

Woods for Health on Kinnoull Hill Perth



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Perth and Kinross Community Health Partnership
Scottish Natural Heritage

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Executive summary

This report provides an evaluation of the social return from investing in the Woods for Health Pilot at Kinnoull Hill Woodland Park. This provided a range of structured outdoor activities to supplement traditional forms of care provided to people accessing support from Perth and Kinross Community Health Partnership and NHS Tayside mental health services. The report forms part of a series of four Social Return on Investment (SROI) analyses of urban nature sites. The analysis was undertaken during 2010 by greenspace scotland supported by the Woods for Health Steering Group partners (Perth and Kinross Council Ranger Service, Perth and Kinross Community Health Partnership, NHS Tayside and the Forestry Commission Scotland).

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

The Woods for Health Pilot involved a programme of outdoor, nature focused activity for people with severe and enduring mental health support needs. This was run over an eight-week period, between April and June 2010, by Perth and Kinross Council Ranger Service at the Kinnoull Hill Woodland Park in Perth.

The analysis identified those most affected by the initiative and recorded and valued some of the changes they experienced. For the participating clients key outcomes included:

- a significant increase in their confidence and self-esteem
- increase in their physical activity and wellbeing
- the development of new and important social connections and skills
- new opportunities to have fun and enjoy themselves
- opening the door to new areas of personal development and increased life capacities
- supporting them in their recovery and rehabilitation leading towards participating more fully in mainstream society

In addition to impacting on the lives of the clients a range of other stakeholders (including the project partners) had positive outcomes generated for them relating to:

- personal and professional development for staff
- saving money through joint working
- improving staff/client relationships
- longer term partnership development
- cross-service exposure and recognition
- increased awareness of the value and importance of Scotland's forests, woodlands and countryside

It was found that every £1 invested in the Woods for Health Pilot generated around £9 of benefits (applying a sensitivity analysis puts the benefits figure in a range from £5 to £10).

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1. Introduction

This report presents an evaluation of the social return from investing in the Woods for Health Pilot which provided a range of structured outdoor activities to supplement traditional forms of care provided to people supported by Perth and Kinross Community Health Partnership and NHS Tayside mental health services. The report looks at the social value created by the Pilot from the perspective of those for whom the project is making a difference.

This report was prepared by greenspace scotland in partnership with Perth and Kinross Council Ranger Service, NHS Tayside and Perth and Kinross Community Health Partnership. The work carried out for this report was undertaken during 2010 by a team of people from greenspace scotland and the Woods for Health Pilot steering group

1.1 Background to the SROI of urban nature sites programme

In 2010, Scottish Natural Heritage (SNH) provided funding support to enable greenspace scotland to test the application of the Social Return on Investment (SROI) approach on four urban nature sites.

The aim of programme was to apply Social Return on Investment at four urban nature sites and to inform the future application of SROI to urban nature sites. The programme objectives were to:

- test the SROI approach for urban nature sites (refining the methodology as required)
- develop a broader understanding of the wider social outcomes of urban nature sites
- establish a core set of indicators and proxies for valuing urban nature sites
- develop case studies and guidance material to support the wider application of the SROI approach at other sites
- build the skills and capacity of site managers, project partners and SNH to carry out SROI analysis of sites and to enable them to use this to support the case for continued (or new) investment

More information on how these objectives were fulfilled, learning and recommendations from the programme can be found in the programme overview report.^a

This analysis explores the value of a defined activity at Kinnoull Hill Woodland Park in Perth. It is important to stress that this SROI report reflects and values only one of the many activities that take place on this site. The cumulative value of the myriad of activities that urban nature sites can offer would be likely to be significantly higher.

The SROI analyses in relation to urban nature sites are part of a more comprehensive body of evidence that has been produced by greenspace scotland on the potential of using an SROI approach to demonstrate the value of a wide range of greenspace activities in different settings. Further information on this, and other SROI developments, can be found at www.greenspacescotland.org.uk/SROI/

1.2 The Woods for Health Pilot

The Woods for Health Pilot provided a range of structured outdoor activities, to supplement traditional forms of care provided to people accessing support from Perth and Kinross Community Health Partnership and NHS Tayside mental health services. The programme

^a The Programme Overview report and other project reports in the series can be downloaded at www.greenspacescotland.org.uk/urbannatureSROI/

was specifically developed for people with severe and enduring mental health support needs.

The pilot was initiated through the Perth and Kinross Community Planning Partnership, specifically the Lifelong Learning Partnership group, in November 2009. Interested parties were invited to a presentation given by Forestry Commission Scotland on Branching Out^b - a greenspace and conservation referral project established in Glasgow. This demonstrated the opportunities and benefits of using the natural environment to improve wellbeing. Several agencies expressed interest in developing a local initiative. Within the Partnership, the Mental Health Occupational Therapy Service and Perth and Kinross Council Ranger Service took a lead role in developing and coordinating the project.

Woods for Health is one of the first practical projects under the auspices of the Perth and Kinross Community Planning Partnership and Perth and Kinross Community Health Partnership (CHP). There is a lot of interest in it as an example of cross-agency working between local health services and the environmental sector.

1.3 Policy context for Woods for Health

1.3.1 National

Quality greenspaces make a significant contribution to improving the health and wellbeing of communities: increasing our physical activity levels by providing places for play, exercise and sport; strengthening our mental health and wellbeing by providing us with somewhere to relax, unwind and take time out from the stresses of a busy world; bringing us back in touch with our natural environment; combating isolation and loneliness by creating opportunities for us to meet with other people; creating a sense of purpose by providing opportunities for volunteering, community participation, work or learning.

The Scottish Government's Health Inequalities Task Force report and action plan Equally Well^c recognises the key role of greenspace in creating healthy, sustainable communities:

"The Government recognises the importance of greenspace and is committed to the provision of an environment which contributes towards well-designed, sustainable places with access to amenities and services. The importance of the environment, nature and greenspace in promoting mental health and wellbeing is recognised"

Woods for Health contributes to a number of the Scottish Government's national outcomes, specifically:

- We live longer, healthier lives
- We have tackled the significant inequalities in Scottish society
- We have strong, resilient and supportive communities where people take responsibility for their own actions and how they affect others
- We value and enjoy our built and natural environment and protect it and enhance it for future generations

^b Forestry Commission Scotland (2009) Branching Out <http://www.forestry.gov.uk/forestry/INFD-7VWEEY>

^c Scottish Government (2008) Equally Well: Report of the Ministerial Task Force on Health Inequalities <http://www.scotland.gov.uk/Publications/2008/06/25104032/0>

1.3.2 Regional and local

Woods for Health contributes to a range of regional and local policies, plans and agendas:

- **Perth and Kinross Single Outcome Agreement^d**

Our people will have improved health and wellbeing; our communities and people experiencing inequalities will have improved quality of life, life chances and health; our communities will be vibrant and active.

- **Perth and Kinross Community Plan^e**

“Safe, healthy and inclusive communities - Our communities will see a reduction in health inequalities between the most affluent and most disadvantaged.”

Improved mental and physical wellbeing will lead to more confident and active individuals and communities. We will work with our partners and citizens to support and encourage active participation in healthy activities and choices.”

- **NHS Tayside strategic aims^f**

Closing of health inequality gap – people with mental health issues are known to have poorer physical health and a lower life expectancy than the general public. The Pilot addressed this through the promotion of the use of natural environments to improve both physical and mental wellbeing.

Improving health life expectancy by supporting people to look after themselves. The Pilot improved individuals’ knowledge regarding use of natural environments and built their confidence to use these areas more independently and to access (them) through mainstream opportunities.

1.4 Social Return on Investment

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

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

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

^d Perth and Kinross Council (2009) Single Outcome Agreement for Perth and Kinross
<http://www.pkc.gov.uk/Council+and+government/Community+planning+-+working+in+partnership/Single+Outcome+Agreement.htm>

^e Perth and Kinross Community Planning Partnership (2006) Working together for Perth and Kinross, Community Plan <http://www.pkc.gov.uk/Council+and+government/Community+planning+-+working+in+partnership/Community+Plan.htm>

^f NHS Tayside (2010) Perth and Kinross CHP Committee Report No 29/2010

There are two types of SROI analyses: a forecast SROI predicts the impact of a project or activity and an evaluative SROI measures change that has already taken place. This report is an evaluative SROI.

1.5 Purpose of the analysis

The impetus for the analysis came from the Perth and Kinross Council Ranger Service which was keen to analyse activity taking place in Kinnoull Hill Woodland Park in order to demonstrate the value of an 'outlying' community facility for Perth. With budgets for nature sites under scrutiny there is a need to prove the case for investment by linking into wider agendas, in this case health. The SROI analysis will assist the Ranger Service to promote greenspace as a resource to the wider health sector.

The Pilot specifically provided an opportunity for people accessing a number of NHS Tayside and Perth and Kinross Community Health Partnership mental health services. It replaced some of the traditional support, received by them from these services, with supported outdoor, nature-based experiences. This analysis also seeks to understand the benefits of this activity for people experiencing mental health problems and its role in supporting their rehabilitation and recovery. In the longer term this could influence and inform the roll-out or development of similar programmes for other patients.

2. Scope and stakeholders

2.1 Project activity

The project activity selected for study is a programme of outdoor, nature-focused activity - the Woods for Health Pilot. It was provided for clients of three local mental health support services over an eight-week period at the Kinnoull Hill Woodland Park between April and June 2010. The programme was led by Perth and Kinross Countryside Ranger Service.

Perth and Kinross Ranger Service developed the Woods for Health pilot in partnership with the Lifelong Learning Partnership group, Perth and Kinross Community Health Partnership, NHS Tayside and Forestry Commission Scotland.

The Woods for Health Pilot was based on The John Muir Award⁹ (operated by the John Muir Trust). This is an environmental award that encourages people of all backgrounds to connect, enjoy and care for wild places through a structured yet adaptable scheme. The Award is not competitive and taking part helps to develop an understanding of, and responsibility for, a chosen wild place or places.

The Award consists of four challenges which the clients (hereafter referred to as candidates) and staff of the three participating mental health services completed over the 8 week period:

- *Discover a Wild Place* – Kinnoull offered a wild place to the candidates and over the 8 weeks they were encouraged and led around the site, discovering its wildlife, both flora and fauna, as well as learning about its management.
- *Explore a Wild Place* – over the course of the 8 weeks, the whole of Kinnoull was explored. Exploration occurred at many levels: at a large scale exploring the history, nature and wildlife of the site, and at a smaller level exploring the nature of particular species, focussing on the history and stories behind historical features such as the Tower and some of the iconic species of tree that live on the site.
- *Conserve a Wild Place* – this element of the award required candidates to undertake practical conservation tasks. At Kinnoull, the participants undertook invasive species control, removing beech seedlings from the site to encourage a diverse woodland, and scrub management, removing broom and gorse to encourage light to reach the woodland floor and allow natural regeneration of woodland plants and, in open areas, heathland species.
- *Share a Wild Place* – during the 8 week course candidates had to record their experiences in a personal log or diary and share these with friends and family. The final session was a sharing session, where candidates spoke to each other about their experiences from previous sessions, what they had learnt and enjoyed and what they were taking away from the course.

Candidates spent a minimum of 20 hours covering the four challenges which were adapted and tailored to the needs of the candidates during the course of the Pilot. Over the course of the programme, each person completed a journal or diary of their activities. At each session the group reviewed what they had learnt and how the programme was running to make sure that it continued to meet the needs and interests of everyone involved.

The target beneficiaries of the Pilot were the clients drawn from the three Perth and Kinross Community Health Partnership and NHS Tayside mental health services. Eight clients were originally involved, drawn from across the services. In addition to this a member of staff from each of the services also took part. The staff experienced and participated in the programme

⁹ John Muir Award <http://www.jmt.org/jmaward-home.asp>

along with clients (staff provided clinical support if required) and all graduated the programme together.

To advertise the pilot and encourage participation a poster and leaflet were distributed by each of the three participating mental health services. Each service was allocated up to three places, however, there was a maximum of 8 places on the pilot. Places were allocated on a first come, first served basis. Those who were not successful in securing a place were placed on a waiting list which gave priority for subsequent programmes beyond the Pilot.

Each client was required to complete a simple application form citing their reasons for wanting to take part. The reasons given centred around enjoyment of the outdoors, desire to increase confidence levels and to learn new skills. Some clients expressed a specific interest in the environment and outdoors and highlighted that their access to it was limited due to their need for support in this setting.

All of the clients lived in the Perth area and ranged in age from 30 to 50s. They presented a variety of mental health support and care needs and history:

- one person with anxiety issues who had been involved in community services for the past 2 years, although had never been an in-patient
- one person with depressive symptoms who had received extensive input/support over the years but had never been an in-patient
- a client with anxiety issues who had been receiving input/support elsewhere and had recently moved to Perth and been admitted to hospital. They had accessed the Pilot as an in-patient but continued with it through their discharge
- two people with a psychotic history of schizophrenia. Both volunteer at the Walled Gardens which provides hospital-based volunteer work and support (1 individual dropped out)
- three people from Forensic day services (Birnam Day Centre) which supports clients with a history of offending. One of these suffered from manic depression and the other two from schizophrenia

All clients have had extensive contact with the health service over years.

2.2 Scope

This study is an evaluative SROI focusing on the value and benefits of including outdoor 'green prescription' type activities as part of the service provision and support provided by mental health services in Perth and Kinross.

The analysis is based on activity taking place between April and June 2010 (covering the 8 weeks of the Woods for Health Pilot). It looks at the impact of the activity that has carried on beyond the 8 week timescale of the Pilot.

2.3 Stakeholder identification and engagement

This SROI analysis focuses on nine stakeholder groups:

- Pilot Participants - 'Candidates'
- Perth and Kinross Council Ranger Service
- MoveAhead Project
- Birnam Day Centre
- Mental Health Occupational Therapy Service
- NHS Tayside and Perth and Kinross Community Health
- John Muir Trust
- the Environment
- Forestry Commission Scotland

More detail about these stakeholders can be found in Appendix 1.2. Two other stakeholder groups (carers and families of candidates and Perth and Kinross Council) were identified during the process of stakeholder analysis but were not included. The reasons for exclusion are described in Appendix 1.3.

Stakeholders were involved throughout the analysis using a variety of methods. Initial engagement with agency stakeholders took place via the Woods for Health steering group. Stakeholder mapping of the changes anticipated for each were discussed and scoped as a group.

Feedback on inputs, outputs and outcomes for each stakeholder was gathered using an e-survey and proforma which agency representatives completed individually.

As part of the recruitment process for the Woods to Health Pilot, those interested in taking part were asked to complete a simple application form. Candidates were asked to provide information on why they wished to attend and what they hoped to gain from participation. This provided information on the outcomes that candidates anticipated as a result of taking part.

The outcomes for the candidates were also discussed and predicted by the steering group. A focus group session involving both candidates and staff who took part was held to define and identify the key outcomes and benefits they had experienced. (All of the candidates were invited to take part in this group, but not all were able to attend). Alongside this an agency focus group provided feedback on a summary of the outcomes and changes that had been documented for their organisation.

Supporting information and evidence to demonstrate the health benefits for candidates was captured using two surveys:

- Personal Health Questionnaire (PHQ-9)^h - identifying and documenting how they each felt in terms of physical and mental wellbeing before and after the pilot
- Rosenberg self-esteem scaleⁱ (a widely-used self-esteem measure in social science research) - candidates rated themselves on the scale before and after the Pilot

Additional information was gathered from candidates in relation to specific outcomes, changes and financial proxies on a one-to-one basis by the Ranger in the course of informal conversations during the course of the Pilot.

Further data collection from agency stakeholders in relation to their specific outcomes was collected by e-survey, with additional desk based research in relation to financial proxies (a proxy is an approximation of value where an exact measure is impossible to obtain). This was followed up by one-to-one feedback from each stakeholder to confirm that the proxies were reasonable, made sense and to offer the chance to suggest alternatives.

Opportunities and mechanisms for reviewing work were embedded within the stakeholder engagement activities and processes. All stakeholders have had the opportunity to input into the final document and statement of analysis. A breakdown of stakeholder engagement trail and process is provided in Appendix 1.4.

^h Stanford Patient Education Research Centre. Personal Health Questionnaire (PHQ-9)
<http://patienteducation.stanford.edu/research/phq.pdf>

ⁱ Rosenberg, Morris (1965) Rosenberg self-esteem scale
<http://www.wwnorton.com/college/psych/psychsci/media/rosenberg.htm>

3. Theory of change from the perspective of different stakeholders

The theory of change on which this SROI is based is that involvement in a series of supported outdoor activities (delivered via the John Muir Award at Kinnoull Hill Woodland Park) will provide an effective mechanism to enhance and improve the rehabilitation and integration into the community of people with a range of enduring mental health support needs.

The new experiences and activities provided will help to increase participants' (or candidates') confidence and self-esteem, allow them to develop and enhance their skills and knowledge, increase their physical activity, reduce social isolation, and encourage and enable them to participate more fully in mainstream community life and activity.

This theory is backed by evidence and findings from projects and research conducted independently of the Woods to Health Pilot including:

- **Branching Out, Forestry Commission Scotland**

Branching Out is an initiative for clients who use mental health services within Greater Glasgow and Clyde. For each client, the service consists of approximately three hours of activities per week in a woodland setting. Clients work together in small groups of up to fifteen for a twelve-week period. The course includes elements of bushcraft, nature conservation, environmental art, green exercise and relaxation.

Findings from the evaluation of Branching Out demonstrate five key areas of benefit: improvement to mental wellbeing; improvement to physical health; provision of daily structure/routine; transferable skill acquisition; and, social networking/social skills development.

The evaluation determined that greenspace on referral can be used effectively as an additional form of treatment in a secondary and tertiary care mental health population and demonstrates the benefits of the environmental and health sectors working together to deliver health outcomes for mental health service users. It reported that the dynamics of the programme and its delivery in an outdoor environment/non-clinical setting appeared to aid in redressing the patient and health professional power imbalance. In addition, small group sizes facilitated team building and social inclusion. Clinicians and clients both reported improvements in social networking and social skills development.

- **Ecotherapy, Mind**

Mind is the leading mental health charity for England and Wales. Mind's Ecotherapy reportⁱ, released in May 2007, showed that people experiencing mental distress frequently use physical activities such as walking, gardening and exercise to help lift their mood, reduce stress, provide purpose and meaning, and reduce vulnerability to depression. It was found that these simple activities can develop motivation and raise self-esteem, while contact with other people can reduce isolation, provide support and help improve social skills. The Ecotherapy report confirms that participating in green exercise activities provides substantial benefits for health and wellbeing.

3.1 Candidates

Woods for Health has been an extremely positive journey for all 7 candidates who completed the Award. All of the candidates completed Personal Health Questionnaire (PHQ-9) before and after the Pilot. The questionnaire is scored between 0 and 27 (with 0 being the best and 27 the poorest score). The results show a definite improvement in candidates' perception of their health. The average score before the Pilot was 11.62 - an indicator of moderate

ⁱ Mind (2007) Ecotherapy - The green agenda for mental health
http://www.mind.org.uk/campaigns_and_issues/report_and_resources/835_ecotherapy

depression. This had changed to an average score of 2.37 after the Pilot - indicating minimal depression.

The candidates also rated themselves on the Rosenberg Self-Esteem Scale before and after taking part in the 8 week programme. This rates self-esteem on a scale of 0 to 30 (with 'normal range' between 15 and 25, and below 15 suggesting low self-esteem). The results of this gave an average score of 16.38 (towards the low end of the normal range) before taking part and an average score of 19.7 after taking part.

Throughout the Pilot candidates were required to keep a personal log or diary reflecting their activities and experiences and were required to share these with friends and family. Much of this was collected in the form of photographs, drawings, and collecting and gathering items from Kinnoull Hill. This was a key element in gaining the Award and in providing candidates with tangible and personal evidence of their achievements.

A focus group session was attended by four of the candidates and all of the staff who accompanied them throughout the programme. The purpose of this was to identify what had changed for candidates as a result of their participation in the programme. This, alongside the scores from the before and after surveys, revealed they had experienced significant outcomes of a positive nature:

Increased confidence and self-esteem – as a direct result of taking part individuals said they felt braver and more confident. They highlighted a number of reasons for this, all of which were specific to this programme of activity (i.e. they did not gain this elsewhere) and the way in which it was run:

- Candidates felt empowered as a result of being involved in making decisions about the activities they were involved with and what they did each day.
- Being involved in the pilot significantly reduced the feelings of stigma that candidates reported they often felt due to being identified by or associated with mental health problems. They specifically highlighted that the 'social and integrational nature' of the Pilot were key factors which made them feel as though they were simply part of the general public enjoying the outdoors. The fact that staff took part as participants, as opposed to differentiating themselves, was also key.
- The structure and management of the Pilot provided the candidates with a sense of safety and security. They cited reasons for this as the lack of pressure placed on them to do any of the activities involved, but with the knowledge and reassurance that no-one would be left behind at any time. These feelings of safety were clearly associated with the enthusiasm and support provided by the ranger and staff.

"The social element made it; the safeness of it helped people take part. We set a democratic system to make joint decisions on what group did, everyone mucked in; it was a supportive group with an unstuffy atmosphere and with no pressure to do anything"

More physically active and feeling better – for some people this was the first opportunity they had had to get out and enjoy the outdoors and the programme had a significant impact on their physical activity levels during the 8 weeks. Although not all participants sustained this beyond the programme, some have increased and expanded their physical activities via other organised walks. Several indicated that they had sufficient confidence and familiarity to go back to Kinnoull Hill on their own.

"Realising how far I actually walked was a revelation as to just what I could achieve as I don't go out that often"

Increased social connections – both the participating candidates and the staff reported that the programme resulted in the candidates socialising more with other people. Individuals reported they had made new connections with others and that as a result their social skills had improved; previously they had limited interaction with others. Some individuals indicated that they would stay in touch with others in the group. One person highlighted that as a result of the programme she had increased her contact with others and had started having lunch with people who worked alongside her at the Walled Garden in Perth. The social element of the programme was viewed as central to its success. People felt safe in a group setting and were able to experience the pleasure and enjoyment of shared experiences. The role of the ranger in welcoming people, sharing his knowledge and working with the group was also seen as key to the positive social benefits and enjoyment felt by the candidates.

New skills and capacity building – candidates reported that the programme had increased their learning and knowledge and they felt that gaining the Award had a value for them; and did not just pay ‘lip service’ to what they had achieved (which they sometimes felt about other activities that they had participated in). Some of candidates reported that they had a specific interest in the environment and the outdoors and that the programme enabled them to pursue this further. As a result some of them moved on to the next level of the Award.

Have fun and enjoyment – for most of the candidates the programme was additional to any activities in which they were currently or had previously been involved. When asked by the Ranger to rate how pleasurable they had found the experience they compared it to the enjoyment that they gained from a range of personal interests or hobby type activities. The fun and enjoyment experienced from taking part was seen as a real boost for participants, giving them something to look forward to each week.

Quicker recovery – staff who accompanied the candidates and who have experience of working with them on a regular basis reported that during the programme the candidates’ speed of recovery increased markedly in comparison to progress made by taking part in the usual supported activities. This recovery specifically relates to their ability to integrate more into mainstream society. As stated previously a number were able to progress to the next Award level and four candidates voluntarily joined the Woods for Health steering group to assist in the development of the Pilot.

“This has been a huge step forward for participants. They have come a long way in terms of integrating into mainstream activity/society. Participants have moved quicker toward this through this programme than via the normal service of one-to-one support, which aims to do this.”

There is evidence to suggest that the change for candidates has endured beyond the 8 weeks of the Pilot. Candidates’ completion of the Personal Health Questionnaire and Rosenberg Self-Esteem Scale after the Pilot did not take place until 3 weeks later. In addition, a number of the candidates have continued on to the next award level and are still taking part nearly one year on. This shows that the changes in terms of personal health, wellbeing and self-esteem have been sustained.

3.2 Perth and Kinross Council Ranger Service

The programme has enabled the Ranger Service to open up Kinnoull Hill and the wider countryside to a new audience, and for it to be acknowledged and utilised as a resource for supporting people with mental health support needs. Specific changes for the Perth and Kinross Council Ranger Service have centred around staff skills development, service recognition and saving time and money:

Staff have gained skills, confidence and awareness in working with a new audience who have specific support needs, and in enabling them to positively engage in their local environment and the countryside. Working in partnership with the mental health services has facilitated the transfer of information and knowledge of how to communicate, support and work with people who have mental health support needs. This means that the Ranger Service now has an increased capacity to work with similar audiences in the future.

Saving money – the active involvement of the mental health service staff who attended the 8 week programme to support the candidates resulted in them being able to make up the extra staffing support that would normally be provided by the ‘back marker’ ranger on each day. The back marker is essentially that - a member of the ranger staff who stays at the back of the group to ensure that no-one is left behind and that any problems do not go unnoticed whilst the a lead ranger focuses on delivering and facilitating the activity. Within a very short time the mental health staff were able to take on this role and this resulted in only one ranger being required to deliver the 8 week programme instead of two. This was an unintended outcome; two rangers were originally allocated but it was possible to reduce this to one during the programme.

Cross service exposure and recognition – it was reported that the Woods to Health pilot has positively raised the profile of the ranger service and the role of the environment and greenspace in delivering wider health and wellbeing outcomes at senior and strategic levels. This has resulted from the innovative form of partnership working developed, wider awareness of ‘Woods for Health type schemes’ which have delivered positive results elsewhere and created a desire to explore this approach locally; and perhaps most importantly the success of the scheme in quickly making a positive difference to the individuals involved.

It should be recognised that as a public service provider, the Ranger Service has an enabling role. It seeks to support the delivery of benefits and outcomes for other people/the public. In facilitating and leading the Woods for Health Pilot the Ranger Service has been effective in meeting its broader aims and objectives by successfully supporting the delivery of all of the outcomes generated for the other stakeholders, in particular the clients, recorded in this analysis.

3.3 Mental Health Services

The three participating mental health services (Birnam Day Centre, MoveAhead Project and the Mental Health Occupational Therapy Service) have been grouped together in this analysis due to the similarities of the outcomes for each. These focus around providing a better service; as with the Ranger Service, much of what they seek to deliver results in outcomes that are provided for and experienced by others, in this case their clients. However, a number of outcomes and changes have been identified that are specific to the mental health services:

Staff personal and professional development - around partnership and team working skills and experience as a result of taking part in the Pilot and the new way in which they have worked with the other mental health services and the ranger service. In addition to making the role of each of the services in supporting their clients easier, due to the sharing and bringing together of staff skills and resources, the experience gained by the staff can be carried forward into other/future projects and activities. Staff skills/abilities in the use of nature and outdoor settings to support and work with patients with mental health difficulties have also been developed

Improving staff / client relationships – it was reported by both the staff and the participating candidates that taking part in the programme broke down any barriers that

existed between them. Both felt that as a result they would work better together in the future. The candidates and staff had a pre-existing relationship, which primarily took the form of one-to-one support to assist candidates' rehabilitation. This outcome was attributed to the fact that during the pilot staff did not 'take over' or 'act like' members of staff. Instead they participated fully in the activities as participants and on equal terms with candidates. The staff/client relationship carries on beyond the Pilot, and therefore their improved relationships will have positive implications as they continue to work together. This is felt to be a real strength of the Pilot.

It was also envisaged that **new opportunities would result** from the project for other patients in the future, **expanding the service repertoire** and increasing the outcomes and value of the Pilot for the services (and their clients) exponentially. This has happened; staff and candidates from the Pilot have been involved in its extension and development allowing new clients to benefit, some existing candidates to move to the next level of John Muir Award, and in the longer term, establishing a Woods for Health initiative for the NHS Tayside area.

A further area where change was experienced relates to the **services becoming more effective** for those who were supported to take part in the Pilot. The quicker recovery of candidates during the Pilot has impacts for each of the services involved; meaning that potentially candidates are further ahead than they would otherwise be if they had not taken part. This has implications in terms of capacity and resources within each service. Although this is recorded as a positive change from the services' perspective it has not been included in the SROI calculation as finding a way to measure and value it has been difficult and the services also reported that the change was not sustained once candidates had finished the programme.

3.4 NHS Tayside and Perth and Kinross CHP

At a strategic level the Pilot has delivered change for NHS Tayside and Perth and Kinross CHP. Through the joint working of health and environmental sector agencies to develop and deliver the project they have established a **longer term partnership** (with Perth and Kinross Council Ranger Service, Forestry Commission Scotland and John Muir Trust). As a result the **opportunity to access new resources** to support their work with mental health clients in the NHS Tayside area has been opened up in the form of Forest for People Funding. Partners are now working together to explore the development of the scheme.

The Pilot has **increased awareness and capacity** of frontline mental health staff and of those working at more strategic levels to explore the use of greenspace and the natural environment in delivering and developing mental health services and activities for clients. This will help to support the expansion and development of the Pilot and for this model to become an effective mechanism for supporting people with mental health needs.

3.5 John Muir Trust

In basing the Woods to Health Pilot on the John Muir Award it has supported the John Muir Trust in **expanding its reach** to a new audience and range of beneficiaries. The delivery of the 8 week programme, and the content of the Discovery level John Muir Award, was led and managed by the Ranger Service. This involved little input from the Trust in terms of staff support, development and outreach, but significantly increased its influence and reach in terms of involving new partners who will potentially support and put forward more participants for the Award in the future.

3.6 The Environment

Through the Pilot and the John Muir Award a number of individuals, some who did not visit the countryside prior to taking part, have a new or increased **interest in and understanding of the value and importance of the environment, greenspace, countryside and woodlands**. This was specifically highlighted by the candidates involved in the focus group feedback session and to the lead Ranger during their time at Kinnoull Hill Woodland Park. Some of them reported their intention to do more, either by continuing to the next Award level or continuing to experience the outdoors on their own terms.

3.7 Forestry Commission Scotland

Health and wellbeing is a strategic priority for Forestry Commission Scotland (FCS) and it has been successful in establishing and supporting similar projects in other areas. The Woods for Health Pilot has enabled FCS to reach new partners, communities and beneficiaries - expanding and embedding its health and wellbeing agenda and the role of woodlands. The Pilot has increased the use of FCS sites as a resource for delivering health services, building recognition and understanding within the NHS, and with others, of the value of these areas and the opportunities they offer for supporting wider agendas and quality of life outcomes. Overall, the Pilot has helped to generate further **recognition of value and importance of Scotland's forests and woodlands**; ensuring they are considered an essential ingredient for the health and wellbeing of all sections of the population.

4. Inputs and outputs

4.1 Investment (inputs)

The total investment in the Woods for Health Pilot (April to June 2010) was calculated at £3,924. The bulk of the investment was in the form of staff time invested in delivering the Pilot:

- Staff time from the three mental health service stakeholders consisting of the allocation of a member of staff from each service attending each of the programme sessions in support of their participating patients/clients. The financial value of this staff investment has been calculated in terms of number of hours each member of staff spent across the 8 sessions on the basis of their individual hourly rates. This has been calculated as £1,986.
- Staff support provided by Perth and Kinross Council Ranger Service in facilitating the 8 week programme, covering all the sessions and time spent on preparatory work and programme development. The financial value of this staff investment has again been calculated in terms of number of hours each member of staff spent across the Pilot on the basis of their individual hourly rates. This has been calculated as £1,480.
- Staff support and resources from the John Muir Trust in support of the programme. This has been costed at £450.

There has also been the input of Kinnoull Hill Woodland Park, as the outdoor facility and resource for the programme of activities involved. In consultation with the Ranger Service this input has been quantified on basis of the annual running costs of the Park broken down by the number of visits per year. This works out at an equivalent input of a £7.50.

4.2 Outputs

The outputs describe, in numerical terms, the activities delivered as a result of the inputs. These activities or outputs lead to change (or outcomes) for each stakeholder. The outputs identified are:

Stakeholder	Relevant outputs
Candidates	7 Candidates took part in the 8 week programme. This involved 1 half day outdoor nature experience per week for the first 7 weeks and 1 final celebration/graduation event (spending a minimum of 20 hours each) 7 Candidates achieved the John Muir Award Discovery level
Perth and Kinross Council Ranger Service	1.5 members of staff led 8 John Muir Award programme activities and supported and facilitated the participation of 11 candidates and staff
Mental Health Services	3 staff participated in the programme and supported 7 candidates to participate
Perth and Kinross Community Health Partnership, NHS Tayside	New partnership with 3 environmental sector agencies
John Muir Trust	11 new John Muir Awards at Discovery level, 2 progressing to Explorer level 1 new provider and 1 new partner organisation delivering the John Muir Award new client group in Perth and Kinross
The Environment	7 people caring about and looking after Kinnoull Hill
Forestry Commission Scotland	New partnership with health sector in Tayside

5. Outcomes and valuation

The results of the stakeholder engagement and information collection are represented in the impact map information in Appendix 1.

5.1 Outcomes evidence

The outcomes which have been derived from the stakeholder engagement and included in the analysis for the different stakeholders are detailed below, together with the data that measured the outcome and allowed for the evaluation to be completed (the indicators).

Not all outcomes identified could be included in the impact map. A list of outcomes not included together with the reasons for this is described in the Audit Trail in Appendix 1.5.

Stakeholder	Outcome	Indicator	Source of quantities estimate or data
Candidates	Enhanced individual self-esteem	Increase in average candidate self-esteem score by end of the programme	Before and after scores on Rosenberg self-esteem scale
	Candidates are more physically active due to use of the outdoors for recreation	Number of hours candidates report they are more physically active	Feedback provided to ranger
	The project increased candidates' ability and confidence to meet new people	Number of new opportunities for socialising and meeting people	Feedback provided to ranger and to evaluation focus group
	Candidates move on/progress more quickly within their recovery / rehabilitation services and are able to access more mainstream opportunities, leading towards more independence	Improvement in clients' progress and candidates are able to move on to the next level of rehabilitation activity	Feedback from staff who supported the candidates
	Candidates developing increased life skills and capacity	The candidates successfully achieve/graduate the John Muir Award discovery level. They are able to move on to next level of activity or undertake new activities (either JMT or other)	Course records and candidate and staff feedback

Stakeholder	Outcome	Indicator	Source of quantities estimate or data
Candidates	Feeling better - Candidates report an improvement. Participants complete the full course and report that they have enjoyed it	Increase in average candidate score on patient health questionnaire	Before and after scores on patient health questionnaire (self-reported assessment)
Perth and Kinross Council Ranger Service	Staff have confidence, skills and awareness to work with new audience	Staff are able to work with new groups/audiences	Feedback from/reported by senior ranger
	Saving money via skilling-up of NHS and CHP staff	Number of times when no need for 'back marker' ranger during the Pilot due to ability of NHS staff to fulfil this role	Ranger/project records
	Cross-service exposure and recognition - raised the profile of the ranger service and countryside in relation to delivering a wider range of social benefits - supporting the case for future investment and resource allocation	Inclusion and appearance of Woods for Health in Council/CPP committee agendas and papers (where these are not generated by the Ranger Service)	Feedback from/reported by senior ranger
Mental Health Services	Staff acquiring new skills/experience in relation to joint agency working/ partnership working resulting in personal and professional development and job made easier	Number of staff and services reporting they are more able and experienced in sharing responsibilities and working jointly with other services and organisations towards shared outcomes	Staff and managers
	Improving staff and client relationships resulting in less stress and fewer difficult situations to manage	Number of staff reporting a better work environment and atmosphere	Staff feedback

Stakeholder	Outcome	Indicator	Source of quantities estimate or data
Perth and Kinross Community Health Partnership, NHS Tayside	Staff development - have skills to support delivery in an outdoor/nature setting	Number of staff continuing to support clients to participate in Woods for Health in the future (as it is developed beyond the Pilot)	Project development records
	The project provides new resourcing opportunities for mental health services/support in the NHS Tayside area	Expansion of the Pilot to other parts of Tayside	Project development records
The Environment	People experience wild places and do something to look after them	Number of individuals participating in and successfully graduating with the John Muir Award discovery level	Course/Award records

Further information on how estimates were derived from the information collected is contained in Appendix 1.6.

Negative Outcomes

Although the Woods to Health Pilot and the activities it involved provided mostly positive outcomes for the candidates and partners, any negative outcomes must also be recorded in the SROI analysis. This ensures that an accurate picture is portrayed and the opportunity is provided to address these in any recommendations and future developments. Where negative outcomes have been significant or 'material' then these should be recorded within the SROI calculation as a negative impact.

Only one negative outcome has been identified for the Woods to Health Pilot. This does not relate to the activity programme itself; it relates to the monitoring and evaluation mechanisms that were put in place as part of the SROI analysis to evidence change. One individual highlighted that they did not like the recording and evaluation of the programme stating that the before and after self-esteem questionnaire was intrusive and made them feel uncomfortable and '*bad again*', undoing some of the good work and positive change created for them.

For the following reasons it was decided that this outcome is not material and it has therefore not been separately identified and included in the impact analysis and calculation:

- this issue was stated by only one individual and in analysing their completed forms their scores still improved
- attribution values for the two outcomes that this affects have been altered to account for this
- the scope of this SROI focuses on the Woods for Health Pilot and not the administration, organisation or evaluation of it. Although this negative outcome needs to be addressed

and considered in any future projects, it should not be a significant or influencing factor in determining the impact of the Pilot itself

- the completion of the questionnaires was not mandatory

5.2 Valuation

SROI uses 'financial proxies' to represent the value of outcome for the stakeholders. Some represent potential cash savings or are represented by unit costs of providing services. Others are less tangible and represent the values that stakeholders might place on the outcomes.

Four main types of financial proxies have been used in this analysis:

- costs of training and courses to gain the variety of skills, learning, knowledge and experience gained
- average spend on similar or equivalent activities
- cost savings as a result of efficiency savings and less demand/strain on resources
- value of the contribution/participation of candidates

A full description of all value assumptions, quantities, sources and calculation methods are contained in Appendices 1.6 and 1.7.

6. Social return calculation and sensitivity analysis

6.1 Duration and drop off

Before the calculation can be finalised a decision has to be made as to how long the changes produced by the Woods for Health Pilot will endure. SROI looks at how long the changes would last and projects the value of outcomes into the future. The question to be answered is 'if the activity stopped tomorrow, how much of the value would still be there?'

In future years, the amount of outcome is likely to be less or, if the same, will be more likely to be influenced by other factors and so the contribution made by an organisation or activity must be reduced. Drop off is used to account for this; it is only calculated for outcomes that last more than one year.

The main areas of drop off identified were in relation to staff (ranger and health service): skills, personal and professional development around working with a new audience, joint agency /partnership working and supporting clients in an outdoor/nature setting.

For staff skills gained by the Ranger Service relating to working with a new audience it is projected that these will last for 5 years with an annual drop off of 15%. It is felt that these skills will be sustained enabling them to work with similar groups in the future. This is comparable with the skills and personal and professional development benefits for health sector staff around joint agency/partnership working and supporting clients in an outdoor/nature setting. These have also been projected to last for 5 years with a drop off of 20% per year. It is felt that these skills will enable staff to more easily participate in, develop and support similar projects in the future. (Drop off for the Rangers is allocated at a slightly lower amount as it is considered they may be more likely to use the skills gained on a more regular basis than the health sector staff.)

Appendices 1.8 and 1.9 set out the duration and drop off assumptions.

6.2 Reductions in value to avoid over-claiming

As well as considering how long changes will endure it is necessary to consider if the recorded change might have happened anyway, who else contributes to achieving the outcome and whether the activity displaced other outcomes. The aim is to be realistic about the benefits provided and recognise that the value created by the Woods for Health Pilot is not solely down to this activity and that other factors have to be acknowledged. SROI does this by reducing the value calculated for each outcome by a percentage.

6.2.1 Deadweight

The reduction for deadweight takes account of the fact that a proportion of an outcome might be achieved anyway without intervention. For example, some of the candidates increased self-esteem during the course of the programme would have happened anyway as they would have been supported in other ways towards rehabilitation. The assumptions about deadweight are contained in Appendix 1.8.

6.2.2 Attribution

Attribution is the recognition that for each outcome, there are external factors which influence its achievement. For example, the increase in candidates' physical activity may be influenced by other things they are involved in such as the activities that some of them are involved in with the Walled Garden. The assumptions about attribution are contained in Appendix 1.8.

6.2.3 Displacement

Displacement applies where the achievement of one outcome has been at the expense of another outcome or to the detriment of another stakeholder. The only area of displacement identified in this analysis relates to the increased cross-service exposure and recognition gained by the Ranger Service; this might have displaced exposure and recognition that could have been gained by another project or initiative.

6.3 Calculation of social return

The impact map in Appendix 1.9 shows the values for each outcome for each stakeholder, taking in account deductions to avoid over-claiming. These individual values have been added together and then compared with the investment in the Woods for Health Pilot that was calculated in section 4.1 above.

The Social Return Calculation is expressed as a ratio of return on investment. It is derived from dividing the Impact Value by the Investment. The Impact Value is adjusted to reflect the Present Value (PV) of the Impact; this process is called discounting and reflects the present day value of benefits projected into the future.

PV is applied to those values that have been projected for longer than 1 year. A number of outcomes are projected for a period of 5 years and so the effect of discounting for PV is makes a substantial difference to the final calculation. The interest rate used to discount the value of future benefits in this case is 3.5% as determined in the Government Green Book^k recommended discount rate for public funds. This gives the impact over 5 years arising from Woods for Health Pilot of £36,484.

	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Present Value	£30,496.71	£2,619.65	£2,118.61	£1,714.35	£1,388.02	£36,484.39

In the account that has been created for this SROI, the total impact calculation is as follows:

- the total impact (Present Value) calculated from the impact map for Woods for Health is £36,484
- the total investment figure in the same period to generate this value was £3,924

The SROI index is a result of dividing the PV impact by the investment. This gives an SROI ratio of 1:9.3. Thus the social return, based on the estimates in the evaluation as detailed in Appendix 1, was in the region of £9 for every £1 invested.

A full breakdown of the Woods for Health Pilot SROI calculation is provided in Appendix 1.9.

6.4 Sensitivity analysis

The purpose of the sensitivity analysis is to test the main assumptions that have been made which could affect the social return in the above 'base case'. The aim of the analysis is to test which assumptions have the greatest effect on the model.

Assumptions can be changed in terms of estimated deadweight, attribution and drop off, duration, financial proxies, quantities of outcome and the value of inputs where non-financial inputs have been included.

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

In case of the Woods for Health Pilot, the evaluation is based on some critical and sensitive assumptions relating to duration, deadweight and attribution:

- Some of the outcomes have been given a duration of more than one year. This particularly relates to staff skills and personal development. As this cannot be fully evidenced the sensitivity analysis provides an alternative calculation based on none of the outcomes enduring. (However, it should be noted that this is unlikely because one year on staff are continuing to use the skills developed in the Pilot by supporting the next phases of its development and expansion.)
- There is confidence in the estimates of deadweight and attribution that have been applied. For some, very high percentages have been applied in order to ensure that the impact analysis does not over-claim, particularly where there is a lack of data in relation to who else contributes to change. For other outcomes, it is appropriate that deadweight and attribution are applied in lower amounts. However, for the purpose of sensitivity testing alternative calculations have been made to test deadweight and attribution.

Firstly, where they have been applied, the deadweight and attribution figures have been added up and an average figure for each calculated (the percentage totals for each were added up and divided by the number of outcomes they were applied to). The average figures obtained were then applied across all outcomes (including outcomes where deadweight and attribution had not been awarded).

Secondly, attribution has been lowered for the outcomes relating to candidates moving on/progressing more quickly within their recovery (base uses 90% attribution) and their expressed improvement in health (base uses 50% attribution). These high levels of attribution were used because although these outcomes were considered to be due to the Pilot, further in-depth analysis is required to prove this. Anecdotal evidence and statements collected from staff and candidates suggest that if further analysis takes place, more would be attributable to the Pilot. Accordingly, a sensitivity analysis which lowers these attribution rates to 50% and 25% respectively has also been undertaken.

- A further sensitivity analysis has been calculated to combine the application of the average attribution and deadweight percentages across all outcomes with no outcomes enduring.

Base case assumptions	Revised assumptions	Revised SROI return
A number of outcomes endure	No outcomes endure	£7.51
Deadweight is 37% on average across the outcomes it applies to	Average deadweight is applied across all outcomes	£6.57
Attribution is 32% on average across the outcomes it applies to	Average attribution is applied across all outcomes	£7.79
	Average deadweight and average attribution is applied across all outcomes	£5.74
	Average deadweight and average attribution is applied across all outcomes and no outcomes endure	£4.75
Attribution for: <ul style="list-style-type: none"> • candidates moving on/progressing more quickly within their recovery is 90% • candidates expressed improvement in their health is 50% 	Attribution for: <ul style="list-style-type: none"> • candidates moving on/progressing more quickly within their recovery is 50% • candidates expressed improvement in their health is 25% 	£9.90

The SROI ratio calculated for the Woods for Health Pilot is 1:9. Applying sensitivity adjustments to key assumptions (as outlined above) produces a range for the SROI ratio of between £5 and £10 for every £1 invested.

7. Discussions and recommendations

The outcomes of Woods for Health and green prescription 'type' initiatives have already been evaluated and reported using other methodologies and the outcomes that they deliver are well documented. Across such schemes and initiatives there is a general consensus in terms of the range of quality of life and health benefits that these deliver:

- improving physical health and fitness through increasing physical activity
- increasing people's life skills, capacities and interests
- supporting mental health and wellbeing, reducing stress, providing opportunities for recuperation and relaxation, increasing confidence and self-esteem, having fun and enjoyment
- providing opportunities for socialising and engaging with others

This SROI analysis has demonstrated that the Woods for Health Pilot significantly improved the quality of life of the clients of the three participating mental health services in Perth in Kinross in all of the above ways. It has supported them in their recovery and rehabilitation towards participating fully in mainstream community life.

The SROI analysis clearly shows the added value delivered for other stakeholders involved in delivering and supporting the Woods for Health Pilot, beyond the target beneficiaries. This is an element that is often missed out of other project evaluations and can therefore under-represent the wider impact and value of change that occurs.

The SROI analysis demonstrated there are key outcomes and changes for project partners that would otherwise have gone unreported, unrecorded, and un-valued:

- increased effectiveness and efficiencies resulting from the 'right' organisations and individuals working together – each organisation bringing their strengths into play
- increasing the skills and capacity of staff and of organisations through experiencing new ways of working and gaining new knowledge, awareness and understanding
- creating wider recognition, understanding and awareness of the relevance and value of the activities and services provided by the different project partners

By adding additional layers of data and evidence this SROI analysis gives further weight to the case that the reported benefits and changes have been achieved. By identifying comparable and relevant ways of valuing these it shows that the investment of time, effort and resources in supporting and delivering these benefits and changes is not only worthwhile, but is extremely good value for money. This case is strengthened by the fact that the Pilot was carried out with minimal investment from the delivery stakeholders.

Recommendations

Evidence and recording

Feedback from candidates has shown that some of the enjoyment of the Woods to Health Pilot was affected by the formal monitoring procedures (Patient Health and Self-Esteem questionnaires) that they participated in to provide evidence for the SROI analysis. It is recommended that in future iterations or roll-outs of the Pilot:

- R1. The data and figures from this analysis are used to provide baseline data and assumptions that can be applied in assessing future Woods for Health programmes.**

R2. Further clarification to future candidates that participation in the formal monitoring procedures is not compulsory. Where necessary, additional information could be gathered from support staff using their knowledge of clients to capture the impact on their progress towards rehabilitation.

More formal monitoring involving support staff should also focus on their own journeys and progress. The benefits gained by them in terms of new skills and capacities were unexpected. A mechanism for capturing the change for those members of staff involved in supporting clients in future schemes, such as a personal diary or a simple questionnaire, could do this. In addition, the managers of these staff could also be surveyed to capture the benefits and changes that this provides for the wider service.

R3. More formal monitoring to capture outcomes for staff to be built into future schemes.

One key area where an outcome was discounted from the final SROI calculation is around the fact that candidates reportedly made more progress within the Woods to Health Pilot than they would normally make. Although it was reported that this was not sustained after participation in the programme ended. However, this does provide a potential efficiency saving and/or improvement for each mental health service and the wider Community Health Partnership and NHS Tayside. Within the timescale and information available it was difficult to find an accurate way to measure and represent this value. However, it is considered this is an important impact, with a high value, which was been captured in this SROI analysis

R4. Explore mechanisms for capturing evidence on improvement rates in candidates' progress in relation to the type of supported activity in which they are participating. Examine potential effects on the costs and efficiency of services.

For a number of the attribution percentages this analysis relied on assumptions in assessing how much of the Woods for Health Pilot outcomes were caused by the contribution of other organisations or contributors (not included in the impact map). Although this is not unusual in an SROI analysis, it would be useful to have a better understanding of the attribution issues in relation to these specific changes. This would be useful not only from an analysis perspective, but also in terms of identifying other stakeholders who have not been identified as beneficiaries. Where very high attribution percentages were awarded in establishing the impact it is suspected that some of this does 'belong to' the Woods for Health Pilot; without more in-depth investigation and analysis of change this cannot be claimed.

R5. Further evidence gathering and interrogation in relation to the impact of the Woods for Health Pilot to pinpoint other contributors, potential stakeholders and beneficiaries.

R6. Further investigation and analysis of changes where attribution is high to identify and pinpoint more clearly who is responsible for these, and identification of indicators to more successfully demonstrate what is attributable to the Woods for Health Pilot.

Project development

This report and SROI analysis provides an evidence base and case for the extension and development of the Woods for Health Pilot. There are a number of opportunities and formats on which the project could be developed and extended, including:

- in the current, simplest form, the Pilot is repeated for groups of new candidates with the same make-up of services, staff and partners and led by the Rangers at Kinnoull Hill

- additional levels of the John Muir Award are added - allowing existing clients to carry on and maintain their progress
- other staff are involved in supporting candidates in future Woods for Health programmes - allowing the skills and capacity outcomes to be expanded to others and embedded within the health services
- the Pilot is replicated across other mental health services in the NHS Tayside area

A key area of development, or expansion, that needs to be considered relates to 'what happens next' for the participating candidates. Although some expressed their intention to move on to the next Award level, others did not feel they would be able to do so without the support provided by the Pilot. This combined with reports that candidates' progress was not sustained beyond the pilot means there is an additional challenge that now needs to be met.

Expectation and interest have been raised and there is a clear argument for continuing to provide some form of support for those who are unable to continue or sustain this sort of activity on their own. This would allow the momentum and benefits gained by candidates to be sustained and not lost. An 'intermediary step' could perhaps be investigated which would aim to prepare and integrate those candidates who have completed the first Award programme level with other/existing mainstream and publicly available ranger led activities.

R7. Project partners to explore the above options and considerations in developing and expanding the Woods for Health Pilot.

R8. Expansion of the pilot has implications for future input levels. Project partners should also consider and make the case for extending and increasing investment, both financial and staff time, to support the development of Woods for Health. This case could be made on a 'scaling up' of the social value and ratio calculated in this analysis.

Appendix 1: Audit trail and impact map information

1.1 Materiality Check

Information is 'material' if it has the potential to affect the readers' or stakeholders' decision. A piece of information is material if missing it out of the SROI would misrepresent the organisation's activities. For transparency, decisions relating to the materiality of the outcomes analysed for Woods for Health are documented here to show why information has been included or excluded.

During the impact mapping process, the impact map was peer reviewed using a small focus group of greenspace scotland SROI associates in order to query and determine the materiality of the information presented. This assisted in identifying what should be included and what should not be included.

As a result, a number of outcomes were deemed not appropriate for inclusion in the SROI analysis, either because they were not material or data is currently limited. The outcomes that are left out of the Woods for Health Pilot SROI are explained below:

- At an early stage in the process (pre-impact map) outcomes for the carers and families of the candidates taking part in the Woods to Health Pilot were discussed. The outcomes envisaged for this stakeholder group centred on reduced pressure and stress, and increased respite for them as a result of the improvements and progress made by the candidates. Due to difficulties in contacting this stakeholder group these outcomes were discounted due to the fact that evidence of change could not be easily collected, demonstrated or valued and any projection of this could be inaccurate.
- A specific outcome for candidates around 'having fun' was originally included in the impact map. During the materiality check this was incorporated into the wider outcome of 'increased wellbeing'. The fun and enjoyment element is a significant change that was communicated by the candidates as important to them and so needs to be recorded and valued. However, it was felt that claiming it as an additional outcome alongside increased wellbeing would be overstating the level of change and therefore over-claiming outcomes.
- For Forestry Commission Scotland (FCS), a member of the steering group and strategic project partner, two main outcomes were identified. The first was around increased partnership working with the NHS via the delivery of shared priorities. Although there is evidence that this has happened the specific value of this change has been challenging to quantify and until further investigation and discussion on this occurs it cannot be included within the impact map with any confidence.

The second outcome identified by FCS focuses on bringing a new audience to Kinnoull Hill Woodland Park. The beneficiaries of this change can be more easily identified as 'the environment' (i.e. Kinnoull Hill itself) and the new audience (in this case mental health service clients). The value of this change for both these stakeholders has been included. Further analysis and understanding of what difference, or change, the attraction of a new audience to Kinnoull Hill means for FCS is needed before it can be included in the impact map and calculation.

- The John Muir Trust (JMT) identified that the Pilot would support the delivery of the John Muir Award (JMA) objectives around social inclusion, education and personal development. Due to the analysis focusing more specifically on the direct impact to people and services, this outcome has not been traced further. What this changes for the JMA has not been identified; this outcome is therefore only a projection at this stage and cannot be included in this evaluation.

Outcomes relating to opening up of the JMA to a new client group in the Perth and Kinross area and increasing awareness of the JMT were also expressed. Once again changes associated with this were more easily attributed to the candidates themselves and are represented within their outcomes. Further analysis and understanding of what difference or change this provides for the JMT is needed before it can be included in the impact map and calculation.

- An important outcome, with a potentially significant impact for the mental health services, was removed from the analysis due to the fact that an appropriate financial proxy could not be identified. Feedback from staff reported the significant improvement in progress made by the clients during the Woods for Health Pilot. However, consultation with representatives from the NHS and the three services did not establish a viable way of translating what this meant in terms of service efficiency improvements and the resulting saving of resources and time. As this cannot be accurately identified it has been removed from the impact map.

1.2 About the ‘included’ stakeholders

Pilot Participants - ‘Candidates’

The Candidates were drawn from the clients of three Perth and Kinross Community Health Partnership (CHP) and Tayside Health Board services detailed below. Candidates had severe and enduring mental health support needs and were required to be between 16 and 65 and living in the community or at point of discharge from hospital. 8 Candidates were selected to take part; with 7 going on to participate (1 person was unable to do so due to family commitments).

Perth and Kinross Council Ranger Service

The Rangers look after a range of countryside sites across the region, including Kinnoull Hill Woodland Park. They have a key role in developing community use, awareness and knowledge of these areas; supporting groups and volunteers to visit, enjoy and care for the countryside; and, arranging walks, talks and educational activities.

MoveAhead Project (Perth and Kinross CHP)

This service is a local day facility based at Murray Royal Hospital which enables people with mental health support needs to access other services in the community and to take advantage of opportunities that may be on offer. It aims to help people regain confidence and skills and promotes social inclusion in the community.

Birnam Day Centre (NHS Tayside)

The Birnam Day Centre is a forensic day hospital within Murray Royal Hospital which supports patients with complex health and social care needs. Patients travel from all over Tayside to participate in a range of therapeutic activities to support their rehabilitation.

Mental Health Occupational Therapy Service, Murray Royal Hospital (Perth and Kinross CHP)

The Occupational Therapy Service supports people with mental health problems both as in-patients, day-patients and out-patients, within hospital and in community settings. It aims to help people reach their maximum level of function and independence in all aspects of daily life, including: personal independence, employment, social, recreational/leisure pursuits and interpersonal relationships.

NHS Tayside and Perth and Kinross Community Health Partnership

NHS Tayside is responsible for delivering healthcare to more than 400,000 people living in Tayside, providing a comprehensive range of primary, community-based and acute hospital services for the populations of Dundee City, Angus and Perth & Kinross. NHS Tayside’s principal health organisations are Tayside NHS Board, the Single Delivery Unit and three Community Health Partnerships (CHPs) in Angus, Dundee and Perth & Kinross.

Perth and Kinross CHP manages community health services in Perth and Kinross. This includes 26 GP practices, 7 hospitals, clinics and community based services¹. It aims to provide high quality local services, with health services, social services and voluntary organisations working closely together to meet needs.

John Muir Trust (JMT)

The John Muir Trust is a leading UK charity dedicated to the protection of wild land for both nature and people. It runs the John Muir Award, an educational initiative and environmental award scheme focused on wild places. It encourages awareness and responsibility for the natural environment, in a spirit of fun, adventure and exploration.

¹ Figures taken from ‘Your guide to local health and social care services in Perth and Kinross, 2007’

The Environment has also been included as a stakeholder as outcomes relating to people looking after and caring for the environment were realised.

Forestry Commission Scotland (FCS)

The local FCS Conservancy provided support and guidance in the development of and throughout the implementation of the Pilot. The FCS document Woods for Health^m identifies its strategy for woods and health in Scotland for 2009 - 2011. It identifies a key role for NHS Boards and Community Health Care Partnerships in using the outdoors more in public health policy and highlights the potential for green environments to make a significant contribution towards the health agenda. Outcomes for FCS were specifically identified but these have been difficult to value due their strategic nature and so are recorded in this report but not included in the final SROI calculation.

1.3 Stakeholders identified who were excluded

Stakeholder	Rationale
Carers and families of the candidates who took part in the programme	Challenges in terms of identifying and contacting carers which was dependent on the individual situation of each candidate
Perth and Kinross Council	Perth and Kinross Ranger Service represented the Council interest on the Pilot. Future development of the Pilot and/or the Pilot SROI analysis could include outcomes for the Council on a wider basis

^m Forestry Commission Scotland (2009) Woods for Health <http://www.forestry.gov.uk/woodsforhealth>

1.4 Stakeholder consultation and engagement audit trail

Date	Stakeholder	Engagement/consultation focus/stage	Engagement/Consultation mechanism
22 Feb 2010	Woods for Health Steering Group ¹	Agreeing SROI scope, initial thoughts on theory of change, stakeholders and audience	Steering Group meeting
29 Mar 2010	Woods for Health Steering Group	Inputs, outputs and outcomes mapping	Steering Group meeting
Mar 2010	Candidates	Outcomes mapping	Woods for Health application form and one-to-one feedback with support staff
Apr 2010	Candidates	Outcomes mapping	First Woods for Health workshop
Apr 2010	Woods for Health Partners ²	Inputs, outputs and outcomes mapping and identification	E-survey
Apr to Jun 2010	Candidates	Monitoring and reporting change and progress	Rosenberg Self Esteem scale and Personal Health Questionnaire On-going assessment by support staff and ranger during Woods for Health Pilot Candidates log books
29 Jun 2010	Candidates	Consulting on change, value and impact	Focus Group
29 Jun 2010	Woods for Health Steering Group	Consulting on change, value and impact	Focus Group
<i>Augt to Nov 2010</i>	<i>Information and evidence collation and development and initial report drafting</i>		
Nov 2010	Woods for Health Partners	Evidencing outcomes, value/proxies and impact mapping <i>Reviewing/updating of information and data collected to date</i>	E-survey and one-to-one interviews
15 Dec 2010	Perth and Kinross Senior Ranger	Draft impact map review	Brainstorm session
<i>Jan to Feb 2010</i>	<i>Final data collection and final report drafting</i>		
Mar 2011	Woods for Health Partners	Final draft SROI report, analysis and impact map review	Document out for consultation

¹ Woods for Health Steering Group - consists of Perth and Kinross Council Ranger Service, NHS Tayside and Perth and Kinross CHP (Occupational Therapy Murray Royal Hospital, MoveAhead Project, Birnam Day Centre) Forestry Commission Scotland

² Woods for Health Partners - Steering Group plus John Muir Trust

1.5 Outcomes identified but not measured

Stakeholder	Outcome	Rationale
Forestry Commission Scotland	New and improved connections with health partners will lead to future coordination, joint action and pooling of resources	SROI analysis focuses on direct changes and impact on clients and the services and staff involved in supporting and running the Pilot
	Increased use of FCS sites as a health resource – new audience	Need to further clarify and understand what changes as a result of this for FCS (not the audience)
John Muir Trust	Delivery of JMT strategic objectives	SROI analysis focuses on direct changes and impact on clients and the services and staff involved in supporting and running the Pilot
	Increasing awareness of the John Muir Trust and Award Reaching new audiences and developing new partnerships	Need to further clarify and understand what changes as a result of this for JMT (not the audience)
	Participants discovering and experiencing wild places and doing something to look after these places	This outcome was identified as one that benefits the environment

1.6 Information on quantities

Stakeholder	Outcome	Quantity	Explanation of quantities
Candidates	Enhanced individual self-esteem	7	7 candidates benefited from this outcome
	Candidates are more physically active due to use of the outdoors for recreation	252	Number of hours clients report they are more physically active For all 7 candidates the programme provided an additional 4 hours physical activity per week 4 candidates reported undertaking additional outdoor activities each week as a result of the programme, estimated at 2 hours each per week (based on 7 weeks activity as final week was not an 'active' session)
	The project increased candidates' ability and confidence to meet new people	56	Number of 'additional' social activities provided for candidates (number of programme days attended multiplied by number of candidates)
	Candidates move on/progress more quickly within their recovery / rehabilitation services and are able to access more mainstream opportunities, leading towards more independence	7	7 candidates benefited from this outcome
	Candidates developing increased life skills and capacity	7	7 candidates benefited from this outcome
	Feeling better - Candidates report an improvement. Participant complete the full course and report that they have enjoyed it	7	7 candidates benefited from this outcome
Perth and Kinross Council Ranger Service	Staff have confidence, skills and awareness to work with new audience	1.5	2 rangers supported and delivered the Pilot. One was involved on a full-time basis and one on a part/half-time basis.
	Saving money via skilling up of NHS and CHP staff	1	The time of 1 member of staff was saved

Stakeholder	Outcome	Quantity	Explanation of quantities
Perth and Kinross Council Ranger Service (continued)	Cross service exposure and recognition - raised the profile of the ranger service and countryside in relation to delivering a wider range of social benefits - supporting the case for future investment and resource allocation	2	Inclusion and appearance of Woods for Health in 2 Council/CPP committee agendas and papers
Mental Health Services	Staff acquiring new skills/experience in relation to joint agency working/partnership working resulting in personal and professional development and job made easier	3	3 members of staff benefited from this outcome
	Improving staff and client relationships resulting in less stress and fewer difficult situations to manage	3	3 members of staff benefited from this outcome
Perth and Kinross Community Health Partnership, NHS Tayside	Staff development - have skills to support delivery in an outdoor/nature setting	3	3 members of staff benefited from this outcome
	The project provided new resourcing opportunities for mental health services/support in the NHS Tayside area	1	One new project/funding proposal developed
The Environment	People experience wild places and do something to look after them	7	7 people were involved in caring for/looking after Kinnoull Hill

1.7 Information on financial proxies

Stakeholder	Outcome	Description of financial proxy	Value	Source
Candidates	Enhanced individual self-esteem	Average cost of a 1 day self-esteem course	£149.50	Selection from internet search
	Candidates are more physically active due to use of the outdoors for recreation	Equivalent of paying to attend a gym	£5.73	Average hourly rate of 3 public gyms - selection from internet search
	The project increased candidates' ability and confidence to meet new people	Average weekly spend on social activities (broken down from annual average spend)	£10.00	Family Spending 2009 - A report on the 2008 Living Costs and Food Survey 2008
	Candidates move on/progress more quickly within their recovery / rehabilitation services and are able to access more mainstream opportunities, leading towards more independence	Cost of NLP coaching retreat / course	£724.94	Selection from internet search
	Candidates developing increased life skills and capacity	Average cost of personal development course	£515.40	Selection from internet search
	Feeling better - Candidates report an improvement Participants complete the full course and report that they have enjoyed it	The cost of a supported holiday which offers a similar outdoor/nature experience	£1095.00	Via search of holiday providers on MIND website - cost of Vitalise Wildlife Week break
Perth and Kinross Council Ranger Service	Staff have confidence, skills and awareness to work with new audience	Cost of equalities/disability awareness training	£399.00	Sense-Ability, via SROI database
	Saving money via skilling up of NHS and CHP staff	Cost saving of a 2nd ranger on the pilot	£1088.00	Perth and Kinross Council Ranger Service

Stakeholder	Outcome	Description of financial proxy	Value	Source
Perth and Kinross Council Ranger Service (continued)	Cross-service exposure and recognition - raised the profile of the ranger service and countryside in relation to delivering a wider range of social benefits - supporting the case for future investment and resource allocation	Cost of time spent getting a paper to committee	£630.00	Perth and Kinross Council Ranger Service – 2 days per committee = 4 days @£45 per hour (senior staff rate)
Mental Health Services	Staff acquiring new skills/experience in relation to joint agency working/partnership working resulting in personal and professional development and job made easier	Cost of a course on team working/building	£451.00	Selection from internet search
	Improving staff and client relationships resulting in less stress and fewer difficult situations to manage	Cost of courses on dealing with stress and managing difficult behaviour	£997.17	Selection from internet search
Perth and Kinross Community Health Partnership, NHS Tayside	Staff development - have skills to support delivery in an outdoor/nature setting	Cost of training staff in leading countryside/ outdoor activities	£750.00	Equivalent cost of Foundation Countryside Ranger training
	The project provided new resourcing opportunities for mental health services/support in the NHS Tayside area	New funding that partners bring with them as a result of the pilot	£14880.00	Forest for People Funding - in principle contribution
The Environment	People experience wild places and do something to look after them	Value of the time spent by each Candidate - volunteer hours equivalent	£189.76	Using national minimum wage (£5.93 per hour)

1.8 Deductions to avoid over-claiming

In order to calculate the overall impact, the values placed on each outcome have to be reduced to take account of deadweight (what would have happened anyway), attribution (who else contributes to these outcomes) and displacement (where there are negative outcomes for stakeholders which are not included in the impact map).

Deadweight

Deadweight is a measure of the amount of outcome that would have happened even if the activity had not taken place.

The areas of deadweight identified for the Woods for Health Pilot are:

- changes and outcomes for candidates around self-esteem, progress and recovery, feeling better, and the enjoyment and fun gained
- the improvement of relationships between the mental health service staff and clients

It was estimated that 10% of the improvement in candidates' self-esteem during the course of the programme would have happened anyway. Candidates would have been supported in other ways towards rehabilitation by the three mental health services and this would have a positive impact on their self-esteem. Although the candidates reported that the Pilot made a significant difference to their confidence and self-esteem, far beyond what they normally experienced.

In relation to the candidates' recovery and progress towards mainstream rehabilitation, it was projected that 50% of the improvement would have happened anyway through the other support mechanisms provided by the mental health services. Staff reported that candidates' recovery and progress was much more significant and quicker during the Pilot. However, it was also reported that support normally takes the form of individual one-to-one support and so a higher amount of deadweight was placed here, as this one-to-one support was not replicated by the Pilot. For the same reason deadweight relating to candidates' increased life skills and capacity was set at 50%.

Deadweight was calculated lower (at 25%) for the benefits felt by candidates in terms of feelings of wellness/wellbeing ('feeling better') as it was felt that this is significantly different to what they would normally experience. Candidates were asked during the course of the Pilot what other activities they would have to take part in to gain a similar feeling of enjoyment and so it is assumed that some candidates would gain from doing these activities as well. However, the feedback they provided suggested that the Woods to Health Pilot was a different and completely new activity that provided an additional type of enjoyment they did not get or experience elsewhere.

In allocating deadweight to the impact of the improvement in relationships between the mental health service staff and candidates it is suggested that up to 50% of this improvement would have happened anyway. Although the Pilot significantly altered the way in which staff and clients (candidates) engaged with each other, the existing relationship, and the support provided had the Pilot not been run, could also have led to improved relationships. However, it is clear, this would not have occurred to nearly the same extent.

Displacement

Displacement is an assessment of how much of the outcome displaced other outcomes. The only area of displacement identified in the Woods for Health Pilot SROI analysis relates to the increased cross-service exposure and recognition gained by the Ranger Service. This was measured and indicated by the inclusion and 'hits' that have resulted for the Pilot in Council committee agendas and papers. A figure of 10% displacement was identified here

as these inclusions may have taken up space within committee papers and agendas that would have otherwise been available for another issue or to another service.

Attribution

Attribution is an assessment of how much of the outcome was caused by the contribution of other organisations or people. Quite a high level of attribution has been identified for the Woods for Health Pilot. The areas of attribution identified for the Woods for Health Pilot are:

- changes and outcomes for candidates around the increase in their physical activity, ability and confidence to meet new people, progress and recovery rates, and feeling better
- staff skills and personal and professional development in relation to supporting delivery in an outdoor/nature setting and joint agency and partnership working

For the increase in the candidates' physical activity, 25% attribution was identified. Some candidates reported that they were involved in other activities, for example working at the Walled Garden, or going for walks on their own. As previously stated the candidates also provided information on other activities in which they might be involved. It has to be assumed that some increase in physical activity could result from these other sources. This also needs to be balanced with the fact that most reported that the Pilot significantly increased their physical activity and in some cases they did no alternative form of physical activity prior to it.

Benefits gained by candidates, in terms of their increased ability and confidence to socialise and meet new people, was also reported by them as significant. Attribution has been set at 25% for the same reasons as above. For all it provided a significant amount of new and additional social activities and opportunities to meet and talk to new people which they would not have had otherwise. Some reported that without the Pilot they would not have experienced this change at all and some also reported that as a result they do more social activity in their own time.

A very high level of attribution (90%) was estimated for the difference made to client's progress and recovery rates. Although staff and candidates reported this was a major benefit and change, the candidates already receive high levels of support from the mental health services and will also gain this in other ways e.g. from family and carers. Without further in-depth analysis it is not safe to assume that a high proportion of this change can be awarded to the Woods for Health Pilot. To a lesser extent this may also be the case for the candidates expressed improvement in their health ('feeling better') which was indicated by the patient health questionnaire. Attribution for this is awarded at a lower rate (50%) due to the feedback from the candidates that the Pilot provided an additional type of enjoyment that they did not get elsewhere.

For gains in staff skills and personal and professional development in relation to being able to support their clients in an outdoor/nature setting and in relation to new capacities around joint agency and partnership working, attribution has been awarded at 25% each. Staff training and personal and professional development will be provided in other ways, formally and informally, and although they may not directly relate to these specific activities, the skills they gain may be transferrable.

A small amount (10%) of attribution was also allocated to the outcome identified for the Ranger Service staff around the increase in their confidence, skills and awareness to work with a new audience. It was reported that the Pilot has been the main reason for this change, due to the knowledge and skills around working with people with mental health needs being a very specific area of capacity. It was considered that transferrable skills could be developed elsewhere and there was also the possibility of staff awareness being increased by other means such as national campaigns and promotions in relation to mental health.

Drop off

In future years, the amount of outcome is likely to be less or, if the same, will be more likely to be influenced by other factors and so the contribution made by an organisation or activity must be reduced. Drop off is used to account for this and is only calculated for outcomes that last more than one year. The areas of drop off which were identified for the Woods for Health Pilot are:

- staff (ranger and health service) skills and personal and professional development around working with a new audience, joint agency /partnership working and supporting clients in an outdoor/nature setting

For staff skills gained by the Ranger Service relating to working with a new audience, it is projected that these will last for 5 years with an annual drop off of 15%. It is felt that these skills will be sustained, enabling them to work with similar groups in the future. This is comparable with the skills and personal and professional development benefits for health sector staff around joint agency /partnership working and supporting clients in an outdoor/nature setting. These have also been projected to last for 5 years with a drop off of 20% per year. It is felt that these skills will enable staff to more easily participate in, develop and support similar projects in the future. (Drop off for the Rangers is allocated at a slightly lower amount as it is considered they may be more likely to use the skills gained on a more regular basis than the health sector staff.)

1.9 SROI Calculation

The impact figure is derived from 'quantities' times 'value' less percentages identified for all outcomes for deadweight, attribution, displacement and drop off.

Stakeholder	Outcome	Quantity	Value	Less				Impact
				DW	DP	Att	DO	
Candidates	Enhanced individual self-esteem	7	£149.50	10%	0%	5%	0%	£894.76
	Candidates are more physically active due to use of the outdoors for recreation	252	£5.73	0%	0%	25%	0%	£1,082.97
	The project increased candidates' ability and confidence to meet new people	56	£10.00	0%	0%	25%	0%	£420
	Candidates move on/progress more quickly within their recovery / rehabilitation services and are able to access more mainstream opportunities, leading towards more independence	7	£724.94	50%	0%	90%	0%	£253.73
	Candidates developing increased life skills and capacity	7	£515.40	50%	0%	0%	0%	£1,803.90
	Feeling better - Candidates report an improvement Participants complete the full course and report that they have enjoyed it	7	£1,095.00	25%	0%	50%	0%	£2,874.38
Perth and Kinross Council Ranger Service	Staff have confidence, skills and awareness to work with new audience	1.5	£399.00	0%	0%	10%	15%	£538.65
	Saving money via skilling up of NHS and CHP staff	1	£1,088.00	0%	0%	0%	0%	£1,088.00

Stakeholder	Outcome	Quantity	Value	Less				Impact
				DW	DP	Att	DO	
Perth and Kinross Council Ranger Service (continued)	Cross-service exposure and recognition - raised the profile of the ranger service and countryside in relation to delivering a wider range of social benefits - supporting the case for future investment and resource allocation	2	£630.00	0%	10%	0%	0%	£1,134.00
Mental Health Services	Staff acquiring new skills/experience in relation to joint agency working/ partnership working resulting in personal and professional development and job made easier	3	£451.00	0%	0%	25%	20%	£1,014.75
	Improving staff/ client relationships resulting in less stress and fewer difficult situations to manage	3	£997.17	50%	0%	0%	0%	£1,495.76
Perth and Kinross Community Health Partnership NHS Tayside	Staff development - have skills to support delivery in an outdoor/nature setting	3	£750.00	0%	0%	25%	20%	£1,687.50
	The project provided new resourcing opportunities for mental health services/support in the NHS Tayside area	1	£14,880	0%	0%	0%	0%	£14,880
Environment	People experience wild places and do something to look after them	7	£189.76	0%	0%	0%	0%	£1,328.32

	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Present Value	£30,496.71	£2,619.65	£2,118.61	£1,714.35	£1,388.02	£36,484.39

A discount rate of 3.5% has been applied to the value of all future benefits.

In the account that has been created for this SROI the total impact calculation is as follows:

- the total impact (Present Value) calculated from the impact map for Woods for Health is £36,484
- the total investment figure in the same period, to generate this value was £3,924

The SROI index is a result of dividing the impact by the investment. This gives a social return of £9.30 for every £1 invested.

Appendix 2: The Principles of SROI

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

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

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