

Social Return on Investment Evaluation Report

Bums off Seats

October 2011

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

This report was written by Niall Loble and Karen Carrick

Executive Summary

The report provides an evaluation of the social return from investing in the Bums off Seats Wednesday walk.

This report forms part of a series of reports prepared in a two year research programme, *greenspace is good – so prove it!* The programme, funded by the Big Lottery Fund, has supported 10 community groups to apply a SROI approach to one of their activities. This report has been produced in partnership by Bums off Seats and greenspace scotland staff and associates. The analysis was undertaken during 2009 and 2011.

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 analysis identified those most affected by the activity and recorded and valued some of the changes they experienced. These include:

- Participants were able to establish social networks and make new friends as a result of taking part in the programme. There were improvements in physical health for some and in others a slower rate of decline. All experienced an increased sense of wellbeing and said they were feeling more positive and confident
- The same changes were reported by the volunteer walk leaders but to a much more significant extent. Volunteer walk leaders particularly valued the opportunities for social interaction that supporting the walk offered. In addition, they indicated a willingness to take on additional responsibilities as a result of the confidence they had gained. They had acquired many new practical skills which had significantly enhanced the employability prospects of some
- As an organisation BoS has increased its credibility. This was one of its earliest walking models and has been replicated as an example of good practice across Fife. As a result, the walking programme has become more sustainable.

It was found that every £1 invested generated around £4 of benefits. By applying a sensitivity analysis, or varying any assumptions made in the calculation, the value of the benefits derived ranges from £2 to £5).

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1. Introduction

The report provides an evaluation of the social return from investing in a health walk. The report looks at the social value created by the project, from the perspective of those for whom the project made a difference.

The work carried out for this report was undertaken between 2009 and 2011 by greenspace scotland supported by Bums off Seats.

1.1 Background to the *greenspace is good – so prove it!* programme

This report forms part of a series of ten Social Return on Investment (SROI) analyses of community based activities in urban greenspaces. All the analyses were undertaken as part of a two year research programme, *greenspace is good – so prove it!* Supported by the Big Lottery Fund, the programme enabled greenspace scotland to support environmental community groups to use a Social Return on Investment (SROI) approach to measure the value of their activities.

The ten community groups who took part in the programme have been able to identify those groups of individuals and organisations who derive multiple benefits from being able to take part in events and activities in Scotland's greenspaces and have placed a financial value on what the experience is worth to them. This has made it possible to prove the value of the positive effects delivered by activities such as community growing, environmental volunteering, health walks, using greenspace for diversionary activities, and community engagement with parks, youth ranger schemes and cycling activities in wooded areas.

More information on how the identified objectives were fulfilled, learning and recommendations from the programme can be found in the programme overview report¹.

The SROI analyses in relation to *greenspace is good – so prove it!* 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 Bums Off Seats (BoS)

Bums Off Seats (BoS) is a walking initiative delivered in Fife. It is run by Fife Council, Active Fife and Paths for All as a partnership project and currently employs two coordinating staff who manage a network of volunteers running walks in ten locations across Central, East and West Fife.

BoS runs walks to encourage healthier and more physically active lifestyles addressing issues surrounding mental health, physical health and social wellbeing. Walks are free to participate in, and last between 10 minutes and one hour depending on the nature of the group.

The first BoS group to be established was in Dunfermline (Fife) and the group currently meets on Wednesday of each week. Walks run over ten week blocks with three blocks being undertaken across the year.

This analysis explores the value of one defined walk by Bums off Seats. It is important to stress that this SROI report reflects and values only one of the many activities that they offer.

¹ www.greenspacescotland.org.uk/communitySROI

The cumulative value of the myriad of potential activities would be likely to be significantly higher

1.3 Policy context

1.3.1 National policy drivers

BoS's contributes to a number of national policies addressing the National Physical Activity Strategy², which in turn delivers on the Scottish Government strategic commitment to make Scotland Healthier. This overarching document aims to provide mechanisms to support members of the public in meeting internationally agreed targets for adults to undertake at least 30 minutes of physical activity on most days of the week³.

BoS directly delivers at a local level against key actions and objectives of the *Let's Make Scotland More Active* (Feb 2003)⁴ strategy which identifies 4 key outcomes of increased adult physical activity levels:

- reducing risk of coronary heart disease by up to 50%
- reducing risks of some cancers, particularly colon and breast cancer
- reducing risk of Type II Diabetes
- promoting positive mental health

These issues are of particular concern as Scotland has the second highest death rate in western Europe as a result of coronary heart disease and the highest death rate from cancer (colon and breast cancer being the fastest increasing forms of cancer). Furthermore, 2.5% of the Scottish population suffers from Type II Diabetes, and one in five Scots will suffer from a mental health related issue (30% of GP visits are associated with mental health problems.)⁵

In addition, physical inactivity is related to a variety of lifestyle impairments – in 1990 the National Allied Dunbar Survey⁶ identified that in women between 55 and 64 more than half (55%) did not have enough strength in their knees to be able to stand up from an armchair without assistance.

In 1998, six in ten men and seven in ten women in Scotland did not meet internationally agreed recommendations for physical activity, with these figures increasing at an alarming rate. Physical inactivity increases by age until at the age of 74 almost 90% of the population take part in well under these recommended levels of physical activity.

Let's Make Scotland More Active identifies a number of key actions required to address these issues and high amongst them is making local support networks available to provide a wide range of accessible opportunities to support active lifestyles. Walking is identified as a freely available, sustainable and locally obtainable form of physical activity and is an ideal way of delivering the national policy agenda.

Let's Make Scotland More Active identifies barriers to accessible resources, indicating that health professionals should be making the links from the GP to groups, advising people who may not be aware of activities of their existence, encouraging attendance and ensuring that activities are suited to the nature of participants.

² <http://www.scotland.gov.uk/Topics/Health/health/Introduction>

³ <http://broadwayergonomics.com/resources/AHAACSM+2007+Exercise+Guidelines.pdf>

⁴ <http://www.scotland.gov.uk/Resource/Doc/47032/0017726.pdf>

⁵ <http://www.scotland.gov.uk/Resource/Doc/47032/0017726.pdf>

⁶ <http://www.esds.ac.uk/findingData/snDescription.asp?sn=3303>

1.3.2 Regional and local policies

Fife Single Outcome Agreement (SOA)⁷

The Fife Single Outcome Agreement (2009 – 2012) identifies five key local outcomes one of which is 'Improved health and wellbeing in Fife'. It details three further outcomes under this strategic outcome:

- reduced health inequalities
- healthier environments and community wellbeing
- healthier lifestyles

Fife's health is identified as slowly improving, with decreasing levels of heart complaints, cancer, and respiratory diseases. However, this is not the pattern across the whole of Fife, with increased health problems in Fife's most deprived communities, clustered around areas such as Kirkcaldy, Levenmouth, Central Fife (all former coal mining communities) and significant parts of Dunfermline and Glenrothes. Increased health related problems in these communities include: a 100% increase in the premature death rate in comparison with the least deprived areas; lower life expectancy and higher levels of long term mental health problems. Established BoS groups in these areas are helping individuals to address their local circumstances.

Whilst there is some improvement identified in many areas of Fife's health, there are increasing levels of long term conditions that may require management.

There is no direct report stream on the impact of physical activity on adults suffering these conditions (although this information is available for young people aged 13 – 15), several (such as heart disease and incidence rates of some cancers) are widely acknowledged to be linked to physical activity.

Fife Joint Health Improvement Plan (JHIP)⁸

Fife's JHIP, produced and overseen by Fife Health and Wellbeing Alliance, is a detailed strategy encompassing the three principle health related outcomes detailed within the SOA. BoS's delivers against a number of key outcomes within the JHIP, particularly in relation to addressing barriers to physical activity and providing a forum for physical activity for those of working age and in later life. It is focussed on the key communities identified within the JHIP where people are at greatest risk of mental and physical health issues associated with a lack of physical activity.

Outcomes within the JHIP that BoS delivers against are related to meeting all three principle outcomes identified within the SOA.

The JHIP identifies key organisations to deliver the Improvement Plan, and BoS comes within the remit of the Fife Physical Activity Strategy Group.

⁷ <http://www.cvsfife.org/publications/draftsoa.pdf>

⁸ <http://www.cvsfife.org/health/jhipfinal.pdf>

1.4 Social Return on Investment

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

SROI measures social, environmental and economic change from the perspective of those who experience or contribute to it. It can be used to identify and apply a monetary value to represent each change that is measured. The resultant financial value is then adjusted to take account of contributions from others. In this way the overall impact of an activity can be calculated and the value generated compared to the investment in the activities. This enables a ratio of cost to benefits to be calculated. For example, a ratio of 1:3 indicates that an investment of £1 in the activities has delivered £3 of social value.⁹

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

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

1.5 Purpose of the analysis

Bums off Seats wanted to be able to prove the wide impacts of the walk and to demonstrate how it changes lives. By doing this it was hoped to secure continued funding.

⁹ In SROI, 'social' is taken as a shorthand for social, economic and environmental value

2. Scope and Stakeholders

2.1 Scope

This is an evaluative SROI undertaken as part of the greenspace scotland's '*greenspace is good ... so prove it!*' programme.

The Scope of this evaluative study has been limited to looking at the impact of one of the walks, which was held on a Wednesday morning in Dunfermline at Pittencrieff Park and covers the period between April 2009 and March 2011.

The Scope was agreed with all stakeholders at an initial meeting. It was considered unrealistic to undertake a SROI analysis on the full BoS's programme due to the resources that were available, the number of participants and stakeholders that this would encompass, and the requirement for a defined start and end point to be identified.

Dunfermline has been selected as the location for this analysis due to the established nature of the group that meets there. It was also the original site for BoS activity, and acts as a good indicator of what other BoS groups will be delivering throughout Fife.

In April 2009, BoS's employed its first member of staff as a Walking Coordinator for the BoS programme. This was a landmark time for BoS and seems to be a suitable point from which to start the SROI analysis.

2.2 What is BoS in Dunfermline?

The BoS walks run every Wednesday in Dunfermline. The walks are based in Pittencrieff Park in the town centre and utilise the well maintained path network to provide three routes of varying length and nature. Some routes are restricted to the flatter paths, whilst others use the gentle inclines found in the park to provide a slightly more strenuous walk. The shorter routes take 30 minutes to complete, with the longer routes taking up to an hour depending on ability. The group regularly attracts between 20 and 40 walkers of varying abilities, with between 2 and 5 volunteer walk leaders.

2.3 Participants on BoS Dunfermline Walks

In the period of this analysis 328 participants have taken part in BoS Dunfermline walks. This represents an average of 32 walkers in each 10 week block of walks (there are three blocks a year). Over the two year period, 60 walking sessions have enabled 32 individuals to spend around an hour walking which represents 1920 hours of activity. Participants on the walks come from a range of backgrounds and abilities. Some participants have long term, enduring and significant mental health issues and are accompanied by support workers, others are using the walks on recommendation from a GP or health worker to support recovery from a range of health issues. Others are older and are using the walks as a way of retaining physical exercise in later life. The capabilities of the group vary widely, from those able to complete the longer walk in 30 minutes, to those that take nearly an hour to complete the shorter walks. The group is well established with several of the participants having been in regular attendance for several years. Some participants also undertake other walks in the BoS programme across Fife, and several of the volunteers also lead other walks. All the volunteers have been recruited from within the group and show significant enthusiasm and commitment to the BoS programme.

Walkers progress through the levels of walk as they deem themselves able to do so. Each new walker completes a short health questionnaire and provides personal details to the walk leader which are updated as required. Walkers are encouraged to progress through the walk levels and to undertake walking in their own time as their fitness levels improve.

Many of the participants have long term medical or mental health reasons for participating in the walks, or are elderly. As such, in most cases it is not anticipated that participating in a programme of walks will 'cure' or lead to recovery for an individual. It is expected that for most participants, the walks will help manage conditions or reduce the rate of decline. In some instances, participants are using the walks as part of a programmed recovery, for example, after joint replacement.

BoS walks are widely promoted across Fife. GP's surgeries in BoS communities have posters and information leaflets and the Fife Activity Partnership secures promotional routes into hospitals and health care facilities. The NHS, Access Officer (Fife Council), Planning and Transportation (Fife Council), Fife Coast and Countryside Trust and Paths for Health are all actively involved in promoting the programme, and posters and leaflets are widely available.

2.4 Stakeholders

In this SROI analysis, 8 stakeholder groups have been identified.

- Participants in the Wednesday Walks in Dunfermline – these are the people that come along on the walks
- Volunteer Walk leaders on the Wednesday walks are all made up of former participants of the Wednesday walk, or one of the other BoS walking groups. Volunteers are supported with access to training (Walk Leader and First Aid) and are provided with a uniform. On average there are 4 walk leaders on a Wednesday walk, although walk leader volunteers will usually participate in the walk when not engaged as one of the leaders. Volunteers all expressed outcomes similar to participants, but also identified outcomes beyond those expressed by participants
- Bums off Seats – is a Fife based organisation which employs 2 people and arranges the walks. BoS falls under the auspices of Fife Council
- National Health Service Fife – NHS Fife is the local NHS Trust and is involved in all aspects of health care in Fife
- Fife Council – Outdoor Access – Fife Council employ an Access Officer whose remit is to manage outdoor access in many forms. Having statutory duties pertaining to the Land Reform (Scotland) Act 2003, the Access remit of the Council incorporates Rights of Way Legislation and the development and implementation of a Core Paths Plan for Fife. Access Officers also have a role in promoting increased access to the outdoors and as a result are members of the Physical Activity Partnership
- Fife Council - Active Fife – is a department within Fife Council that oversees a wide range of physical activity, promotional and facilitation roles, and includes Bums off Seats. They promote physical activity through a small team of officers in schools and communities and coordinate the delivery of actions related to Fife Council's remit in supporting physical activity. They are represented on the Physical Activity Partnership
- Paths for All – are a partnership organisation based in Scotland who encourage and support the development of path networks and promote the use of paths to support recreational and health agendas. They are a key funder of the Bums off Seats programme and sit on the Physical Activity Partnership.
- Fife Council – Transportation – help exercise the transportation remit of Fife Council. They have a keen interest in supporting and facilitating walking, a form of sustainable transport, and are members of the Physical Activity Partnership

- Friends of Pittencrieff Park – is a user group supporting many aspects of Pittencrieff Park in Dunfermline; the primary focus of the Wednesday walks, such as management, encouraging use and arranging events.

Only 4 stakeholder groups have been included in the impact mapping and evaluation of the project from this point onwards. Some of the stakeholders are collectively included within the Physical Activity Partnership. This is due to considerations about the materiality of stakeholders and related outcomes to the BoS programme, which are discussed in section 5.8.

Additional details in regard to stakeholders and the outcomes excluded can be found in Appendix 5 'Audit Trail'.

2.5 Engagement

Stakeholders have been involved in a number of ways throughout the preparation of the analysis.

Initially meetings were held with Bums off Seats as the applicant to the greenspace scotland *greenspace is good ... so prove it!* programme. This helped to clarify the broad and strategic purposes of the BoS programme and help define the scope that would form the basis of the analysis.

Additional presentations and meetings were held with the Fife Physical Activity Partnership and BoS steering group to inform them of the process of SROI and elicit outcomes that the wider partnership saw being delivered by BoS. During this exercise a simple outcome mapping process was undertaken, detailed in Appendix 1.

Staff and associates from greenspace scotland have attended a number of Wednesday walks. The purpose of attendance was to observe the programme and inform participants of the work that was to be undertaken and in later stages to elicit information in regard to identification and valuation of outcomes. It was during these sessions that the key stakeholders were identified.

Regular correspondence with BoS has been maintained throughout the mapping exercise to help define and clarify the outcomes stakeholders identified. The BoS Project Officer has been an invaluable conduit for information ensuring that regular updates are passed to the steering group and Physical Activity Partnership.

A series of questionnaires were designed to help clarify outcomes to identified stakeholder groups.

- a questionnaire for Carers
- a questionnaire for Participants
- a questionnaire for Volunteer Leaders

These were developed following initial informal discussion with focus groups. These discussions took place in a local café after the walk had finished.

In addition to this, a selection of participants was approached for more in depth discussion which features in the narrative of this report.

A further survey of the participants was undertaken to try and investigate the direct health outcomes which help to justify outcomes pertaining to NHS Fife.

A draft of the analysis was discussed with BoS, walk leaders and interested participants who suggested minor changes. As they had been involved throughout the process they were already familiar with most of the content.

When the analysis was completed, presentations of the key findings were made to participants in the walk, walk leaders and the Fife Physical Activity Partnership. Bums off Seats plan to use the analysis to help to raise funds for the walking programme. The findings in relation to the impact of the Wednesday Walk on volunteers will be used to make the case for continued investment in volunteering and will be shared with other walking groups at a Scottish wide conference.

Members of the Fife Physical Activity Partnership Fife have indicated that they plan to share the findings with colleagues in the organisations they represent.

Stakeholder	Method of Engagement	Date	Number
Participants on Wednesday walk	Individual questionnaires	Walks on November 10 and March 11	45 42
	One to One in depth interviews	November 10	12
Walk Leaders on Wednesday walk	Individual questionnaires	Walks in November 10 and March 11	6 5
	One to One in depth interviews	November 10	4
	Focus Group	March 11	6
Fife Physical Activity Partnership	Focus group/ Individual questionnaires	August 10	8
	Telephone interviews	November 10	2
Bums off Seats	Individual Interviews	June, September and November 10 and March 11	5 1

- Copies of the questionnaires used are included in Appendix 1.

3. Investment in the activity

The total investment in Bums off Seats – Wednesday Dunfermline walks has been calculated at **£12,627.20** over the period April 2009 and April 2011.

This has been calculated using figures supplied by the various partners and stakeholders and is based on:

- Volunteer walk leader time spent on training courses using the national average wage of £15.26 per hour, multiplied by 14 (representing 2 full 7 hour days – 1 for first aid, 1 for the walk leader course) multiplied by the five group leaders who have undertaken this training
- Advertising spent on promoting the walk (a proportion of the overall BoS advertising campaign equitable with that spent on promoting one walk) of £263 which is shared by the various partners on the Physical Activity Partnership
- Paths for All and Bums off Seats also pay for all the training walk leaders undertake at a cost of £500 per course, and it is assumed that one course caters for the 5 walk leaders that gained qualifications from the Wednesday walk
- Bums off Seats has two full time members of staff whose costs over the course of a year come to £5,398 in terms of proportional spend in supporting the Wednesday walk

These figures are based on some common assumptions and on the best information made available. Some degree of flexibility in these costs is reflected in the Sensitivity Analysis later.

4. Theory of change and support for this theory

The Theory of Change behind this SROI analysis is that the BoS Wednesday Walk in Dunfermline will increase physical and social activity within communities that are identified as being at greatest risk of poor health and will reduce health inequalities and promote healthier lifestyles.

These outcomes are delivered through the provision of supported outdoor recreational walking in an organised group run on Wednesdays in Dunfermline, Fife. The walks deliver better health and wellbeing through physical activity and social contact.

There is significant evidence that regular exercise delivers a wide range of health benefits¹⁰ and is able to :

- reduce the risk of coronary heart disease and stroke
- lower blood pressure
- reduce high cholesterol and improve blood lipid profile
- reduce body fat
- enhance mental well being
- increase bone density, hence helping to prevent osteoporosis
- reduce the risk of cancer of the colon
- reduce the risk of non-insulin dependent diabetes
- help to control body weight
- help osteoarthritis
- help flexibility and co-ordination hence reducing the risk of falls

An International Health Conference in Canada in 1996 agreed that adults should be undertaking 'at least 30 minutes physical exercise on most days of the week'. Walking is recognised as being one the most accessible forms of exercise.

Fife's Single Outcome Agreement identifies Dunfermline as being one of several areas in Fife where communities face barriers to accessing physical activity and are at increased risk of associated health issues.

4.1 Change for stakeholders – summary

4.1.1 Participants

Taking part in the Wednesday walk in Dunfermline has proven to be a very popular activity with participants. In the course of surveys to investigate the outcomes they experienced from being part of the group, the participants reported the following outcomes in order of importance:

- Meeting new people – social interaction

This relates to social wellbeing and the mental health of the participants and the provision of an opportunity to socialise with like-minded people. In many cases, participants reported that they lived lives that removed them from social interaction (such as living alone, coping with mental or physical health issues, or simply not having time) and that the Wednesday walk helps to overcome this. For many participants, this extends beyond the scope of the walk

¹⁰ Richard Davison and Stanley US Dept of Health and Human Services 1996, Physical Activity and Health: A report of the Surgeon General, British Heart Foundation 2000, Walking the Way to Health Newsletter 5. Grant 1993, 'Is Walking Sufficient Exercise for Health?' in Sports Medicine 16 (6): 369-373

itself. A monthly evening meal attracts in excess of 25% of the participants, and the annual Christmas meal is attended by the majority of the group – these activities are organised entirely by participants with no outside help.

- Physical Health – no decline

This relates to the fact that many participants have enduring physical health issues from which they will not recover. The walk helps to counter the effects of existing conditions such as arthritis. In some instances, participants reported more positive physical health improvements, particularly in regard to recovery from operations and losing weight.

“I have lost approximately 1 stone since starting – not all due to the walks but generally being more active.”

- Mental health – feeling happier:

Participants agreed that undertaking the walk made them happier. This again extended beyond the actual walk itself (where participants do feel happier whilst taking part) to their wider lives where involvement in the walk creates feelings of happiness throughout the periods between walks

“I lost my husband and my daughter suffers from Asperger’s’ ... left me feeling very depressed. Used to walk when younger but had stopped and was becoming isolated. Wednesday walks have allowed me to start walking again and get some ‘me time’ back for myself.”

Lesser outcomes, but still of value to participants were:

- The opportunity to get out of the house, the routine and structure to people’s lives the walks provide, the opportunity to volunteer and learn new skills if they so desired, increasing levels of personal confidence associated with being outside, participation in a group situation which they might not otherwise have been able to do.

“Walking with a group gives structure to my week and helps me to get out and about. I would not have the confidence to visit the walks on my own as I would fear from my safety and security – being with a group overcomes this.”

4.1.2 Volunteer walk leaders

Volunteer walk leaders all reported the same changes in their lives and experienced the same outcomes as participants, but placed a much stronger emphasis on the opportunity to volunteer and learn new skills.

5 of the volunteer walk leaders have undertaken, and achieved, Walk Leader and First Aid certificates. This has increased their levels of confidence and given them practical skills (administration, planning, team working etc.) to enhance employability or volunteering prospects.

“I suffer from ME (Myalgic Encephalopathy). This had led to series of problems in my life; I lost my job, had financial problems, lost my self-confidence and so lost my friends and social life, my physical fitness declined and I stopped riding; one of my passions and hobbies. Since participating in the walks, my life has changed immeasurably and I have turned a corner. My doctor initially suggested that I take part in the walks, and so I joined the group. Since I started, it’s fair to say my life has changed completely! The Wednesday walks have helped to motivate and enthuse me again. I have met new people and made new friends, my self-confidence has grown and this has allowed my life to improve in other areas; I am now starting at University,

have a social life and a boyfriend, my physical fitness has improved and I am riding again. The Wednesday walks have been a part of a whole life improvement for me."

Volunteer and Participant for 4½ years

4.1.3 Bums off Seats

Bums off Seats are primarily a facilitating agency and, in this case, many of the perceived outcomes experienced by the group actually 'belong' to participants. However, the Wednesday walk has enabled the organisation to extend its reach and increase its credibility by using volunteer walk leaders to provide a service. The ability to provide services in this way has been acquired as a result of approaches piloted in the Wednesday Walk. This way of working has generated substantial savings.

- Increased volunteering

Bums off Seats have a direct outcome in that they have a substantial body of volunteers to help manage walks and this increases the longevity, scope and number of walks that Bums Off Seats can manage and significantly reduces costs.

4.1.4 NHS Fife

NHS Fife was not able to identify any outcomes for their organisation. However, in questioning participants, a number reported outcomes that actually belonged to the NHS rather than to them. These relate to reliance on formal health care. As it was not possible to get figures from the NHS on the impact that participation in an identified supported walking group might have on the NHS as an organisation, willing participants completed an anonymous questionnaire on their own health. Two outcomes became apparent:

- Number of visits to a GP

During the survey approximately 15% reported that they had needed to see a GP fewer times a year since starting the walk, whilst 3% reported they had required to see a GP more often (although it should be stressed that this fact was unrelated to walking)

- Reduction in Prescription Medicines

During the survey approximately 3% reported that they had required to take fewer prescription medicines each year since starting the walk, whilst 9% reported that they had required to take more medication.

These results reflect both negative and positive outcomes for the NHS; but the data should be used with caution as it comes from participants and therefore is an assumed outcome belonging to the NHS. The total impact of these outcomes is very small and has been excluded from the calculation of the ratio.

5. Outcomes and evidence

The tables below demonstrate the relationships for all stakeholders between the inputs, outputs and outcomes and include information on the sources of evidence.

Not all stakeholders have outcomes associated to them. This is because there are a number of stakeholders in this project who act as enablers; they facilitate activity through strategic support or funding, rather than deliver it directly. However, in some instances, there are inputs from these stakeholders that need to be reflected. In addition, there are negative outcomes that need to be recognised within this process.

5.1 Participants

Table 1 - Participant Input, Output and Outcome

Input	Output	Outcome
<p>Time to attend the Wednesday walks and ancillary activities directly associated such as the Christmas meal and monthly evening meets</p>	<p>Attendance at the Wednesday BoS Walks in Dunfermline</p> <ul style="list-style-type: none"> • On average, 32 people participate in each walk, with 3 blocks of 10 week sessions <p>Establishment and continued support for additional social activities</p> <ul style="list-style-type: none"> • 30 people from the Wednesday walks have attended the Christmas meal each of 2009 and 2010 • 12 people regularly attend the monthly evening meal get-togethers 	<p>Maintained or improved physical health leading to a better quality of life and improved life chances</p> <p>Improved self-motivation – the ‘reason to get out of bed in the morning’ – resulting in greater confidence, for example, in feeling empowered to undertake self-motivated activities such as visiting the shops or undertaking additional recreational pursuits</p> <p>Establishing new social connections, building new friends and social networks that extend beyond the weekly walk into other activities which results in improved social and mental wellbeing</p>

5.2 Volunteer walk leaders

Table 2 - Volunteer Walk Leaders Input, Output and Outcome

Input	Output	Outcome
<p>Time to attend the Wednesday walks</p> <p>Time to participate in training and travel to walks (which may be out-with their local area)</p> <p>Willingness to volunteer and take on further responsibilities which includes attending some additional meetings</p>	<p>Attendance at the Wednesday BoS Walks in Dunfermline</p> <p>On average, 4 volunteer walk leaders have supported each walk, with 3 blocks of 10 week sessions</p> <p>Achievement of learning;</p> <ul style="list-style-type: none"> • Basic First Aid course • Walk Leader Training <p>Achievement of learning;</p> <ul style="list-style-type: none"> • Basic First Aid course • Walk Leader Training 	<p>Maintained or improved physical health leading to a better quality of life and improved life chances</p> <p>Establishing new social connections, building new friendships and social networks that extend beyond the weekly walk into other activities which results in improved social and mental wellbeing. It should be noted that whilst participants and walk leaders alike expressed that social interaction was an important element of the walks, this was more highly valued by the volunteer walk leaders</p> <p>Improved self-motivation – the ‘reason to get out of bed in the morning’ – resulting in greater confidence for example in feeling empowered to undertake self-motivated activities such as visiting the shops or undertaking additional recreational pursuits</p> <p>Increased levels of confidence, knowledge and practical skills (administration, planning, team working etc.) to enhance employability or volunteering prospects</p>

5.3 Bums off Seats

Table 3 - Bums off Seats Input, Output and Outcome

Input	Output	Outcome
<p>Funding and staff time Training Uniforms Support and coordination of the project</p>	<p>A substantial volunteer workforce supporting the delivery of Bums off Seats in Fife which includes a number of volunteer leaders in Dunfermline</p>	<p>As a result of the Wednesday Walks BoS can recruit, train and retain volunteer walk leaders who provide services that would otherwise have to be provided by paid staff. This represents a cost saving. Volunteers acquire the requisite experience by participating in the Wednesday Walk. This allows BoS to expand the scope of the programme on a Fife wide basis as it is possible to provide more walking opportunities on reduced costs</p>

5.4 National Health Service, Fife

Table 4 -NHS Fife Input, Output and Outcome

Input	Output	Outcome
<p>NHS Fife's input into the project is reflected in their support for the Fife Physical Activity Partnership, Burns off Seats Steering Group and also within the inputs provided by carer staff</p>	<p>Fewer General Practitioner or health staff appointments as a result of participants' physical, social and mental health conditions getting better, or not getting worse</p> <p>Decreased prescription medication as a result of a decreased dependence on drug related treatment options and as a result of illness not occurring due to improved physical health.</p> <p>Increased General Practitioner or health staff appointments and increased prescription medication. These are negative outputs which were identified and so must be included – however, participants stressed that this was either due to long lasting health complications unrelated to the walks or for other un-associated issues. It is necessary to include these outputs, as it is possible that both the positive and negative outputs are influenced by external factors. (addressed later in this report in more detail)</p>	<p>The eventual outcome would be a decreased requirement for GP's; however it is more realistic to suggest that the actual outcome is that GP's in the Dunfermline area have slightly less pressure as a result</p> <p>Reduced requirement for drug therapies to be implemented</p> <p>It would be anticipated that the end outcome for the NHS would be reduced costs</p>

5.5 Stakeholders who have inputs, but no outcomes

A number of stakeholders have been identified, either collectively or individually, who have no identifiable outcomes associated to the Wednesday walks, but who do have an appreciable input..

Carers –Nine carers are registered as part of the Wednesday walk programme. These carers act on a one to one basis with the clients and therefore support nine participants in the walk. Participants who are accompanied by a carer have this support for various elements of their lives on an on-going basis. As clients participating in the programme would have a carer regardless of their participation, the costs of carers are not included as an input – care costs would exist regardless of the walk. Some work was undertaken to see if attendance at the Wednesday walk impacted on the carers, or if participation decreased the need for carers. However, carers did not identify any material outcomes, and there was no evidence that the Wednesday walks impacted on the requirement for care.

Fife Physical Activity Partnership – This body represents many of the community planning partners in Fife with a specific remit to oversee the coordinated efforts of those working in physical health in Fife. They have a broad remit which includes Bums of Seats. The partnership brings immense added value to the programme providing a platform for promotion into the formal health sector and Fife-wide links to GP's, nurses and hospitals, resulting in referrals to BoS walks. In addition, they offer strategic support to the programme by ensuring that it has a high internal profile. The support and close partnership between BoS and this group is key in ensuring the continued success of the programme. Between them the group contribute toward the delivery of training for volunteers and promotional materials.

5.6 Negative Outcomes

It is vital that when undertaking an SROI analysis all outcomes are considered both positive and negative.

The majority of outcomes identified by stakeholders are positive outcomes – those that provide beneficial changes. Two negative outcomes have been highlighted related to increased use of prescribed medication and increased visits to doctors and GPs.

Whilst there is a discussion on materiality of outcomes is later in this report it is appropriate to provide some background information at this point. As the NHS was not able to provide evidence to support the delivery of outcomes in BoS Wednesday walks, it was necessary to seek information from participants through a questionnaire. If it is assumed that the positive outcomes identified are material, then based on the same information, it must also be assumed that any negative outcomes are also material.

In both cases, positive and negative, this is considered further in the sensitivity analysis.

5.7 Valuing Outcomes

SROI places value using a process of assigning financial proxies. A series of indicators are used to measure progress toward the overall stakeholder outcome that is achieved. A financial proxy is then identified to express the value of the outcome that is delivered by the project.

The following table shows stakeholders, their outcomes, the indicator used to measure the outcome, how this was measured, the quantity of the measure, how long the effects last and ultimately the value.

A full description of the assumptions, quantities and calculations can be found in appendix 2. In the case of Bums off Seats, the following forms of financial proxy have been used:

- Costs of training or courses that develop the variety of skills acquired through the Wednesday walks
- The average spend on activities that deliver a similar outcome
- Cost savings made as a result of reduced spending in other areas to achieve the outcome
- The value or the contribution of individual/stakeholders
- Contingent valuation – where an outcome may not have a readily identifiable financial value, stakeholders are asked to identify something which does have a recognised financial value and which they think delivers similar benefits to the outcome that is being achieved.

Table 5 below describes and explains the total value of the financial proxies used to calculate the impact of the outcomes for each stakeholder.

Stakeholder	Outcome	Financial Proxy Description	Explanation	Total Value
Participants	Feeling better/happier as a result of increased opportunities, meeting new people, establishing new friendships and social connections	Average cost of various different local sports and social clubs	<p>There was no obvious alternative club that participants might join so an average of membership fees from a variety of sources was taken. This was estimated at £14.99.</p> <p>To check that the outcome was valued correctly the best way of valuing the social benefits was discussed with participants who undertook a contingent valuation exercise. When asked to indicate the worth of the social value that the walks created they equated the sense of pleasure and satisfaction achieved to that of a 'special occasion' meal</p> <p>As each individual has taken part in 24 additional/ new instances of social contact the value of the financial proxy is £14.99 x 24 or £359.76</p>	£359.76
	<i>Alternative indicator etc. for same outcome</i>	<i>The cost of a typical set menu pub meal (two mains for £10.00)</i>		£5.00
	Maintaining or not eroding current physical health and fitness levels	Cost of a swimming session as a form of low impact physical activity (taking a 10 week block discounted rate)	<p>When asked what other activity participants might take part in swimming was the most common preferred option. However it has to be noted that facilities are not readily available and that many participants indicated they would only feel comfortable walking. The cost of a local swimming session is £2.33.</p> <p>As each individual has taken part in 60 physical activity sessions which have maintained or sustained levels of health and physical fitness the value of the financial proxy is £2.33 x 60 or £139.80</p>	£139.80

	Improved independent activity through improved self-motivation	The saved cost of a home delivery of shopping from a supermarket based on improved motivation to do it yourself	The activities identified that were undertaken independently were very wide ranging. The most common one identified was going shopping. A weekly delivery of shopping costs around £4. As each individual has taken part in at least 60 additional independent activities the value of the financial proxy is £4 x 60 or £240	£240.00
	<i>Alternative Financial Proxy for this outcome/indicator</i>	<i>The Contingent Value placed on this by participants was equivalent to a cup of tea and a slice of cake at a tearoom with their friends each week at £5.00</i>		£5.00
Volunteer Walk Leaders	Feeling happier/better as a result of increased opportunities, meeting new people, establishing new friendships and social connections	a short holiday	The best way of valuing the social benefits the walk provided was discussed with volunteer walk leaders who undertook a contingent valuation exercise. When asked to place a value on what the walks were worth they equated the sense of pleasure and satisfaction achieved to that of a 'short break' or £150. As each individual has taken part in 6 sustained periods of social contact/ spent quality time with friends the he financial proxy is £150 x 6 or £900	£900
	Maintaining or not eroding current physical health and fitness levels	Cost of a swimming session as a form of low impact physical activity	When asked what other volunteer walk leaders might take part in swimming was the most common preferred option. The cost of a local swimming session is £2.33. As each individual has taken part in 60 physical activity sessions which have maintained or sustained levels of health and physical fitness the value of the financial proxy is £2.33 x 60 or £139.80	£139.80

	Improved independent activity through improved self-motivation	Life coaching/ personal development course	Those walk leaders who identified this as an outcome valued it very highly. For two of the participants volunteering had been a way of tackling severe depression and had provided a path back to employment. The value of a life coaching/ personal development course is £250 and £300 This is valued for each year of the programme.	£576
	Learning new skills and gaining personal development and then being able to use these skills for the benefit of a local group	The cost for delivering a Walk Leader Training Course and a Basic First Aid Training Course	It was agreed with walk leaders that the best way of valuing the practical skills they had gained was the cost of a training course.	£150
Bums Off Seats	Sustainability of programme through support for volunteering	Hourly rate for an external professional health walk leader	Actual cost to Bums off Seats if services had to be provided by paid staff	£19.75
NHS Fife	<i>Reduced costs through reduced demand for GP appointments</i>	<i>Average cost of a visit to a GP surgery</i>	<i>The National Audit Office (2000 figures)</i>	<i>£10.55</i>
	<i>Reduced costs through issuing fewer prescription medication</i>	<i>Cost of an average generic prescription medication to the NHS</i>	<i>The Department for Health (2009 figures for a "generic medicine")</i>	<i>£3.96</i>
	<i>Increased costs associated with increased demand for GP visits</i>	<i>As above</i>	<i>The National Audit Office (2000 figures)</i>	<i>£10.55</i>
	<i>Increased costs through issuing increased numbers of prescription medication</i>	<i>As above</i>	<i>The Department for Health (2009 figures for a "generic medicine")</i>	<i>£3.96</i>

Table 6 Indicators and financial proxies

Stakeholder	Outcome	Indicator	Source	Quantity	Duration	Financial Proxy Description	Value
Participants	Feeling happier as a result of increased opportunities, meeting new people, establishing new friendships and social connections	Number of new/ additional instances of social contact	Bums off Seats records inform the numbers	24	Within the scope of this report an evaluative approach over 2 years is undertaken	Average cost of various different local sports and social clubs	£14.99
	Maintaining or not eroding current physical health and fitness levels	Number of participants reporting an Increase in fitness levels	Bums off Seats records inform the numbers	32	2 years (see above)	Cost of a swimming session as a form of low impact physical activity	£2.33
	Improved independent activity through improved self-motivation	Number of additional independent activities reported / shopping trips	Bums off Seats records inform the numbers	27	2 years (see above)	The saved cost of a home delivery of shopping from a supermarket based on improved motivation to do it yourself	£4.00
	<i>Alternative Financial Proxy for this outcome/indicator</i>					<i>The Contingent Value placed on this by participants was equivalent to a cup of tea and a slice of cake at a tearoom with their friends each week at £5.00</i>	£5.00

Stakeholder	Outcome	Indicator	Source	Quantity	Duration	Financial Proxy Description	Value
Volunteer Walk Leaders	Feeling happier as a result of increased opportunities, meeting new people, establishing new friendships and social connections	Number of new/ additional instances of social contact	Bums off Seats records	6	2 years	The volunteer walk leaders were asked to assign a Contingent Value on this outcome from a range of scenarios – they all selected a short holiday as of equitable value	£150
	Maintaining or not eroding current physical health and fitness levels	Number of participants reporting an Increase in fitness levels	Bums off Seats records	6	2 years	Cost of a swimming session as a form of low impact physical activity)	£2.33
	More independent activity through improved self-motivation	Number of additional independent activities	Bums off Seats records	3	2 years	Life coaching /personal development course	£288
	Learning new skills and gaining personal development and then being able to use these skills for the benefit of a local group	Number of certificates issued	Bums off Seats records	5	The duration of this outcome extends beyond the two year scope of this SROI and is assumed to last 4 years	The cost for delivering a Walk Leader Training Course and a Basic First Aid Training Course	£150

Stakeholder	Outcome	Indicator	Source	Quantity	Duration	Financial Proxy Description	Value
Bums off Seats	Sustainability of programme through support for volunteering	Number of hours worked by volunteer walk leaders during the scope of the SROI (annual)	Bums off Seats records	240 hours a year (based on 4 volunteers, 30 walks a year, 2 hours per walk)	2 years	Hourly rate for an external professional health walk leader	£19.75
NHS Fife	<i>Reduced costs through reduced demand for GP appointments</i>	<i>Number fewer GP visits made each year</i>	<i>A questionnaire was asked to a representative sample of 22 of the group who responded with details of their medical health. These results were then converted into proportional figures for the participants as a whole</i>	30	2 years	<i>Average cost of a visit to a GP surgery</i>	£10.55
	<i>Reduced costs through issuing fewer prescription medication</i>	<i>Number fewer of prescription medications taken</i>		2	2 years	<i>Cost of an average generic prescription medication to the NHS</i>	£3.96
	<i>Increased costs associated with increased demand for GP visits</i>	<i>Number of increased visits to GP each year</i>		6	2 years	<i>Average cost of a visit to a GP surgery</i>	£10.55
	<i>Increased costs through issuing increased numbers of prescription medication</i>	<i>Number of increased number of prescription medications</i>		12	2 years	<i>Cost of an average generic prescription medication to the NHS</i>	£3.96

Table 7 An explanation of quantities

There are 30 walking sessions provided each year each of which is attended by an average of 33 individuals. This equates to 984 individual walking sessions. An average of 4 volunteer walk leaders attend each of the 30 sessions. This equates to 120 walk leader volunteering opportunities. As the analysis covers a two year period these figures have been doubled.

Stakeholder	Outcomes	Quantity	Assumptions
Participants	Social interaction resulting in opportunities to meet new people and new friendships to become established, improving the social life of participants	24 individuals took part in 24 additional social activities	Of the 32 individuals surveyed 75% indicated that this was the most important outcome from the walks
	Improved fitness	32 individuals took part in 6 activity blocks or 60 sessions	All participants reported varying degrees of improvement in levels of fitness
	Improved motivation and self sufficiency	27 individuals reported an increase of at least 60 regular independent activities	Of the 32 individuals surveyed 90% indicated that this outcome was achieved
Volunteer Walk Leaders	Social interaction resulting in opportunities to meet new people and new friendships to become established, improving the social life of participants	6 individuals reported new enduring friendships and spent a lot of time together in each walking block	Of the 6 walk leaders surveyed all reported that this was the most important outcome from the walks
	Improved fitness	6 individuals took part in 6 activity blocks or 60 hours of walking	All walk leaders reported varying degrees of improvement in levels of fitness
	Improved motivation and self sufficiency	3 individuals each reported an significantly increased confidence and self-motivation resulting in regular independent activities	50% of walk leaders indicated this outcome was achieved
	Acquisition of practical skills resulting in better confidence and improved prospects	5 individuals gained First Aid and Walk Leader certificates	5 individuals took part in training
Bums off	Trained and experienced volunteers who	240 volunteer hours	Number of hours provided to the walking

Seats	deliver services		programme from Bof S records
NHS	<p>Fewer visits are made to Gps which has a potential impact on costs for the NHS</p> <p>Fewer prescription medicines are required which has a cost saving implication for the NHS</p> <p>Increased visits are made to GP which has a potential impact on costs for the NHS</p> <p>Fewer prescription medicines are required which has a cost saving implication for the NHS</p>	<p>15 fewer GP visits per year (5 x 3x 2 =30)</p> <p>3 fewer prescribed medication per year (1 x1x 2 =2)</p> <p>3 additional GP visits per year (1 x 3x2 = 6)</p> <p>6 additional prescriptions per year (3 x 2 x2 =12)</p>	<p>15% of respondents suggested that since participating in the Wednesday walks they had required to see the GP less frequently, on average 3 fewer per year</p> <p>3% of respondents suggest that since participating in the Wednesday walk they had required to take 1 fewer prescribed medications per year</p> <p>3% of respondents suggest that since participating in the Wednesday walk they had needed to see a GP on average 3 more times a year</p> <p>9% of respondents suggested that since participating in the Wednesday walks they had needed more medication; on average an additional 2 prescriptions per year</p>

5.8 Materiality Check

It is important when undertaking a SROI analysis that care is taken not to duplicate outcomes or to exaggerate or understate their importance in the overall social value that is created. In order that this is not the case for this study, at an early stage and at several points throughout the engagement and consultation with stakeholders, discussions took place on key outcomes and the financial proxies that should be used to value them.

- All participants in the walks (including the walk leaders) were included as a single stakeholder. It soon became clear that the walk leaders experienced outcomes that were not shared amongst all participants and it was also apparent that the value placed on outcomes shared between walk leaders and participants varied significantly. This is most notable in the outcome relating to the social wellbeing – making friends – in which, during a Contingent Valuation exercise, the walk leaders suggested a significantly higher value than the participants. It was therefore necessary to reflect these two groups as separate stakeholders and to use different, and more appropriate, financial proxies with each.
- On most occasions walk leaders participate in the walk even if they are not actually leading it. To avoid double counting, all the outcomes they experience are valued only as walk leaders and not as participants.
- During the early stages Fife Council was identified as a potential stakeholder in both access and health terms. However, their engagement is primarily through the Fife Physical Activity Partnership, and as they did not have any significance as an individual stakeholder out-with this group, they are included within the Partnership.
- Carers were considered to be a potential stakeholder as several participants can only participate in the group with a carer. However, through discussion, it became clear that carers valued the Wednesday walk primarily for the benefits it delivered for their client's wellbeing, and so carers were not identified as having a material outcome specific to them.
- The Fife Physical Activity Partnership is a strategic group that supports Bums off Seats and the Wednesday walk. This group is primarily interested in supporting the facilitation and coordination of activity, and the outcomes that the Partnership identified were actually benefits for the participants. The Partnership do have inputs into the process that must be accounted for but do not derive direct outcomes.
- It was anticipated that NHS Fife would be a key stakeholder from the outset and in the course of the analysis. The outcomes identified in discussions with NHS Fife related more to benefits in relation to the health and wellbeing of the participants rather than direct outcomes associated with the NHS. However, it became apparent during the course of the analysis that the NHS was potentially deriving outcomes associated to cost savings as a result of improvements, or reduction in decline, in the health of participants. It was not possible to elicit figures from the NHS on the cost savings which might be achieved through the Bums of Seats Wednesday walks or a similar activity. These outcomes are not considered to be material as their impact is very small. If it had been possible to identify a more robust method of measuring the resultant changes then the value attributed to them and the amount of impact might have been substantially greater.
- Bums off Seats, as the main focus for this SROI, initially had a more substantial list of outcomes. As was the position with carers and the Partnership, many of the outcomes identified related to those experienced by the participants and as a result were incorporated into the outcomes associated with that particular stakeholder group. Bums off Seats are a vital organisation in the delivery of the Wednesday walks in regard to the

support, coordination and organisation of the events, but only have one outcome associated to them as stakeholders.

6. Impact

Tables 1 to 7 described in earlier sections detail the stakeholders, inputs, outputs, outcomes and relate these to financial proxies and assign values to them. They also explain how quantities have been calculated. However, these values need to be adjusted to derive the overall social impact in terms of deadweight, displacement, attribution and drop off.

Deadweight refers to what would have happened anyway without the intervention of the Bums off Seats Wednesday walk.

Displacement applies when one outcome is achieved but at the expense of another outcome, or another stakeholder is adversely affected.

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

Outcomes which will continue to have a value in future years cannot be expected to maintain the same level of value for each of these years. This is dealt with by assuming that the value will reduce or 'drop off' each year.

Table 9 illustrates the account that has been taken of each of these factors.

6.1 Deadweight

If we assume that the various stakeholders had not been involved in the Wednesday walks, what proportion of the outcome (and by implication, the associated value) would have occurred anyway?

The majority of participants on the Wednesday Walk are over 65 and the average number of older people who meet the physical activity targets is 15%. In relation to improved physical health and fitness deadweight of 15% for participants has been assumed.¹¹

The walk leaders are significantly younger and the average number of adults who meet activity targets is 34 %¹², accordingly deadweight for walk leaders has been set at this figure.

Improved motivation was a significant outcome reported by participants, and many participants reported that the Wednesday walks were the primary focus for regular 'getting out of the house' activity in the week. It would be wrong to assume that in the absence of the walks another activity could not provide this motivational outcome. However given that the participants did report that this was a key outcome delivered by the Wednesday walk, a relatively low deadweight factor was added.

The three volunteer walk leaders, who also identified improved motivation as an outcome, credited the structure and personal support provided by the walk as the main reason they were able to overcome feelings of depression and isolation. As a consequence deadweight does not apply.

Improved social contact was the most important outcome for both participants and walk leaders. Both groups claimed that this had happened as a result of the Wednesday Walk and would not have happened from any other activity and hence deadweight does not apply.

¹¹ http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsStatistics/DH_4098712

¹² <http://www.ic.nhs.uk/pubs/hse06cvdandriskfactors>

In relation to the skills acquired by volunteering the average % of adults who volunteer is 28% and this figure has been applied.¹³

6.2 Displacement

Displacement recognises that as a result of an outcome related to the activity, in this case the Wednesday walks, an activity elsewhere may be displaced or adversely affected.

Whilst displacement is not a significant factor, a low level of should be allocated to the Bums off Seats outcomes in regard to funding and volunteering. This reflects the fact that if the Wednesday walks programme was not being run in Dunfermline, or indeed, if Bums off Seats was not occurring at all, the funding would potentially be available for another project, or a project in another area. In addition, a low displacement factor is added to the volunteer element to recognise the fact that some of the volunteers involved in the project might have volunteered for another organisation were they not supporting Bums off Seats. The figures used are based on discussions with volunteers, only one of whom indicated that they took part in other volunteering opportunities.

The displacement values applied are low in recognition of the fact that displacement is a minor factor in this project.

6.3 Attribution

Attribution allows us to recognise that the outcomes identified may have been achieved as a result of the contribution of other projects, people or activities.

The nature of the Wednesday walks means that they take up a relatively small part of the participants lives. It is therefore important to consider and reflect the likelihood that the outcomes achieved will have been made possible by contributions from out-with the Wednesday walks.

Improved social contact was the most important outcome for both participants and walk leaders. Both groups claimed that this had happened as a result of the Wednesday Walk and did not occur as a consequence of any other activities and hence attribution does not apply.

In regard to the participants it is considered that the motivational outcome experienced is contributed to by other elements in participants' lives. Through discussion with the group, this outcome was identified by a significant number of the participants. The remainder expressed the view that they took part in the walk simply as a part of their week and undertook other activities completely unrelated to the Wednesday walk.

A higher level of attribution is applied to the Walk Leaders in this regard. This reflects the fact that several of the volunteers work on more than one walk, and so it is appropriate to reflect that the Wednesday walk contributes a part of the total motivational value created by the whole Bums off Seats walking programme.

In regard to the outcome for Bums off Seats related to volunteering, a low level of attribution has been applied. Whilst the majority of volunteers on the Wednesday walk have come from the walking group as participants, some volunteers have previously been volunteers in other areas. This has happened as a result of local advertising in a wide number of outlets. The

¹³ http://www.vds.org.uk/Portals/0/documents/SHS2009_VolunteeringExtract.pdf

contribution of these other agencies in helping to provide volunteers is reflected in the level of attribution awarded.

By far and away the largest area where attribution needs to be applied is in relation to the assumed outcomes of the NHS. These outcomes relate to the potential cost savings to be made through decreased dependence on medication and GP visits (and the associated negative outcomes related to increased use/visits). During consultation with participants it became very clear that many of this stakeholder group are coping with long term and enduring health issues for which the Wednesday walk is just one element of the 'treatment.'

Whilst the participants suggested that any increased use of medication or numbers of visits to doctors was not related to their activity on the Wednesday walk, we cannot assume that decreased use of medication or the requirement to see a GP was related to the Walk. The nature of the health issues of many of the participants meant that the walk alone could not 'cure' and that medication was required regardless of physical activity and fitness levels. The use of medication and regularity of visit to a GP is heavily influenced by external factors, including the use of such medication (which may by dint of their success, mean fewer medications are required) and other on-going treatments. In addition, age is a factor for many participants with GP visits and medication related to age related conditions – unfortunately, the Wednesday walk does not stop the aging process!

For these reasons, a significant (75%) attribution is applied to these outcomes.

6.4 Drop off

Drop off is used to reflect that an outcome delivered in year one is likely to decrease in value over following years. Drop off is only applied to outcomes lasting longer than a year.

This is an evaluative SROI over a two year period. A low drop off has been applied to outcomes associated to participants to reflect the fact that there is a small turnover in group membership. Members leave and new members join, and it is considered unlikely that the benefits associated with motivation and exercise will continue to be felt by those moving on from the group ad infinitum after leaving and it is likely that there will be some decline. Drop off is not experienced in the 'making friends' outcome as from records and discussions it is clear that these social activities will endure beyond the cessation of participation in the Wednesday walk..

Only one outcome is predicted to last beyond the scope of this SROI and that is related to training for Walk Leaders. This outcome will last 4 years in reflection of the fact that after this time span best practice requires first aid training to be refreshed. Without re-enforcement through regular use, the skills gained on the walk leader training will be forgotten. However, the skills and knowledge acquired will endure even if the volunteers cease to work with the Wednesday walk. A four year lifespan for these outcomes has been assumed and a drop off of 25% has been applied.

6.5 Total Impact

Table 8 below shows the relationship between stakeholder, outcome, deadweight, displacement, attribution, drop off, and then using the data from table 6, the total impact of each outcome:

Stakeholder	Outcome	Deadweight %	Displacement %	Attribution %	Drop off %	Impact (£)
Participants	Improved social cohesion	0%	0%	0%	0%	£8,634.24
	Maintain or improve physical fitness	15%	0%	0%	10%	£3,422.30
	Improved self-motivation	10%	0%	10%	10%	£5,248.80
Walk Leaders	Improved social cohesion	0%	0%	0%	0%	£5,400.00
	Maintain or improve physical fitness	34%	0%	25%	10%	£415.21
	Improved self-motivation	0%	0%	25%	10%	£1,296.00
	Learning new skills	28%	0%	0%	25%	£540.00
Bums off Seats	Increased volunteer support	0%	10%	10%	0%	£3,839.40

7. The Social Return

7.1 Social Return

Social Return is derived through a calculation and is expressed as a ratio. The ratio is achieved by dividing the Impact Value by the Investment. However, as there are impacts that pervade for more than a single year, we need to adjust this figure for its present value (PV). This process is known as discounting and helps to ensure the final social value is not overestimated.

PV is applied to all outcomes that last for more than a single year. Due to the fact that it is assumed outcomes do not last beyond the scope of this SROI (as it is purely evaluative in nature) its impact is not overly significant, but is an important factor in attaining the final social value. PV is discounted at a rate of 3.5% as determined in the Governments Green Book as the agreed rate for public funds. Essentially, this represents the fact that in real terms, any value attributed now, will be worth 3.5% less for each subsequent year in real terms.

Table 9 - Present Value (Impact)

	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Present Value	£28,795.95	£27,622.72	£303.75	£227.81	£0.00	£56,950.23

Using figures from Section 3 (Investment), Table 6 (Impact) and Table 7 (Present Value) we can derive the social return on investment ratio:

The Total Present Value of the Wednesday walk is £56,950.23

The Total Investment in the Wednesday walks is £12,627.20

Net PV (PV less investment) is £44,323.03

The Social Return is derived by dividing the Impact by the Investment:

This gives a social return of around £4 for every £1 invested in the activity.

7.2 Sensitivity Analysis

The SROI ratio is based on a series of assumptions that are made during the process of completing the impact map (see appendix 2).

By testing these assumptions, we can test the reliability of the SROI analysis.

In this analysis there several sensitivity tests have been applied.

7.2.1 Valuation Tests

The Walk Leaders reported an extremely high valuation for the social networking/ making friends outcome experienced. This was achieved through a contingent valuation exercise and the value of the Wednesday walk in delivering a greater friend base was related to that of a short holiday. In order to test how much of an impact this has on the overall return, if the value of this proxy is halved the return is **£4.09 for every £1 invested**.

7.2.2 Deadweight

Displacement, attribution or drop off are not likely to vary significantly from the position outlined above but as assumptions have been made should be tested.

The sensitivity of the analysis can be checked by setting deadweight at various points:

- at a standard 10%, a **return of £4.29 for every £1 invested**
- at a standard 25%, a **return of £3.57 for every £1 invested**
- at a standard 50%, a **return of £2.38 for every £1 invested**

8. Conclusions

There is significant evidence that increased physical activity leads to a wide range of social wellbeing and physical health improvements. It is clear from this SROI analysis that by delivering a programme of health walks, Bums off Seats is delivering social and wellbeing benefits to participants. There is some evidence that they may also experience direct physical health benefits. Helping people achieve these outcomes is the main driver for the strategic and funding support for the Bums off Seats Wednesday walks programme. This is clearly seen in the overarching outcomes included within health strategies at both local and national level.

This SROI analysis has demonstrated that the Wednesday walks delivers against the desired national strategic outcomes. However, over and above these key strategic outcomes, the Wednesday walk delivers a significant benefits in the social wellbeing and health of participants, and the impact of this is greater than any physical health improvements.

It is hard to separate out material health benefits from social benefits as the two are so closely intertwined. If the walk did not deliver the social element, would people attend for the physical health benefit? Social interaction helps to address a range of issues surrounding mental health and wellbeing, helping to avoid isolation and reduce depression, conditions which affect a significant proportion of Scottish adults at some stage in their lives.

It is also clear within this analysis that Bums off Seats Wednesday walk is supported by a variety of partners and stakeholders and that they are all critical to the success of the project. In the course of the analysis it became apparent that should any element in the organisation of the walks cease to operate, it would have a significant effect on the ability of the walks to continue.

Whilst walks are arranged and lead by volunteers, their continued presence depends on them feel supported and valued. This is achieved by the services they receive from paid coordination staff employed by Bums off Seats. The Bums off Seats support for volunteers through training and expenses, provision of a uniform and support for participants in relation to rewards for continued attendance and progression are each valued highly and would detract from the experience if they were not provided.

This feeling of being valued goes beyond Bums off Seats. Many of the volunteers look directly to Fife Council as a funding partner and would see any decrease in funding to Bums off Seats as a direct reflection of the lack of value that the local authority placed on the efforts of the volunteers.

The links between agencies through the Fife Physical Activity Partnership ensure that the walks stay high on the agenda and are well advertised and continue to be supported by participating organisations. The link between the partnership and Bums off Seats is critical in ensuring that walks happen, as are the links between Bums off Seats, Carers and Participants. In short, whilst not all stakeholders derive direct outcomes from the programme, the loss of any one stakeholder would have significant implications on the sustainability of the programme.

Bums off Seats Wednesday Walks in Dunfermline are well supported, and over the two year scope of this SROI analysis demonstrate significant outcomes across a wide spectrum of social, physical and mental health and wellbeing issues. The end return of around £4 for every £1 invested demonstrates the significant good value being achieved by the project.

9. Recommendations

The following recommendations are made.

In the course of the research it was noted that many participants attend Bums off Seats walks over a prolonged period of time. This demonstrates the high value placed on the activity by its participants. However, in order that such walks remain sustainable, there must be a progression for participants. Eventually, a critical mass will be reached where no further participants can enter the programme. The Wednesday walks attract on average, between 20 and 40 participants, supported by 4 or 5 walk leaders. At some point, it could be envisaged that no more participants can be accommodated, or that the walk becomes too large to be manageable. It is arguable, that at a certain point, walkers should progress through the various levels of walk, and reach a point where they no longer require the support of a group leader. Anecdotally, there was some evidence that walkers that joined the shortest and least demanding route, progressed through the routes demonstrating increased fitness, but there was no evidence that walkers progressed through the stages and then left the group maintaining and increasing activity. There is significant value, not reflected in this report, but considered highly likely, in the lead walks being a 'pump prime' for individuals increasing self-lead physical activity, through walking or other forms of exercise. This has a value to the individual, as well as a value to the programme in so far as it creates space for new participants to join.

R. 1 A useful additional study would look at the value of Bums off Seats as a pump primer for additional self-motivated exercise. It would also be of value for Bums off Seats to consider the long term value that this has in terms of freeing places on the walk for new participants.

The analysis identified a significant social, health and mental wellbeing value to participants on one walk delivered as part of a programme of walks. It is considered that this value may very well be attributable to other groups within the Bums off Seats programme. There are implications of scaling up the value to recognise the significant value being achieved across the programme rather than on an individual basis. At the simplest form, this would mean taking the value achieved per walker on this walk, and multiplying this by the number of walkers participating across the programme as a whole.

R.2 It is suggested that when making use of this report, Bums off Seats and their partners should consider the value identified within this report and consider the implications of scaling this up across the programme as a whole.

This SROI has been an evaluative study. As such, little work has been undertaken into how long outcomes experienced by the various identified stakeholders endure. The assumption has been made that all outcomes are linked directly to participation, and consideration has not been given to how long, if at all, outcomes persist once a walker no longer actively participates in the programme. It would be worth exploring progression between levels of walk offered, and beyond the programme; if participants cease to attend the organised activity, do they continue to be as physically active? Do they become more or less active? How long do the various outcomes experienced persist once attendance has stopped?

The value placed on the walk would increase if outcomes endured.

R.3 It is suggested that follow up work is undertaken with a selection of participants that no longer attend the walk to see which outcomes (if any) endure and in that way to determine the longer term social value of the Wednesday walk (and other Bums off Seats walks).

Appendix 1 - Engagement

List of meetings and discussions with stakeholders:

- 23 June 2010 – Initial meeting with Bums off Seats Walk in Dunfermline
- 4 August 2010 – Initial meeting and stakeholder scoping session with Fife Physical Activity Partnership
- September 2010 – Stakeholder scoping session with Bums off Seats Lochore
- 17 November 2010 – Outcome identification and data collection during Wednesday walk session
- March 2011 – Participants meeting to discuss outcomes and seek additional information

Appendix 2 – Questionnaires and data collection

Participants and Walk Leaders were asked the following questions.

1. To identify outcomes

- What has changed for you by taking part in the Wednesday Walks? How do you know?
- Have you met new people, or made new friends? How do you know?
- Do you feel there has been a change in your physical health? How do you know?
- Do you feel there has been any change in your mental health – the way you feel? How do you know?
- Have you learned any new skills? How do you know?
- What is the best thing about the Wednesday walks?

2. To identify potential financial proxies

- How much is the Wednesday walk worth to you – pick from the list below what you might be prepared to swap;
 - Cup of tea and cake with friends at a cafe
 - A trip to something like the pictures or bingo
 - A bus trip out for a day
 - A meal in a fancy restaurant
 - A short holiday

3. What other forms of physical activity might you do to get similar health benefits that are provided by the walk?

4. To identify specific NHS benefits

Since participating in the Wednesday walks:

- Have you visited or been visited by a GP or nurse: More often, Less Often, The same
- Have you required home help or a carer? More often, Less Often, The same
- Have you needed to take prescription medication: More often, Less Often, The same

All stakeholders were invited to 'map' their outcomes with support, using a table which asked them to identify Outcomes, Indicators for the outcomes and what they have contributed (inputs).

Name:		Organisation:
E Mail:		Phone:
What has changed? (Outcome)	How do you know? (Indicator)	What have you contributed? (Input)

Appendix 4 – Bums off Seats Information

Q1 – How many attended the Christmas meal from the Dunfermline walk? 30

Q2 – How many folk attend the Tuesday meals from the Dunfermline group? 10

Q3 – Average number of attendees in a 10 week block – April 2009 – March 2011? 328

Q4 – Average weekly attendance at BoS in Dunfermline April 2009 – March 2011? 32.8

Q5 – Average number of walk leader on BoS walk in Dunfermline April 2009 – March 2011 4

Q6 – How many people (April 09 – March 11) have achieved from the Wednesday walk:

Walk leader certificate 5

First Aid certificate 5

Any other training (please specify)

Q7 – Value/Cost of the Walk leader certificate? (from Paths for All?) £250.00

Q8 – Are their costs associated to these other courses? If so – who pays? Yes, catering and room hire (about £250.00 per course) paid by Bums off Seats

Q9 – Approximately how many carers have been on the BoS wed walk 2009 – 2011? 9 registered – will be more but have registered in own right

Q10 – How many of these are professional carers? Do you know who pays for them? All the ones that we know of are professional – paid by Fife council, NHS fife, Richmond Fellowship and private care homes

Costs:

Total Number of organisations that get information sent to them about the Dunfermline walk? 307

The cost of advertising the Wednesday walks and hospital advertising: £263.00

Total expenses paid to volunteers in two years: £1239.01

Project staff costs for the Wednesday walk: £5,398.00

Appendix 5 – Audit Trail

In the initial stages of the project, an impact/outcome mapping exercise was undertaken with potential stakeholders. In some cases, stakeholders and/or outcomes have not been included within this SROI. It is important that these contributions are reflected and reasons provided for them not being included within this report.

It should be recognised that several excluded stakeholder groups are included within the Fife Physical Activity Partnership and this does not devalue their overall contribution in terms of facilitating and supporting the Wednesday walks.. Without the inputs of the multiple stakeholders that act as facilitators, the ‘value’ of the Wednesday walks would be significantly reduced through the reduced effectiveness of the support.

The table below highlights stakeholders and outcomes that were originally proposed, but were later excluded, including reasons for this.

Stakeholder	Outcome	Indicator	Input	Explanation for exclusion
Fife Council – Outdoor Access Officer	Condition of paths improves	Walker complaints are monitored	Time and Repair Costs	Fife Council are included as members of the Physical Activity Partnership; outcomes pertaining to the use of the wider path network and input into the Park Planning Process was limited and so was consider not material to this SROI
	Greater public engagement in park management	Numbers of users views included within Park Plans	Time	
Friends of Pittencrieff Park	Increased membership of the Friends of Group and support for their activities	Members of the Group that came to it from Bums off Seats Wednesday walks		This stakeholder group has a very broad remit and whilst they were broadly supportive and interested in the programme, no clear outcomes or indicators could be obtained. They were excluded on the grounds of materiality
Bums off Seats	More People walking	Attendance	Staff time and support	Excluded on materiality grounds; it could not be proven that more people overall are walking as there are no baseline figures
	Feeling Healthier	Loss of weight/seeing		Included

		doctor less often		
	Walking is accessible to all	Attendance and participant reporting		Excluded
	Gaining new skills	First aid and walk leader training		Included – but relates to the stakeholder group of walk leaders – does not ‘belong’ to this stakeholder
	Increased volunteering	Number of applicants and numbers on register		Included
	Greater opportunities for networking	New organisations working with or delivering projects		Excluded on grounds of materiality – considered to be a limited outcome with limited evidence
	Higher profile	Mentions in Press and publications		
	Exemplar model of good practice	References and use of model by other organisations		
Paths for All	Better data to persuade funders that investment in walking is an effective use of resources		Staff time and training, funding	This is an outcome of the SROI report; not of the project itself
	Demonstration project			Excluded on materiality grounds (see above)
	Health benefits, increased walking, increased			These outcomes pertain to the participants and volunteers, not to volunteering opportunities

				It should be noted that Paths for All are included as a stakeholder within the Fife Physical Activity Partnership
Fife Council - Transportation	Council has a shift to more proactive approach to walking	Strategies for promoting recreational and health walking and publications	Time and material costs	Excluded on grounds of materiality – this was not considered an outcome that was relevant or could be assessed within the scope of this SROI
	Health benefits, increased walking, increased volunteering opportunities			Outcomes included, but that of participants
	Increased opportunities to promote other forms of sustainable transport to a wider audience	The opportunities to promote and disseminate information		Limited evidence to suggest that this was an outcome of the Wednesday walks and excluded on materiality grounds