Champions are asked to state how many people they have engaged with and the database reveals that there have been 6,000 indirect beneficiaries.</p> <p>However there are no means of contacting the indirect beneficiaries in order to collect information about the effect of the project on their lives. Health Champions could ask indirect beneficiaries if they would be willing to have their contact details passed to the Healthwise team, in order for them to be contacted further.</p> <p>However it is important to note that there will be no obligation for indirect beneficiaries to consent to give their contact details to the Healthwise project.</p>	<p>Having the contact details for some indirect beneficiaries would enable focus groups and one-on-one interviews to occur, which could establish the outcomes for this stakeholder group.</p> <p>Once basic information had been gathered, this could be used to construct a questionnaire, similar to that in Appendix 2, which would be used to gather quantitative data regarding the outcomes (see next recommendation).</p> <p>It has already been noted that not including this group in this SROI forecast is potentially reducing the SROI value.</p>
<p><u>Collect data</u> regarding outcomes to indirect beneficiaries via questionnaires and focus groups (see example in Appendix 2).</p>	<p>Indirect beneficiaries have not been included in this SROI forecast because they were difficult to contact as a group for the reasons detailed in Section 3.2 Therefore any assumptions made about outcomes for this group would not have been verifiable with the stakeholder group, and would therefore not be in accordance with the principles of SROI as stated at the beginning of this report.</p> <p>Once a small group of indirect beneficiaries have been spoken to as outlined in the recommendation above, a questionnaire could be constructed to gather quantitative data for whom change has occurred.</p>	<p>Concrete information will be collected regarding the changes they are making to their lives as a result of Healthwise.</p> <p>By providing indirect beneficiaries with the choice to leave their contact details, this means there is the opportunity to arrange further focus groups with this stakeholder group to gather more information, to undertake case studies, and verify the outcomes and financial proxies that are used in the report.</p>

Recommendation	Why this recommendation is needed	How this recommendation would help
<p>Construct an electronic database based on a Health Champions questionnaire (See Appendix 3)</p>	<p>The current system of collecting data needs improving as much of the information is in paper copy, making it difficult to analyse quickly and accurately. The survey the Health Champions completed missed the opportunity to collect some data about health and lifestyle which could provide detailed information about the effects Healthwise had on Health Champions' lives.</p> <p>By using a more detailed questionnaire and inputting the results into an electronic database, this would provide someone hoping to undertake an evaluative SROI with concrete figures and would avoid problems with scaling up from focus groups (See Section 4.4).</p>	<p>We recommend the questionnaire be filled out by those people attending the Healthwise course on the first day of the course. The questionnaire would collect baseline data about their health and lifestyle, confidence and employment. Then at the end of the course and the 26 week support period the same questionnaire would be filled out by the Health Champion, and in addition a further section (Section 5) would also be filled in which would capture data regarding the number of indirect beneficiaries and the agencies that receive referrals as a result of the Health Champions.</p> <p>This would provide better data to estimate the quantity of outcomes that could be used in an evaluative SROI.</p>
<p>Collect data about the referral agencies via the Health Champions questionnaire (See Appendix 3)</p>	<p>Referral agencies could not be included in the Impact Map because the project did not collect information regarding the numbers of people referred to services by Health Champions.</p> <p>This group is material to the analysis and would almost certainly have an impact on the final SROI calculation.</p>	<p>Section 5 of the questionnaire, which would be completed at the end of the 26 weeks support asks Health Champions to list which agencies they have referred people to and roughly how many referrals have taken place.</p> <p>This provides a starting figure to then contact the referral agencies to begin consultation for an evaluative SROI.</p>

Recommendation	Why this recommendation is needed	How this recommendation would help
<p>Collect data about health changes (weight loss, smoking cessation, reduction in alcohol intake) for the Hull PCT via the Health Champions questionnaire (See Appendix 3)</p>	<p>The Hull PCT, although identified as a stakeholder and one that is material to the project, has been excluded from this analysis for a variety of reasons – one being that baseline data regarding certain health changes was not collected from the beginning of the project. This means that the final SROI figure is underestimated because the project has benefitted the Hull PCT via its education of the Health Champions.</p> <p>The data that is currently available is that Health Champions have reported “feeling healthier” and whilst this is valid, it was not possible to identify a proxy when this forecast was undertaken.</p> <p>However, the Hull PCT does have readily available figures to act as a proxy, if the appropriate data is collected in the future.</p>	<p>Collecting baseline data about the Health Champions’ weight loss, smoking habits and alcohol intake will mean it will be easier to measure the value of the project to the Hull PCT.</p>
<p>Use “Value Game” when undertaking determination of financial proxies for outcomes with stakeholders</p>	<p>When verifying financial proxies with the Health Champions, the team encouraged them to play a version of “The Price is Right” by providing them with a proxy and asking them to say whether they felt the value of the outcome was higher or lower to them. (See Section 4.5, page 31 and Appendix 5)</p> <p>However in hindsight it was felt that the financial values should be removed as this might distract people from choosing the option they really wanted to pick.</p>	<p>Similar to the contingent valuation undertaken by the employees (see Section 4.5, page 31) a range of options, with market values, would be provided for the Health Champions with the financial values removed and the outcome in question would also be included.</p> <p>Health Champions would then be asked to rank these options in the order of importance to them, meaning that a more accurate financial proxy could be chosen.</p>

# Appendix 1 – Impact Map

Stage 1		Stage 2			Stage 3							Stage 4					Stage 5							
Stakeholders	Intended/unintended changes	Inputs	Outputs	The Outcomes (what changes)								Deadweight %	Displacement %	Attribution %	Drop off %	Impact	Calculating Social Return							
Who will we have an effect on? Who will have an effect on us?	What do we think will change for them?	What will they invest?	Value £	Summary of activity in numbers	Description	Indicator	Source	Quantity	Duration	Financial Proxy	Value £	Source	What would have happened without the activity?	What activity would we displace?	Who else would contribute to the change?	Will the outcome drop off in future years?	Quantity times financial proxy, less deadweight, displacement and attribution	Discount rate	3.5%	Year 1 (after activity)	Year 2	Year 3	Year 4	Year 5
Health Champions	Gain increased knowledge, understanding, awareness and information about health issues. Knowledge of support services in the city, both internally (Goodwin) and externally. Opportunities to get involved in consultations, feedback and shaping new services in the locally and nationally	Time, skills, knowledge, enthusiasm, commitment, motivation	£40,086.80	100 places offered for Level 1 course (Introduction to Health Issues). 60 places offered for Level 2 course (Role of the Health Champion). 14 places offered for Level 3 course (Train the Trainer). All those who complete Level 1 receive 26 weeks support. They share the knowledge they have gained with friends and family, signposting people to support services in the city	Health Champions signpost friends and family to other health services and "feel good" about improving the lives of other people	Number of Health Champions who report that they have signposted people who have made changes to their lives, which has made them "feel good"	Focus groups (x2)	75	3	4 hours volunteering per week, over 26 weeks	£616.72	Focus group data and <a href="http://www.street.gov.uk">www.street.gov.uk</a>	10%	0%	0%	20%	£41,628.60	£41,628.60	£33,302.88	£26,642.30	£0.00	£0.00		
	Increased self-confidence and self-esteem. Improved levels of physical activity, diet and better mental health. Adopting a healthier lifestyle and improve their quality of life			Health Champions see their confidence and self-esteem increase as a result of being involved in the project	Staff report increase in confidence and self-esteem in Health Champions over duration of project	Staff observing people over 26-week support period	75	1	Work placement abroad, out of your comfort zone, working with other people and helping others i.e. Camp America	£835.00	Focus group data and <a href="http://www.godwin.org.uk">www.godwin.org.uk</a> <a href="http://www.godwin.org.uk/development/healthwise-training">www.godwin.org.uk/development/healthwise-training</a>	5%	0%	5%	50%	£56,519.06	£56,519.06	£0.00	£0.00	£0.00	£0.00	£0.00		
				Health Champions report feeling more confident about applying for voluntary positions or jobs in the future	Health Champions whose entry and exit questionnaires show improvements in healthy eating and levels of activity	Database and case studies	78	3	Diet, Nutrition and Exercise Course	£875.20	Focus group data and <a href="http://www.godwin.org.uk/development/healthwise-training">www.godwin.org.uk/development/healthwise-training</a>	5%	0%	5%	20%	£26,412.20	£26,412.20	£21,129.76	£16,903.81	£0.00	£0.00			
	Access to training, volunteering opportunities and increased employment/self employment prospects			14 volunteering places are available to deliver the Level 1 course. There are two celebration events; at least four networking events; and regular promotional events for Health Champions to attend. Those who want to volunteer can prepare and attend to promote the project to new starters	Health Champions get skills and confidence to move into volunteer work	Number of Health Champions who now have volunteer placements after completing Healthwise training	Database	18	3	Breastfeeding Peer Support mentor training	£160.11	Focus group data and Goodwin Development Trust	40%	0%	5%	25%	£1,642.73	£1,642.73	£1,232.05	£924.03	£0.00	£0.00		
Health Champions get skills and confidence and gain employment as a result		Number of Health Champions who have gained employment after completing Healthwise training	Database	11	5	A six-week work placement	£1,316.46	Focus group data and Goodwin Development Trust	10%	0%	5%	30%	£12,381.31	£12,381.31	£8,666.91	£6,066.84	£0.00	£0.00						



## Appendix 2 – Draft Questionnaire for Indirect Beneficiaries

### Healthwise Questionnaire

**1. How did you meet this Health Champion?**

Family		Friend		Work colleague		At an event	
Other (please state)							

**2. Did the Health Champion signpost you to any services? i.e. Stop Smoking, Weight Management, Mental Health Services etc**

Yes		No	
-----	--	----	--

**3. If you answered 'Yes' to the previous question, please list the services the Health Champion signposted you to.**

--

**4. Did you find the information given to you by the Health Champion useful?**

Yes		No	
-----	--	----	--

**5. As a result of your engagement with the Health Champion, have you made any changes to your lifestyle?**

Yes		No	
-----	--	----	--

**6. If you answered 'Yes' to the previous question, please explain what changes you have made to your lifestyle?**

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**7. Have you told any other people about Healthwise?**

Yes		No	
-----	--	----	--

**8. Are you going to / have you already become a Health Champion as a result of your contact?**

Yes		No	
-----	--	----	--

**9. Please use the space below to write anything else about your experiences.**

--

If you are happy to be contacted in the future about your involvement with the Healthwise project, then please leave your details below:

Name:	
-------	--

E-mail address:	
-----------------	--

Telephone number:	
-------------------	--

Address:	
----------	--

**Thank you for taking the time to complete this questionnaire.**

**To return this questionnaire either give it back to your Health Champion or return it in the post to;**

**Healthwise Hull  
The Hooper Building  
Guildhall Road  
Hull  
HU1 1HJ**

## Appendix 3 – Proposed Future Questionnaire for Health Champions<sup>13</sup>

# Healthwise Survey

### SECTION 1 – ABOUT YOU

1. What is your name? \_\_\_\_\_

2. Are you: 

Male		Female	
------	--	--------	--

3. How many people live in your house, including yourself?

1-3		4-6		7+	
-----	--	-----	--	----	--

### SECTION 2 – YOUR HEALTH

4. How tall are you? 

Feet		Inches	
------	--	--------	--

5. What is your current weight? 

	Stones		lbs
--	--------	--	-----

 Or 

	Kgs
--	-----

6. Do you smoke? 

Yes		No	
-----	--	----	--

7. If you do smoke, roughly how many cigarettes do you smoke a day?

Up to 10		11-20		21-30		31-40		41+	
----------	--	-------	--	-------	--	-------	--	-----	--

8. On average, how many units of alcohol do you drink in a week?

Up to 5		6-10		11-15		16-20		21-29		30+	
---------	--	------	--	-------	--	-------	--	-------	--	-----	--

<sup>13</sup> Please note this questionnaire is merely a draft version and would be re-worked if an evaluative SROI was to take place, specifically to ensure that appropriate questions were being asked around issues of confidence, employment and communicating healthy issues to other people.

9. How often do you exercise for at least 30 minutes a day?

Not at all		1-3 times a week		4-5 times a week		6+ times a week	
------------	--	------------------	--	------------------	--	-----------------	--

10. How confident are you on a scale of 1-10? (Where 1 is 'not confident at all' and 10 is 'very confident')

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

### SECTION 3 – YOUR EMPLOYMENT

11. Are you currently employed?

Yes (F/T)		Yes (P/T)		No	
-----------	--	-----------	--	----	--

12. Do you currently undertake any volunteer work?

Yes		No	
-----	--	----	--

13. If yes, how many hours a week of volunteering do you undertake?

1-5 hours		6-10 hours		11-15 hours		16 hours or above	
-----------	--	------------	--	-------------	--	-------------------	--

14. If you are not volunteering, is this something you are considering for the future?

Yes		No	
-----	--	----	--

### SECTION 4 – YOU AND THE NHS

15. Are you a member of NHS Hull?

Yes		No		Not heard of it before	
-----	--	----	--	------------------------	--

16. Are you a NHS Ambassador?

Yes		No		Not heard of it before	
-----	--	----	--	------------------------	--

Section 5 onwards will additionally feature on the questionnaire completed after the 26 weeks support.

**SECTION 5 – AFTER HEALTHWISE**

Since you attended the Introduction to Health Issues course...

**17. Are you considering undertaking the Role of the Health Champion course?**

Yes		No	
-----	--	----	--

**18. If you have already passed the Role of the Health Champion course, are you considering undertaking the Train the Trainer course to deliver Healthwise training yourself?**

Yes		No	
-----	--	----	--

**19. Have you attended any other courses? E.g. Walk Leader Training, Mental Health First Aid. Please list them.**

--

**20. Roughly how many people have you spoken to about Healthwise?**

Up to 10		11-30		31-60		61+	
----------	--	-------	--	-------	--	-----	--

**21. What agencies have you referred people to and roughly how many people have you referred to them?**

<i>e.g. Stop Smoking Service</i>	<i>10</i>

## Appendix 4 - Stakeholder Checklist

<b>Stage 1</b> Intro and changes	1. Inform stakeholders of the forecast and consultation 2. Identify or verify intended and unintended changes
	<ul style="list-style-type: none"> <li>• What has happened since you started the project?</li> <li>• What was it like before and what is it like now?</li> </ul>
<b>Stage 2</b> Inputs and outputs	3. Identify inputs (e.g. time, a contract) - what do they invest? 4. Identify monetary values for each input 5. Confirm outputs if necessary
	<ul style="list-style-type: none"> <li>• What have they themselves put into the project (e.g. time or money)?</li> <li>• How much is this worth (or research this)?</li> </ul>
<b>Stage 2</b> Outcomes	6. Identify material outcomes and 'chain of events' – describe the change
	<ul style="list-style-type: none"> <li>• What has resulted because of the changes?</li> <li>• Explain step-by-step what has happened and decide a cut-off point</li> </ul>
<b>Stage 3</b> Indicator, duration and proxies	7. Identify outcome indicators – how would you measure it? 8. Determine outcomes duration (with rationale) – how long does it last? 9. Identify financial proxies for indicators to value the change 10. What is the value or where can you source it?
	<ul style="list-style-type: none"> <li>• What's a way of measuring that this outcome has happened?</li> <li>• How long will this change last?</li> <li>• Estimate what value you would put on this change?</li> <li>• How much is it worth to you?</li> </ul>
<b>Stage 4</b> Deadweight	11. Identify similar/comparable services that they could have used instead 12. What other services do they use and how helpful are they?
	<ul style="list-style-type: none"> <li>• Are there any other services that you could have used instead?</li> <li>• What other services do you use and how helpful are they?</li> </ul>
<b>Stage 4</b> Attribution	13. Other external factors (e.g. people or other organisations) that also contributed to the change (are there new stakeholders?) 14. Have they had support in the past that has contributed?
	<ul style="list-style-type: none"> <li>• Have you had any other assistance in achieving the change?</li> </ul>
<b>Stage 5</b> Communication	15. How can we present our findings to key stakeholders
	<ul style="list-style-type: none"> <li>• How would you like the findings of this report presenting to you?</li> </ul>

## Appendix 5 – Examples of Stakeholder Involvement at the Celebration Event

How much does it mean to you?

	we said...	You say...		
		HIGHER	KEEP THE SAME	LOWER
1. Signposting people makes you feel good	4 hours volunteering per week over 26 weeks ↳ £616	•••	•••	•
2. The course makes you feel more confident.	Confidence building course. ↳ £299	••••	••••	
3. The course made you feel you might want to go out and get a job, or get a new one.	6 week work placement like a local work guarantee scheme. ↳ £1,316	•	••	



## **Appendix 6 – Marketing Cost Estimation**

### **Impact Report**

This is a high quality, executive summary of the Impact of the project in terms of outcomes focussing on volunteering levels, levels of engagement, cost savings to the NHS, etc.

**Cost:** £3,000 (including concept development, design, print and distribution)

### **Film**

Purpose of the film is to promote the project to decision makers, the press and also as a recruitment/engagement tool for the public and potential volunteers.

**Cost:** £4,000 (including, concept development, editing, camera work, DVD production and distribution and web video hosting)

### **Advertising**

Advertising the project through posters, leaflets, banners and press advertising.

**Cost:** £35,000 (including photography, design, print distribution and exhibition stands)

### **Events**

Booking stands at local community events to promote the project and recruit potential volunteers.

**Cost:** £10,000

### **Press, Public relations, social media**

Using a media/PR firm to ensure a high profile in regional press, television, radio and social media. Also to design, maintain and monitor a website.

**Cost:** £12,000

**Total: £64,000**

## Appendix 7 – Forecast Outcomes and Value to Each Stakeholder

Stakeholder	Outcomes	Value
<b>1. Health Champions</b>	“Feel good” about improving the lives of other people	<b>£253,452.49</b>  <b>58%</b> of total social value created
	Increase confidence and self-esteem	
	Gain knowledge, and improve their health and wellbeing	
	Get skills and confidence, and move into volunteer work	
	Get skills and confidence, and gain employment	
<b>2. Healthwise employees</b>	“Feel good” about seeing Health Champions develop and grow in confidence	<b>£17,860.50</b>  <b>4%</b> of total social value created
<b>3. Altogether Better</b>	Increased funding for other projects	<b>£164,508.00</b>  <b>38%</b> of total social value created
	Increased credibility and reputation	

**Total (after discounting)            £410,756.39**

**Inputs to project                        £160,086.80**

**Value of project                         £2.57 per £1**