Social Return on Investment (SROI) Report

Gardening in Mind

Reporting on project activities between January 2012 and December 2012
Produced: May 2013 Revised for assurance August 2013
Produced by: Nick Ireland

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.

LOTTERY FUNDED

mind for better mental health
Coventry and Warwickshire

Local Food

Contents

1. EXECUTIVE SUMMARY

Purpose of the report

Social Return on Investment (SROI) has been developed as a way to try to value the "invaluable". Funders and policy makers are increasingly looking for figures to match the facts and SROI does this by putting financial value on the impact of an activity. First documented in the USA, SROI was applied to the UK context in 2007 by the New Economics Foundation, and was subsequently further developed in a joint project commissioned by the UK government's Office of the Third Sector and the Scottish Government, which resulted in a formal revision to the method, produced by a consortium led by the SROI Network, and published in the 2009 Guide to SROI.

SROI is based on seven principles (see appendix A):

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

Coventry and Warwickshire Mind commissioned Nick Ireland to undertake an SROI analysis of their Gardening in Mind project as part of their review of the project. Gardening in Mind originated to meet a need that Coventry and Warwickshire Mind identified with its users. Its success drew in referrals from other agencies and typically for people with significant mental ill-health. Being situated on an allotment and presently being funded by Local Food, the project has focussed on growing food while adding other activities to help maintain the site, stimulate learning and provide winter activity.

This review is an opportunity to validate the success of the project while considering ways it could change and adapt. Gardening in Mind already has many years of evidence of the benefits of its activities. An SROI report will help to communicate this impact to stakeholders, especially existing and potential funders, in a way that addresses the need of public bodies to consider 'Social Value' created in their commissioning of services.

SROI Type and Period

This SROI analysis covers the time period January 2012 to December 2012.
The study started in July 2012 so that outcomes data is as up to date as possible.
The study is Evaluative.
Pre-project data was collected in September – October 2012.
Monitoring of outcomes took place in October – December 2012
Final data was collected in January- February 2013

Audience

This SROI report is aimed primarily at Gardening in Mind's funders, both existing and potential, as well as the Coventry & Warwickshire Mind senior management who are responsible for overall strategic review of the Gardening in Mind's activities.

The SROI process and the report has also been part of the review of the project's direct management of Gardening in Mind's activities and client base.

The written report, with its technical SROI calculations, is most appropriate to communicate the value of the project to strategic level decision makers and will be utilised by the Business Development Manager for this purpose.

For this reason the report format is designed to present data and conclusions in a simple way.

For carers and people with mental ill-health, verbal communication backed by simple charts, pictures and wording is more appropriate. For this purpose, a simplified report has been produced with headline figures, charts and pictures.

(NB: Volunteer names have been changed.)

Structure of the report

Sections 2 and 3 provide background, case studies and information on stakeholders.
Section 4 gives the research methodology.
The project's theory of change is described in Section 5.
Sections 6-9 examine key elements of the SROI computation i.e.

> SROI ratio = (financial proxy for outcome x quantity of outcome) - (deadweight + displacement + attribution) x duration (adjusted for drop off and discount rate)

The results, sensitivity analysis and recommendations are in Sections, 10, 11 and 12 respectively.

Findings

This SROI analysis presents evidence that for every pound invested in the Project by funders, £2.04 of social value is generated.

This value is likely to be an understatement, as we have been cautious in our calculations. For example, a number of outcomes and stakeholders were excluded from the analysis. Where there was a choice, the lowest financial proxy has been used. We have been cautious about the duration of outcomes. Although stakeholders attributed changes to the project, a cautious approach has been taken on attribution.

However, SROI is about much more than just the investment ratio. This analysis has been a useful exercise for the Project in recognising the value of all the unseen care that the project workers invest in the service users. As you will see from the results of our surveys and quotes from people with mental ill-health, carers and professionals, this analysis has shown that it is hard to find alternative

interventions that could produce the same therapeutic results as Gardening in Mind. Many stakeholders would rather describe the benefits of the project as 'invaluable.'

The low numbers of users involved means that there needs to be some caution in drawing conclusions about the impact of this type of intervention for people with mental ill-health generally. It was noted that the majority of the people with mental ill-health lived in stable local accommodation, many as Mind residents or with family. It was also noted that, while female users enjoy great benefit from the project, they represent only a small fraction of the total during the period, although we understand there may typically be a higher percentage. This is considered under Recommendations.

Going forward, we recommend that Coventry and Warwickshire Mind should:

- Review the profile of Service Users and consider how the Project might be adapted for people with moderate mental ill-health
- Consider how the Project could raise its profile in the community
- Investigate the gender bias to establish cause and possible initiatives to attract more female users
- Review the threshold at which Mind residents are referred to the project

Reporting to Stakeholders

Monthly updates on the process and then the report were held with Mind management. Elements of the report were reviewed by other stakeholders.

An open day was held for stakeholders where key findings were displayed and where stakeholders had an opportunity to ask questions on an individual basis. Project staff and family carers were involved in communicating the findings of the report to Service Users.

The final report has been reviewed by Coventry and Warwickshire Mind.

The final report will be presented to stakeholder organisations via Coventry and Warwickshire Mind staff to assist in developing the future direction of the project.

Concluding Remarks

The benefits of horticultural therapies are well documented and known to NICE (National Institute for Health Care Excellence).[1] Evidence that horticultural therapy is a cost effective intervention is found in Joe Sempik's "Green care and mental health: gardening and farming as health and social care"[2]. The report also states that there is considerable room for expansion of service provision.

This report demonstrates that the Gardening in Mind model is a highly effective intervention for many people with significant mental ill-health producing substantial social returns. The benefit to the NHS alone is conservatively valued at £49.263 or 85% of total project costs.

Given the lack of alternatives in the Coventry area, the continued operation and development of Gardening in Mind makes economic and social sense.

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[1] https://www.evidence.nhs.uk/search?q=gardening%20and%20mental%20health

[2] Joe Sempik, (2010) "Green care and mental health: gardening and farming as health and social care", Mental Health and Social Inclusion, Vol. 14 Iss: 3, pp.15 - 22

2. BACKGROUND AND CASE STUDIES

Gardening in Mind provides the opportunity for people with mental ill health to increase their skills and knowledge through the development and management of allotment space. The food produced is sold to disadvantaged groups and the local community. The service is for people aged over 18 who are experiencing mental ill health.

This project combines the advantages of 'green' exercise with an awareness raising drive to improve knowledge of the links between nutrition, physical exercise and mental health and wellbeing.

The project site is a large plot made up of five allotments which provide a beautiful green space in the heart of the city. Vegetable beds are complemented by fruit trees, borders, seating area and a working water well. The plot, lovingly tended by service users, volunteers and staff, is a peaceful and tranquil environment which offers therapeutic, practical and social benefits to all participants.

***Case study 1**: Before attending Gardening in Mind 'Alan' had no friends, no confidence and his family needed lots of support to deal with Alan's frustration and disorderliness. The family were getting to the point where they might consider that Alan needed to go into care. He was easily disorientated and once went missing requiring a substantial search operation. Alan required respite care 4 weeks a year for family carer benefit, care coordinator intervention twice a week, half day sessions, psychiatric supervision 4 days a year and visited the GP twice a week.*

Following participation in Gardening in Mind a remarkable transformation has occurred. He has developed good relations with other Gardening in Mind users and in particular with the project staff at Gardening in Mind. His confidence has massively increased, such that he makes his way to Gardening in Mind unaided and works without additional support when there. There has been a massive improvement in home behaviour – Alan now helps with the cooking, cleaning.

- *He no longer requires respite care*
- *He only requires 1 hour once a month care coordinator monitoring*
- *He only requires 1 Psychiatrist visit a year*
- *He only visits the GP quarterly*

Without Gardening in Mind there is no alternative activity that would engage Alan in this way. The care coordinator says that a substantial relapse would be expected, resulting in a substantial reverse to former levels of care provision. Alan's aging family would be unlikely to be able to cope resulting in likely admission of Alan to care home.

***Case study 2:** Before Gardening in Mind 'Andrew' suffered from acute anxiety and depression. He was diagnosed with Aspergers Syndrome. After attending a day centre Andrew said he wanted to do something useful. He started two days a week at Gardening in Mind. He had no friends and no routine. He was extremely prone to relapse. He did nothing around the house and was looked after by his mother, who was becoming increasingly less able to cope because of her own health. It was a matter of time before significant care intervention would be needed for his mother. This would have left Andrew isolated with significant negative mental health impact expected.*

After joining Gardening in Mind, care workers reported a massive improvement in organisation and routine, as well as a substantial increase in social interaction. He now rarely suffers a relapse although he is still vulnerable. Project Workers at Gardening in Mind provide early warning of any

change in behaviour that would signal relapse and prompt pre-emptive care coordinator intervention, so saving greater intervention later.

Remarkably, Andrew now looks after the household doing the cleaning and cooking. He also looks after his mother who now requires home care and Andrew has become the named carer for his mother. He is now on a carer allowance rather than unemployment benefits. Without this home care, Andrew's mother would have either needed substantial home care support or to be moved into a care home.

What would happen if Gardening in Mind ceased to exist? Andrew's chances of relapse would substantially increase. There would be no early warning system in place via Gardening in Mind and more care coordinator support would be needed. There would be a significantly increased risk that Andrew would neither be able to look after himself or his mother meaning that either or both would need significant care intervention and/or accommodation.

3. IDENTIFYING STAKEHOLDERS

The following people and organisations were considered to affect or be affected by the work of Gardening in Mind and so were consulted to the extent possible on the change experienced as a result of the project:

- People with mental ill health (i.e. service users)
- Families of people with mental ill-health
- Customers at produce stall
- Coventry & Warwickshire Partnership (NHS Trust)
- NHS
- Coventry & Warwickshire Mind
- Local Businesses
- Other Allotment/Garden projects in Coventry
- Other projects in Mind
- Funders
- Staff

The stakeholders' responses were assessed, and only those who had experienced "significant and measurable change" as a result of the activities of the Gardening in Mind Project were included in the SROI analysis. The changes the stakeholders experience can be positive or negative, and the outcomes can be intended or unintended. Activities that were not material to the outcomes of the stakeholders were also not included.

The table overleaf identifies which stakeholders/activities were included/excluded from the study:

Table 3.1 stakeholders included or excluded in the study

Stakeholder	Changes experienced	Included or excluded in analysis?
People with Mental Ill Health	Improvement in mental and physical health; increased knowledge of how to grow their own food.	Included. Main beneficiaries of the Project.
Families of people with mental ill-health	Reduced caring responsibilities if people with mental ill-health experience improved mental/physical health.	Included, significant beneficiaries of the project
Customers at the produce stall	Access to fresh fruit and vegetables; Healthier diet.	Excluded. Customers could buy produce elsewhere.
Coventry & Warwickshire Partnership (NHS Trust)	Reduction in professional care time	Included,
NHS	Reduction in GP visits and use of counselling services due to improved physical/mental health of people with mental ill-health	Included.
Coventry & Warwickshire Mind	Provision of Service for residents Contract to maintain residential properties	Included Excluded – not material to Service User outcomes and deliverable by alternatives
Local businesses	Loss of business to Gardening in Mind produce stall	Excluded. Produce stall turnover not large enough to be significant.
Other Allotment/Garden projects in Coventry	Competition for funding; shared resources and information	Excluded – limited impact
Other projects in Mind	Competition for Users	Excluded – Gardening in Mind was created to meet a different service need
Funders	Promotion of local food production	Included as funder
Staff	Job satisfaction	Excluded. Could be employed elsewhere.
Criminal Justice System	Reduction in crime and drug and alcohol abuse	Excluded. No evidence of significant impact

4. RESEARCH METHODOLOGY

By the nature of the stakeholder concern for service users and the effectiveness of the Gardening in Mind project in acting as a conduit for sharing this concern, strong links were well established between Project Staff and C&W Mind Staff and Carers and Coventry & Warwickshire Partnership (NHS Trust) staff.

The purpose of the stakeholder engagement was to identify any changes that each stakeholder experienced as a result of the project. The methodology was therefore designed to focus stakeholders on their own benefits as well as their interest in the benefit to Service Users.

Initial meetings were held with project managers followed by group sessions with Mind and Gardening in Mind staff, followed by face-to-face interviews with referrers from Coventry and Warwickshire Partnership (NHS Trust).

The Service Users, by nature of their mental ill-health and some with learning difficulties, generally needed significant support from either Project Staff or Family Carers who were best placed to engage them in the process. Engagement of service users was therefore informal in manner and structured to suit individual needs.

These meetings helped identify other stakeholders and the changes that stakeholders experienced. This in turn helped to shape the data gathering exercise.

The results of the engagement process in turn informed the data gathering, considering the potential indicators of change suggested during the consultation process. Questionnaires were designed for Service Users, Project Staff, Carers, and Referrers including Community Psychiatric Nurses (CPNs). Pre-project data was gathered in September- October 2012 and project data was gathered in January-February 2013.

Given significant mental ill-health and some with learning difficulties, few Service Users were able to complete a questionnaire. Questionnaires were completed by Carers, projects staff and referrers, to give data for all 21 service Users, and cross-referenced.

Anomalies and other matters that needed clarification were addressed in phone calls and face-to-face interviews.

The table overleaf shows the engagement and data collection methods by stakeholder.

Table 4.1 Summary of engagement and data collection methods for each stakeholder

Stakeholder	Engagement	Data collection
People with Mental Ill Health	The Project Staff have strong relationships with the Service Users and talked with them about the nature and purpose of the report.	Service Users assisted to fill in questionnaires. Main data collection by proxy questionnaires filled in by Project Staff, Family Carer or Mind staff for Mind residents.
Carers of people with mental ill-health	Either through direct contact by Project Staff or by telephone via Mind Staff. Most family Carers also have a strong stake in the project and were keen to support the engagement.	Questionnaire and interviews
Coventry and Warwickshire Mind	Monthly update meetings, Group session, draft and final reports,	Questionnaire and interviews
Coventry & Warwickshire Partnership (NHS Trust)	Phone interviews, case studies and one-to-one sessions	Questionnaires received from CPNs Follow-up interviews
Funders	Reporting only	Not required

5. THEORY OF CHANGE

A theory of change is a pathway linking the activities of a programme, intervention or organisation to the short-term, medium-term and long-term outcomes experienced by service users, and other stakeholders.

Gardening in Mind which provides a supportive environment where most Service Users quickly see improvements in confidence which allows them to engage in the place and its activities and encourages and supports them to explore new skills, interests and relationships. The change experienced by Service Users then impacts on external organisations and people.

Gardening in Mind was inspired by the benefits of horticultural therapy, the use of which in mental health intervention is supported by extensive scientific research:

Attention Restoration Theory, holds that "natural settings and stimuli… seem to effortlessly engage our attention, allowing us to attend without paying attention….nature provides a respite from deliberately directing one's attention. As a consequence…time spent in nature allows us to recover from mental fatigue and leaves us with enhanced effectiveness and a sense of rejuvenation"[3].

Scientific research[4] has shown that Gardening promotes Neuroendocrine and Affective Restoration from Stress:
"Stress-relieving effects of gardening were hypothesized and tested in a field experiment. Thirty allotment gardeners performed a stressful Stroop task and were then randomly assigned to 30 minutes of outdoor gardening or indoor reading on their own allotment plot. Salivary cortisol levels and self-reported mood were repeatedly measured. Gardening and reading each led to decreases in cortisol during the recovery period, but decreases were significantly stronger in the gardening group. Positive mood was fully restored after gardening, but further deteriorated during reading. These findings provide the first experimental evidence that gardening can promote relief from acute stress."

Gardening in Mind provides a peaceful, secure, stimulating natural environment with a variety of activities and learning opportunities as well as communal and social spaces in order to reduce stress and engage Service Users in a variety of pathways to improved mental and physical health.

The benefits of the project are quickly seen in greater independence in travelling to the site, trust in project staff and independent activity as confidence levels increase. This in turn leads to greater engagement both physically, socially and mentally. Apart from horticultural skills, many learn skills to help with the general improvement and maintenance of the site stimulating some to take outside courses. A number want to give back to the project by helping project staff with the delivery of tasks and in encouraging others.

As well-being improves, the support requirements of people with mental ill-health reduces, the care requirement on families reduces and the quality of their relationship with the family member

[3] From Kuo, FE (2001) Coping with poverty: Impacts of environment and attention in the inner city. Environment and Behavior, 33(1), 5-34

[4] **Agnes E. Van Den Berg** Wageningen University and Research Center, The Netherlands,agnes.vandenberg@wur.nl
Mariëtte H.G. Custers_Leiden University & Wageningen University and Research Center, The Netherlands

improves, medication is often reduced along with GP and hospital visits, as well as the need for crisis intervention.

An important part of the service that Gardening in Mind provides is the early recognition of when people with mental ill-health start to show signs of deterioration in mental health. The experience of staff members along with their strong relationships with Service Users, family carers and referrers means that early and effective intervention takes place in these situations allowing the Service User to return to the change pathways and preventing significant crisis from occurring.

It was evident from initial interaction with service users, that there were differences in the way people with mental ill-health interacted with the project. Developing analysis of change experienced highlighted differences in the way people with mental ill-health were able to engage with the project and so benefit from it. Service Users were at different stages and states of mental ill-health, physical ill-health and learning difficulties. The level of crisis expected without the project also varied.

Based on observation, past experience and initial data gathering four general groups of Service User were identified:

Service User A
For some the experience at Gardening Mind results in significant improvement in independence and mental health, such that they start to help staff out in the planning of activity delivery without supervision. Often they also help others to engage in activity and they may go on to develop themselves independently through training and volunteering. This may mean that there is potential for employment. Seven Service Users fell into this group.

Service User B
For many people with significant mental ill-health, managing their well-being is a long term concern. Avoiding crisis by developing good routines and being closely monitored by staff is the basis for establishing stable levels of well-being as a platform for further improving mental health. Seven Service Users fall into this group.

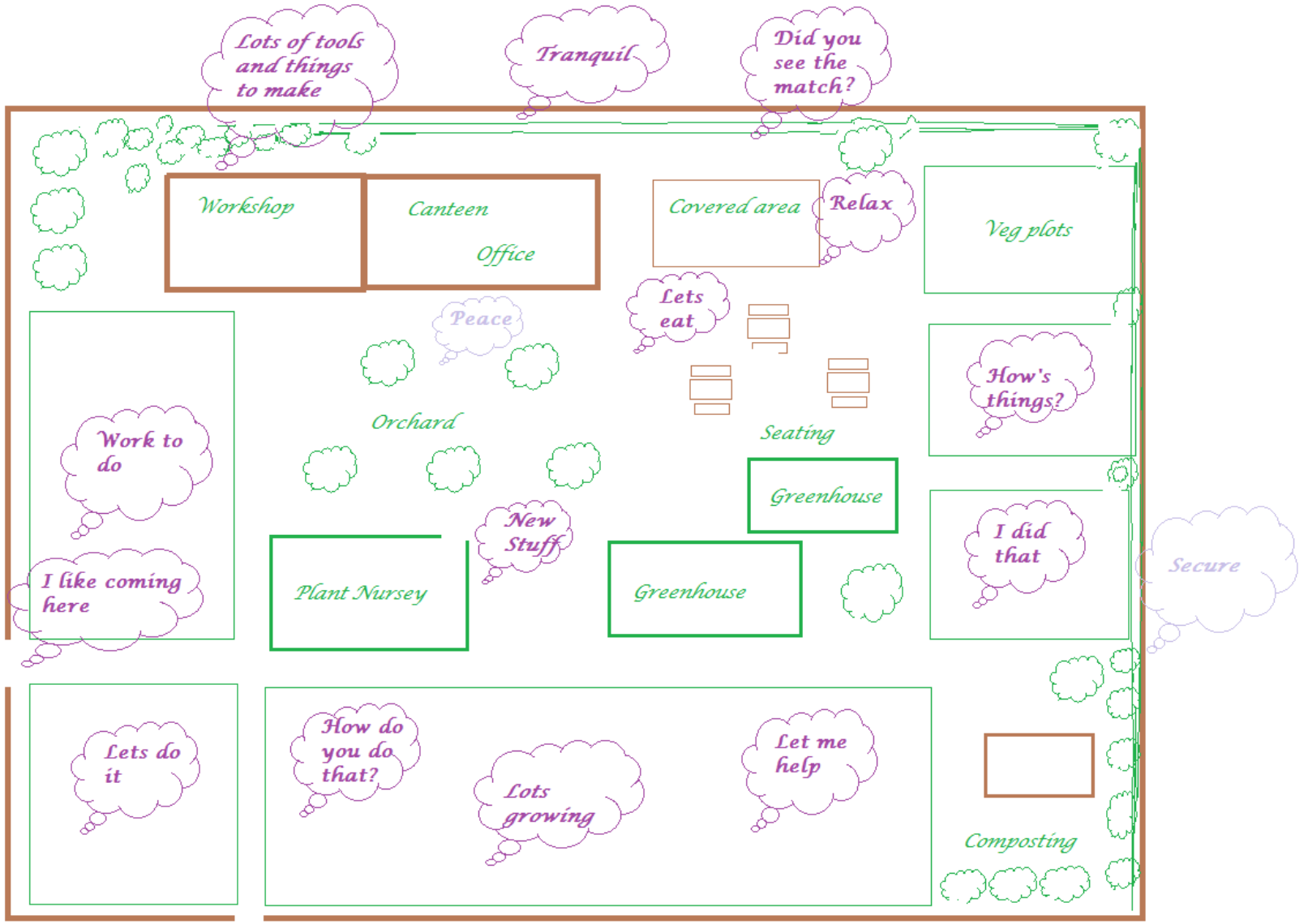
Service User C
Some Service Users find that Gardening in Mind is exceptionally effective in stabilising their mental health. They have high levels of engagement with the project. The nature of their mental ill-health combined with other factors may mean that they are at higher risk of de-stabilising events. There are three Service Users in this group.

Service User D
For a minority of Service Users, Gardening in Mind is not effective in engaging them. All three Service Users in this group are Mind residents and this is considered in the section on Recommendations.

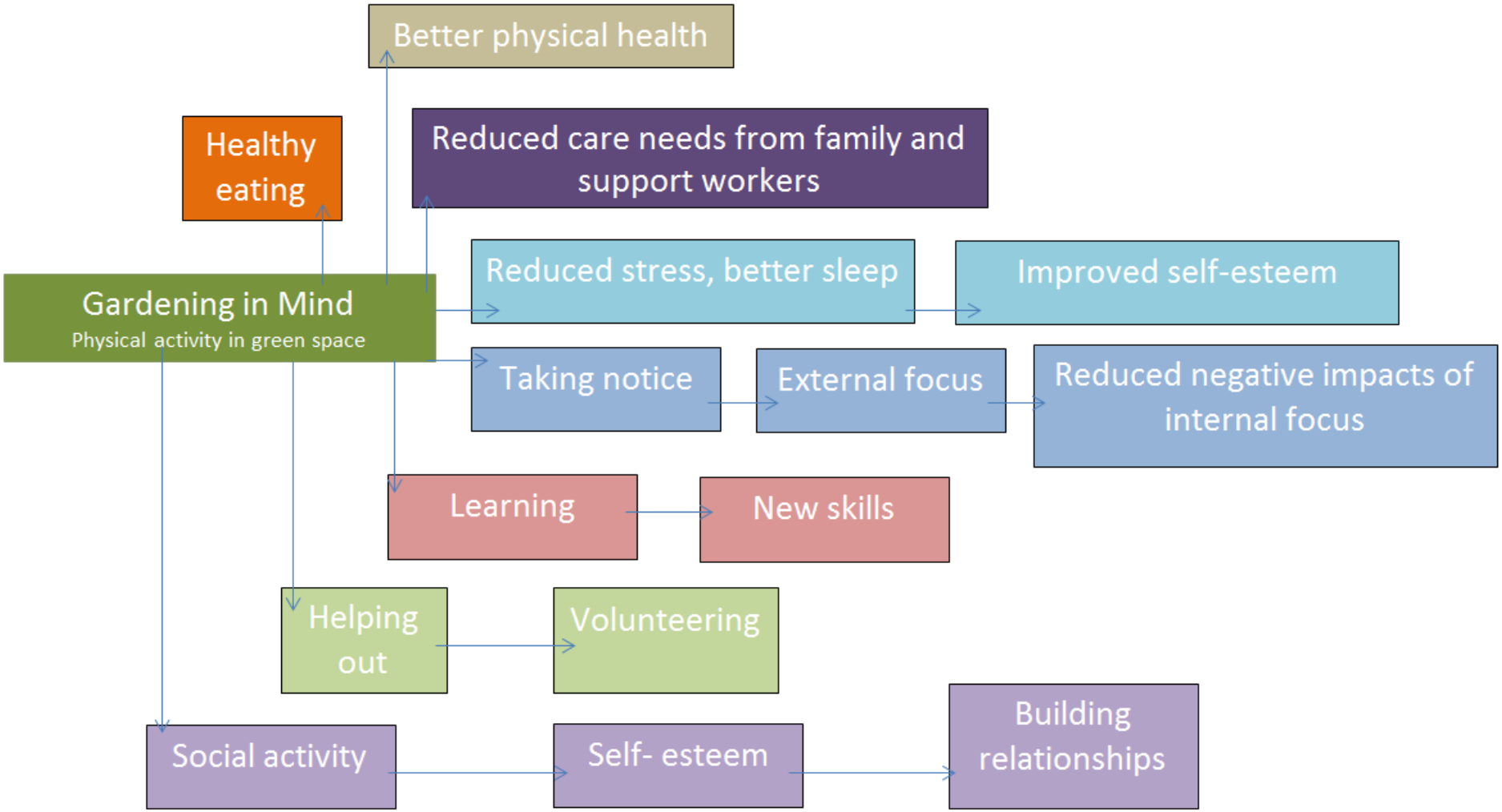
Change Pathways

The pathways of change are interrelated in many ways and the diagrams overleaf seek to capture the many ways that change occurs linking the design of the space with the activity that takes place and the pathways to better mental and physical health. Central to the Service User experience is the developing confidence which helps engage people with mental ill-health in physical activity, learning new skills, socialising, and sharing experience in an inspiring environment. The change in well-being of people with mental ill-health then impacts families, support workers and the NHS.

Activity, interest and support in a place with people that attract, welcome, and build confidence in people with mental ill-health stimulating them to work, socialise, learn, look outside themselves and support their peers.



Pathways of Change graphic



(i) Change as experienced by Service Users

(NB – Service User initials have been removed)

"Its got me out of the house and given me a reason to get (up), I feel better physically and mentally." (--)

"I have learnt a lot since coming here. I have met friends. I enjoy the work. I am happy to be out of the house and (not) stuck inside." (--)

"If I did not come to Gardening in Mind I would deteriorate, it helps me get out and keep my mind off my troubles." (--)

"Sometimes I feel I have to get past people, that I am living in hell. The gardening project helps me stop thinking about that when I am here." (--)

"*Since I started down here I have started growing my own vegetables after learning a lot from other people*." (--)

"*When I go home I feel I've achieved something positive and sleep better as a result*." (--)

"*The day sometimes goes too quick! It is a shame it isn't open Saturday and Sundays*." (--)

"*Given up smoking since joining the project. I feel much better and enjoy working*" (--)

(ii) Change as experienced by families

"Gardening in Mind has helped him get out of the house, socialise, do manual work, and learn about growing healthy foods. Without this it would be a bigger burden on myself and my wife." (His father)

Without Gardening in Mind; "he would require more encouragement to motivate him and I would lose my own sense of Freedom." (His mother)

"Gardening in Mind has reopened her eyes, gave her confidence to try other things, even to go out. We have a lot to thank Gardening in Mind for." (Her husband)

(iii) Change as experienced by Coventry and Warwickshire Mind

"I feel Gardening in Mind has been brilliant for the (Mind) staff as well as the Service User. I have introduced numerous Service Users to Gardening in Mind and it has helped them become more independent, confident and built up their self-esteem. I know of two people who used the allotment who now live in their own accommodation. This would never have happened if it was not for Gardening in Mind." (MO)

(iv) Change experienced by CPNs

"It has supported mental health service delivery financially and from a clinical perspective." (CPN)

6. OUTCOMES AND INDICATORS

Table 6.1 Stakeholder outcomes: Significant and relevant outcomes were derived from the changes identified by stakeholders. In the short term, Service Users experience increased confidence, followed by medium and short term outcomes as below:

Stakeholder	What they invest	Medium term outcomes	Long term outcome
Service User A (7) - significant improvement in independence and mental health	Attend Gardening in Mind day sessions, planting, weeding, digging, harvesting. Engaging with other users. Learning.	Improving confidence, self-esteem, sleep patterns, and engagement. Reduced stress.	Improved mental health
		Increasing social activity within Gardening in Mind and then elsewhere	Stronger family and social ties
		Understanding the benefits of healthy eating.	Healthy eating habit
		Improved physical health	Improved physical health
		Learning new skills, confidence to take a formal course.	Qualifications
		Building confidence to help others	Become a more valued member of the community by volunteering
		Some potential to gain employment.	Employment
Service User B (8)- managing and improving mental health	Attend Gardening in Mind day sessions, planting, weeding, digging, harvesting. Engaging with other users. Learning.	Improved confidence, self- esteem, sleep patterns, activity levels. Reduced stress.	Managed mental health
		Increasing social activity within Gardening in Mind and then elsewhere.	Stronger family and social ties
		Understanding the benefits of healthy eating	Healthy eating habit
		Improved physical health	Improved physical health
Service User C (3) - high risk of substantial relapse/deterioration without project	Attend Gardening in Mind day sessions, planting, weeding, digging, harvesting. Engaging with other users. Learning.	Improved confidence, self- esteem, sleep patterns, activity levels.	Managed mental health
		Increasing social activity within Gardening in Mind and elsewhere.	Stronger family and social ties
		Improved physical health	Improved physical health

Stakeholder	What they invest	Short term outcomes	Long term outcome
Service User D (3) - Little sustained impact/relapse	Attend Gardening in Mind day sessions, planting, weeding, digging, harvesting. Engaging with other users. Learning.	Some improved physical health	No lasting outcomes
Families of Service Users	Support Service Users in attending Gardening in Mind - support required decreases over time	Care respite with secure knowledge that family member is in safe hands. Better relationships with family member. Reduced care requirements when family member is at home.	Improved family relations and reduced care requirements for Service Users A
Coventry and Warwickshire Mind	Support Service Users in attending Gardening in Mind - support required decreases over time. Managing project. Funding.	Additional care/therapy service for Mind residents.	Reduced support needs
Coventry and Warwickshire Partnership (NHS Trust)	Referrals and initial support in introducing Service Users to Mind	Reduced GP visits	Reduced financial cost
		Reduced, psychiatrist and hospital visits	As above
		Reduced medication	As above
		Reduce support time for CPNs	As above
		Reduced requirement for care packages	As above
		Reduced crisis visits to counsellor	As above
		Reduced requirement for respite care for families	As above
Benefits provider	N/A	Financial benefit	Reduced financial cost
Local Food	Funding	NA	Developing models for Local Food

Table 6.2: Testing outcomes for relevance

Testing for relevance is looking at whether the outcome is relevant, in order to determine whether it is material. A material outcome is an issue that will influence the decisions, actions and performance of an organisation or its stakeholders. In other words, it has passed a threshold that means it influences decisions and actions.

The approach taken within SROI is consistent with the approach established by AccountAbility in the AA1000AS standard. This is an existing international standard.

An outcome is relevant if there are:

- policies that require it or perversely block it, and the intervention can deliver it;
- stakeholders who express need for it and the intervention can deliver it;
- peers who do it already and have demonstrated the value of it and the intervention can deliver it;
- social norms that demand it and the intervention can deliver it; and
- financial impacts that make it desirable and the intervention can deliver it.

	Relevance criteria					
Outcome	Stakeholder behaviour and concerns	Policy based performance	Societal norms	Direct short term financial impacts	Peer based norms	**Conclusion**
Improved confidence, self- esteem, sleep patterns, activity levels. Reduced stress.	Stakeholders confirmed this was a result of attending GiM	Mind policy is to improve well-being	Societal norms are to improve well-being	None - impacts are medium term	Other care farms seek this outcome	**Relevant**
Increasing social activity within GiM and then elsewhere	Stakeholders confirmed this was a result of attending GiM	Mind policy is to improve well-being	Societal norms are to improve well-being	None - impacts are medium term	Other care farms seek this outcome	**Relevant**

Healthy eating	Stakeholders confirmed this was a result of attending GiM	Mind policy is to improve physical health	Societal norms are to improve physical health	None - impacts are medium term	Other care farms seek this outcome	**Relevant**
Improved physical health	Stakeholders confirmed this was a result of attending GiM	Mind policy is to improve physical health	Societal norms are to improve physical health	None - impacts are medium term	Other care farms seek this outcome	**Relevant**
Learning new skills, confidence to take a formal course	Stakeholders confirmed this was a result of attending GiM	Mind policy is to improve skills	Societal norms are to improve skill levels	None - impacts are medium term	Other care farms seek this outcome	**Relevant**
Volunteering outside GiM	Stakeholders confirmed this was a result of attending GiM	Mind policy is to encourage volunteering	Societal norms are to encourage volunteering	None - impacts are medium term	Other care farms seek this outcome	**Relevant**
Employment	Stakeholders confirmed this was a result of attending GiM	Mind policy is to encourage employment	Societal norms are to encourage employment	None - impacts are medium term	Other care farms seek this outcome	**Relevant**
Care respite with secure knowledge that family member is in safe hands. Better relationships with family member. Reduced care requirements when family member is at home.	Stakeholders confirmed this was a result of attending GiM	Mind policy is to support carers	Societal norms are to encourage improved family relations	None - impacts are medium term	Other similar organisations seek to support carers	**Relevant**

Additional care/therapy service for Mind residents.	Stakeholders confirmed this was a result of GiM Attendance	Mind policy is to provide additional care services	Societal norms are to encourage improved family relations	None - impacts are medium term	Other similar organisations also provide similar additional services	**Relevant**
Reduced GP vists	Stakeholders confirmed this was a result of attending GiM	Mind policy is to improve well-being of Service Users	Societal norms are to reduce GP visits	None - impacts are medium term	Other similar organisations also provide seek to reduce GP visits	**Relevant**
Reduced, psychiatrist and hospital visits	Stakeholders confirmed this was a result of attending GiM	Mind policy is to improve well-being of Service Users	Societal norms are to reduce hospital visits	None - impacts are medium term	Other similar organisations also provide seek to reduce hospital visits	**Relevant**
Reduced medication	Stakeholders confirmed this was a result of attending GiM	Mind policy is to improve well-being of Service Users	Societal norms are to reduce medication	None - impacts are medium term	Other similar organisations also provide seek to reduce medication	**Relevant**
Reduce support time for CPNs	Stakeholders confirmed this was a result of attending GiM	Mind policy is to improve well-being of Service Users	Societal norms are to reduce care requirement	None - impacts are medium term	Other similar organisations also provide seek to reduce CPN time	**Relevant**
Reduced requirement for care packages	Stakeholders confirmed this was a result of attending GiM	Mind policy is to improve well-being of Service Users	Societal norms are to reduce care requirement	None - impacts are medium term	Other similar organisations also provide seek to reduce care requirements	**Relevant**

Reduced crisis visits to counsellor	Stakeholders confirmed this was a result of attending GiM	Mind policy is to improve well-being of Service Users	Societal norm is to reduce need for crisis intervention	None - impacts are medium term	Other similar organisations also provide seek to reduce crisis intervention	**Relevant**
Reduced requirement for respite care for families	Stakeholders confirmed this was a result of GiM attendance	Mind policy is to support carers	Societal norm is to reduce need for care support	None - impacts are medium term	Other similar organisations seek to support carers	**Relevant**
Financial benefit	Stakeholders confirmed this was a result of attending GiM	Health policy is to reduce need for care support	Societal norm is to reduce need for care support	None - impacts are medium term		**Relevant**
Development of local food models	Stakeholders confirmed that GiM is a useful model	Mind policy is to support Local Food but this is not part of Gardening in Mind purpose	Societal norm is to support local food	None - impacts are medium term		**Not Relevant**

6.3: Discounted outcomes

The SROI materiality principle states, '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.' Some outcomes have therefore been excluded to fulfill this principle. These include outcomes which did not have a significant value e.g. < 1.5% or the total:

Stakeholder	Outcome Excluded	Reason
Service Users	Informal learning	Much unstructured learning takes place at Gardening in Mind. It engages people with mental ill-health in activity and interaction as part of the 'keep learning' pathway. We have used the healthy eating and formal qualifications outcomes to value this pathway.
	'Volunteering' within the project	Some Service Users become 'volunteers' or helpers within the project on additional days. This is part of the 'Give' pathway. On the side of caution we have only taken volunteering outside the project as material.
	Employment	One Service User has obtained a job during the period. While the confidence building experienced at Gardening in Mind might be expected to improve employment prospects, it is not an intended outcome. The outcome has not been monitored in the past and therefore cannot be said to be typical. Its inclusion is considered in the sensitivity analysis.
	Healthy Eating	Less than 1.5% of total
	Learning new skills, sufficient to result in taking a formal course	Less than 1.5% of total
	Volunteering outside Gardening in Mind	Less than 1.5% of total
	Reduced GP visits	Less than 1.5% of total
	Reduced psychiatrist and hospital visits	Less than 1.5% of total
	Reduced medication	Less than 1.5% of total
Benefits provider	Service User taking on carer status	It was an unintended outcome that one service user has taken on carer status for his Mother, resulting in a reduction of benefits (details unknown) in favour of a carer allowance. This outcome was considered exceptional and therefore excluded.

(ii) Indicators

An indicator is a way to measure an outcome. Many of the indicators we have used are recognised quantities relating to the outcome. The outcomes for the NHS are measurable by changes in the amount of time or the number of incidents. They are material changes that experienced by Service Users and confirmed by other stakeholders including Coventry and Warwickshire Partnership (NHS Trust).

Service Users indicators are derived from the pathways identified in the Theory of Change. These pathways combine to give an overall account of the change in mental health experienced by Service Users as well as other benefits. The indicators which are subjective have been determined through discussion with mental health care professionals involved. Some indicators are based on estimations which are explained in the section on 'calculating quantities'.

Table 6.4: Indicators

The table below shows indicators used to calculate the quantity of change:

Stakeholder	Outcome	Change indicator calculation
Service Users A, B, C	Change in Confidence	Number of Service Users reporting as having significant increase in confidence.
	Change in social activity	Number of hours Service Users are socially engaged while at the project.
	Change in physical activity	Number of hours Service Users are engaged in physical activity in the project.
	Healthy Eating	Number of Service Users who have significantly improved their eating habits, by eating more veg.
	Qualifications achieved	Number achieving/taking accredited qualifications.
	Volunteering outside project	Number of hours engaged in volunteering outside project.
	Employment	Number of Service Users obtaining a job.
Family Carers	Change in respite care	Number of days care provided by Gardening in Mind less the reduction in days of respite care required from NHS.
C&W Mind	Additional care provision	Number of structured hours of care provided to Mind residents.
Coventry and Warwickshire Partnership (NHS Trust)	Change in Medication	Decrease in number and/or quantity of medication during period compared to pre-project levels.
	Change in GP visits	Decrease in number of visits during period compared to pre-project levels.
	Change in Hospital visits	Decrease in number during period compared to pre-project levels.
	Change in crisis intervention	Decrease in number during period compared to pre-project levels.
	Change in Support Worker time	Decrease in support hours required.
	Change in need for care packages	Decrease in days respite care reported by families.
	Change in crisis intervention	Net reduction in hours of crisis intervention.
	Change in respite care provision for families	Reduction in days respite care provision.

Calculating Quantities

Some quantities have been calculated on the basis of estimates about the time people with mental ill-health have been 'engaged' in social or physical activity. This varies with the different groups of Service User. People can be engaged both physically and socially at the same time as often the undertaking of tasks brings people together and stimulates social interaction.

The attendance rates also vary as do the average number of hours per session that people attend. Unsurprisingly, those more engaged tend to spend more time at the project.

The Allotments are open 51 weeks per year and the following estimates have been used to calculated social and physical activity quantities:

Table 6.5

Service User	Total number	% of total	Social Engagement	Physical Engagement	Average Daily Hours	Attendance Rate	Comment
A	7	33.3%	60%	70%	4	70%	Typically high levels of social engagement both while working and during breaks. Relatively high motivation.
B	8	38.1%	50%	60%	3	60%	Largely engaged but require significant motivational input
C	3	14.3%	50%	80%	5	80%	Highly motivated and work hard with less tendency to integrate
D	3	14.3%	40%	40%	2	50%	Require significant motivational input to get involved
Total	21	100%					

Other quantities are based on actual numbers of Service Users or reported figures and are shown in the table overleaf.

Table 6.6: Quantities reported

Stakeholder	Outcome(s)	Indicator	Quantity	Source
Service User A - significant improvement in independence and mental health	Improved confidence, self- esteem, sleep patterns, activity levels. Reduced stress.	Number of Service Users reporting or reported as having increase in self confidence	7	Questionnaires
	Increasing social activity within Gardening in Mind and then elsewhere	Number of additional hours spent By Service Users socialising	1554	Questionnaires
	Eating more healthily	Number of Service Users reported eating more healthily	4	Questionnaires and interviews
	More active	Number of additional hours spent walking/exercising by Service Users	1813	Questionnaires
	More knowledgeable	Number of Service Users who have gained/are studying for a qualification	2	Questionnaires and interviews
	Giving something back to the community	Number of volunteer hours worked outside Community Garden Project by Service Users	196	Questionnaires and interviews
	Economic activity	Number of Service Users who gained employment	1 Excluded	Questionnaires and interviews
Service User B - managing and improving mental health	Improvements in confidence and self esteem	Number of Service Users reporting or reported as having increase in self confidence	5	Questionnaires
	Increasing social activity within Gardening in Mind and elsewhere	Number of additional hours spent By Service Users socialising	689	Questionnaires

	Eating more healthily	Number of Service Users reported eating more healthily	4	Questionnaires and interviews
	More active	Number of additional hours spent walking/exercising by Service Users	826	Questionnaires
Service User C - high risk of substantial relapse/deterioration without project	Improvements in confidence and self esteem	Number of Service Users reporting or reported as having increase in self confidence	3	Questionnaires
	Increasing social activity within Gardening in Mind and elsewhere	Number of additional hours spent By Service Users socialising	1122	Questionnaires
	More active	Number of additional hours spent walking/exercising by Service Users	1795	Questionnaires
Service User D - Little sustained impact / relapse	Social activity	Number of additional hours spent By Service Users socialising	51	Questionnaires
Families of Service Users	Respite for family of Service User	Days attending Gardening in Mind less reduction of days respite care provided elsewhere	652.5	Interview with CPNs and families
Coventry and Warwickshire Mind	Additional monitoring and care of clients	Days of structured activity provided	400	Questionnaires, Mind data
NHS community mental health services	Reduction in GP visits	Reduction, in hours, of visits by Service Users to doctors	44	Questionnaires and referrers
	Reduced visits to hospital/consultant	No fewer of visits to hospital/consultant during period by Service Users	15	Questionnaires and referrers

	Reduced medication	No of Service Users reported as taking less medication	8	Questionnaires and referrers
	Reduction, support workers time	Net reduction, in hours, of visits by Service Users to support workers	546	Questionnaires and CPNs
	Reduced requirement for care packages	Reduced requirement for care packages	2	Interviews with CPNs
	Reduction in crisis intervention	No. of hours fewer visits to counsellor/OT	569	Interviews with CPNs
	Reduction in days respite care to allow families time off	No days reduction in respite care reported by families	36	Carer questionnaire and Interviews with families
Benefits provider	Saving in benefits costs as Service User became named carer for mother	Saving in benefits	1 Excluded	Interview with CPN

7. IMPACT

The purpose of SROI is to determine the social value added over time by the project relative to what would have happened with no intervention, accounting for impacts on activities/projects elsewhere and net of other contributing factors. These factors are called Deadweight, Displacement, Attribution Duration and Drop-Off, and are subtracted from the outcome recorded. These impacts were assessed using the questions below with unspecified activity being clarified through follow-up interviews.

Table 7.1

What did the Service User do before starting at Gardening in Mind?								
Service User	Home	Pub	Day C	Elsewhere	Vol/paid	Out and about	Informal social activity	Other structured activity
A	98%	0%	0%	0%	0%	0%	0%	2%
B	67%	7%	9%	0%	0%	8%	8%	0%
C	60%	0%	7%	0%	0%	33%	0%	0%
D	100%	0%	0%	0%	0%	0%	0%	0%
What would service user do on the days they are at Gardening In Mind if it didn't exist?								
A	90%	0%	5%	0%	0%	0%	3%	2%
B	71%	2%	9%	1%	0%	8%	8%	0%
C	42%	0%	8%	0%	0%	33%	17%	0%
D	100%	0%	0%	0%	0%	0%	0%	0%
What does SU do when not at Gardening in Mind?								
A	48%	0%	8%	0%	16%	6%	20%	2%
B	64%	0%	22%	0%	0%	0%	14%	0%
C	31%	0%	31%	0%	0%	21%	17%	0%
D	100%	0%	0%	0%	0%	0%	0%	0%

The increased use of day centres, informal social activity and other structured activity is attributed to the confidence building effect of Gardening in Mind. No comparable alternative to Gardening in Mind was identified by any Service User, Carer or Care worker. Coventry and Warwickshire Mind does operate a structured day service which uses on-to-one and group sessions to coach and mentor clients in such things as financial and behaviour management. This is not considered to provide the same therapeutic effects as Gardening in Mind or to be suitable for many of its clients.

(i)Deadweight

The mental health profile of Gardening in Mind Service Users is such that improvements in mental health are unlikely without intervention. Rather, without intervention, the view of Carers, Mind Staff and Referrers is that many might be expected to experience deterioration in mental health leading to further crisis.

- Five per cent of A&E attendances, 25% of primary care attendances, 30% of acute inpatient bed occupancy and 30% of acute readmissions are related to mental ill health.[5]
- Self-harm accounts for between 150,000 and 170,000 A&E attendances per year in England.[6]

Service User A: In the general population, 35% of those suffering from depression are expected to recover without intervention within two years[7]. In time, as many as 20% of people suffering from Schizophrenia are expected to recover without intervention[8]. Given the significant mental ill-health of these service users and the limited time period for recovery, a deadweight between 35% and 0% and less than 20% has been used. Deadweight is set at 17.5%.

Services User B, D: The experience of Mind is that no improvement in mental health is expected without continual intervention giving a deadweight of 0%.

Service Users C: With a lack of conclusive data against a comparable peer group, it could not be established that significant negative impacts would have happened in the absence of the project. It was concluded therefore that the deadweight should be 0% for this group. The possibility of negative deadweight for Service Users C is dealt with in the sensitivity analysis.

Family Carers: The benefits would not have occurred without Gardening in Mind giving a deadweight of 0%.

Coventry and Warwickshire Mind: The benefits would not have occurred without Gardening in Mind giving a deadweight of 0%.

NHS: Deadweight is calculated on the basis of one third of Service Users being group A e.g. (33% x 17.5%) + (66% x 0%) giving 5.83%

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5 http://www.mentalhealth.org.uk/content/assets/PDF/publications/Mental_Health_Strategic_Partnership_1OSC.pdf?view=Standard

6 http://www.mentalhealth.org.uk/content/assets/PDF/publications/Mental_Health_Strategic_Partnership_1OSC.pdf?view=Standard

7 http://isp.sagepub.com/content/52/1/19.abstract

8 http://www.rcpsych.ac.uk/mentalhealthinfoforall/problems/depression/depressionkeyfacts.aspx

(ii) Displacement

Gardening in Mind was originally set up to provide a service for Coventry and Warwickshire Mind's client base. It subsequently attracted interested from CPN's because of the high level of care from staff experienced in mental health care and its unique success rate for people with mental ill-health who were unable to find useful interventions elsewhere.

Coventry and Warwickshire Partnership (NHS Trust) have a small allotment where clients can be introduced to gardening. If they show an interest they will typically be directed towards Gardening in Mind.

Local Food would be unlikely to fund an alternative project in the area as the combination of significant food production and mental health care in project is rare.

It was therefore concluded that displacement had not occurred in any of the outcomes.

(iii) Attribution

No Service Users, Carer, or referrer identified any other intervention as contributing to the changes identified. Many users access other services, including day centres. Of these, many accessed day centres only after they had experienced improved mental health as a result of the project. Nevertheless, some changes need to be attributed to outside interventions, in particular for NHS and Coventry and Warwickshire Mind.

Coventry and Warwickshire Mind: Mind staff may play a significant role in the benefits seen by Coventry and Warwickshire Mind. While recognising that the majority of the impact is as a result of Gardening in Mind, we have therefore given an attribution of 25%.

NHS – Reduced psychiatrist and hospital visits: The reduced visits may be in part attributable to the clinical intervention. To be cautious in the valuation an attribution of 50% has been assumed.

NHS – Reduced support time for CPNs: The reduced support time for CPNs may be attributable to the support given by CPNs. While CPNs attributed the change to Gardening in Mind, to be cautious in the valuation an attribution of 33% has been assumed.

NHS – Other outcomes: While stakeholders have attributed these changes to the project, an attribution of 10% has been assumed in order to be cautious on the valuation.

(iv) Duration and drop-off

The benefits of an intervention may endure beyond the project. By convention SROI limits 'duration' to 5 years typically with diminishing impact or 'Drop-Off'. Gardening in Mind is a long-standing project and values are based on knowledge built up over this time.

Service User A: While Service Users are typically prone to relapse, Service Users A have shown stability over significant time periods and some have moved on to independent activity demonstrating that the impacts have been durable. The duration is therefore set at 2 years with a drop-off of 50%.

Service User B, C: Service Users B, C and D would be expected to need continual support to maintain outcomes for any significant period of time and therefore the duration for all outcomes was set at 1 year and drop-off was set at 100%.

Service Users D: Outcomes are considered to be transient and duration is set at 0 years.

Families : The respite care experienced by families would cease with the project and therefore duration is set at 1 year with drop-off at 100%.

Coventry and Warwickshire Mind: The structured care provided would cease with the project and duration is set at 1 year with drop-off at 100%.

NHS and Coventry and Warwickshire Partnership: One third of the Service Users are group A and so duration is set at 2 years. Drop-off is calculated as (50% x 33%) Service User A plus (100% x67%) Service User B, C and D giving 83.5%.

(v) Discount Rate

The future value of money is lower than its value today, because of inflation and lost investment opportunity. Therefore, social value calculated in the Impact Map years 2-5 is discounted to give a present value. We have used the Treasury's discount rate of 3.5%, as this is widely accepted by accountants and economists.

8. FINANCIAL PROXIES

SROI uses financial proxies to help to conceptualise the value of the change that stakeholders experience as a result of the activities under consideration. The people and organisations involved provide information about what really happens for them – the nature of the change and its relative importance – and the SROI then articulates this from their perspective. To establish financial proxies we looked at structured activities that are designed to produce the same or a similar outcome. Through the stakeholder engagement process we validated these with relevant stakeholders.

While an indicator is a way to quantify an outcome, and a financial proxy is a way to value that quantity. It is important to note that some proxies are based on assumptions and estimations. In many cases, the financial proxy is a cost directly attributed to the indicator, for example 'the cost of a GP consultation' in relations to 'reduced GP visits'. We used the WikiVOIS database, published SROI reports and other sources to find relevant financial proxies, with the purpose of valuing each outcome fairly, and in proportion to the values placed on other outcomes.

Where there were alternate interpretations of what constituted a fair valuation, these were in relation to Service User indicators. Decisions on which indicator to use were based on discussions with Mind staff who have detailed understanding of the background and context of intervention in this area.

For example:

- A proxy for physical activity might be a local authority gym membership. However, it was decided to use a proxy with a lower value and more relevance e.g. guided walks.

The table overleaf shows financial proxies used for each outcome, an explanation where necessary and the source of the information:

Table 8.1 Financial proxies

Stakeholder	Outcome(s)	Financial proxy description	Value £ (per unit)	Source
Service Users	Improved confidence, self- esteem, sleep patterns. Reduced stress.	Cost of hypnotherapy to help with anxiety and depression – monthly sessions (12) at £65 per session	780	http://www.hypnotherapy-directory.org.uk/member_10887.html
	Increasing social activity within Gardening in Mind and then elsewhere	Cost per hour of visiting the pub and drinking two pints - This is the default social activity of many service users.	5.00	http://www.pintprice.com/region.php?/United%20Kingdom/
	Understanding the benefits of healthy eating - leading to healthy eating habit	Cost of course on healthy eating	225	https://www.stonebridge.uk.com/course/nutrition-and-health-healthy-eating
	Improved physical health	Cost per hour per person of joining a guided walk in Coventry	3	http://www.warwickshire.gov.uk/corporate/tourism.nsf/7b118fc307ef3d36802571f50047eca1/c2fbcde6a2762afe8025757d00452b76?OpenDocument
	Learning new skills, sufficient to result in taking a formal course	Cost of RHS Level 2 Principles of Horticulture	135	http://www.learning-curve.org/level-2-horticulture-royal-horticulturalqualifications/?gclid=CJi4gdWNqrcCFZLKtAodghoAtw
	Volunteering outside Gardening in Mind	Minimum wage – minimum cost of work	6.31	https://www.gov.uk/national-minimum-wage-rates

Stakeholder	Outcome(s)	Financial proxy description	Value (per unit)	Source
Families of Service Users	Care respite in safe hands. Better relationships at home. Reduced care requirements at home.	Cost per hour of private carer	29.47	http://www.hertslis.org/content/Health,_well-being_and_care/obdocs/pdfs/carerbreaks.pdf
Coventry and Warwickshire Mind	Additional care/therapy service for Mind residents.	Cost per person per day of a structured day centre – This is a contracted intervention and so represents a 'market' price.	25.04	Mind - actual cost p.p. p.d. of structured day service
NHS community mental health services	Reduced GP visits	Cost of GP consultation	38	http://www.nice.org.uk/media/01D/C3/DepressionQSCostAssessment.pdf
	Reduced, psychiatric and hospital visits	Cost of outpatient visit	200	http://www.nice.org.uk/media/01D/C3/DepressionQSCostAssessment.pdf
	Reduced medication	Average cost of single medication per annum	72.11	http://www.nice.org.uk/media/01D/C3/DepressionQSCostAssessment.pdf
	Reduce support time for CPNs	Hourly cost of a Care Coordinator	29.22	Coventry and Warwickshire Partnership (NHS Trust) based on estimated average salary plus on-cost
	Reduced requirement for care packages	Cost of a care package	7650	10 hours a week at £15 an hour for 51 weeks – actual cost
	Reduced crisis visits to counsellor	Cost of a consultation with a community nurse	35	www.sroiproject.org.uk (originally from Scottish NHS Cost Book 2008)
	Reduced requirement for respite care for families	Cost per day of respite care for SU	79	Cost of nursing care home per day http://www.highland.gov.uk/NR/rdonlyres/E8E4ED1C-BFFD-4F30-AF49-72357A973EA6/0/201009respitecharges.pdf
Benefits provider	Financial benefit	Reduction in benefits	2953.6	weekly jobseekers allowance £56.80 x 52 weeks

9. INPUT COSTS

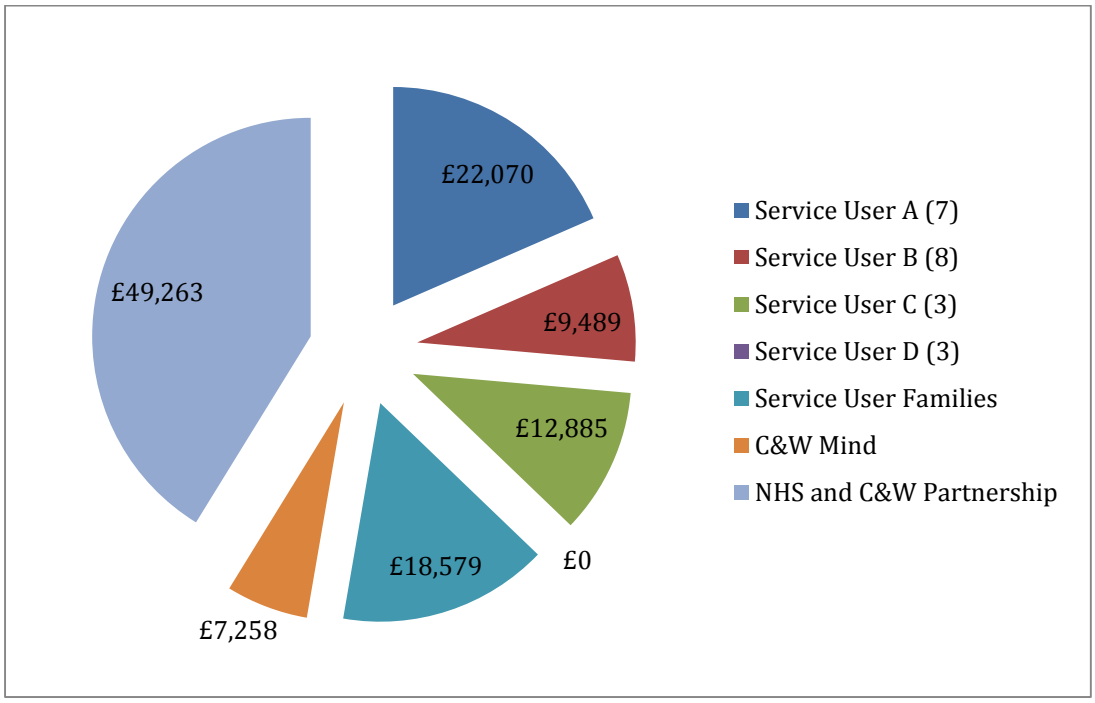
The project has been sponsored by Local Food since 2009. During the period the funding from Local Food was £49,021. The project is also sponsored by Coventry and Warwickshire Mind to a value of £8,885. Total funding was £57,906.

In previous years, trainees from Coventry and Warwickshire Partnership have provided additional support to the project at no cost as part of their training programme. This is considered in the sensitivity analysis on the basis of the cost of a part-time project worker at £8,250 per annum.

During the period, Gardening in Mind was awarded a contract to provide garden maintenance for Coventry and Warwickshire Mind properties which attracted an income of £6,000. The work was previously contracted out. In the sensitivity analysis, we consider the scenario where this income is lost and Coventry and Warwickshire Mind make up the shortfall.

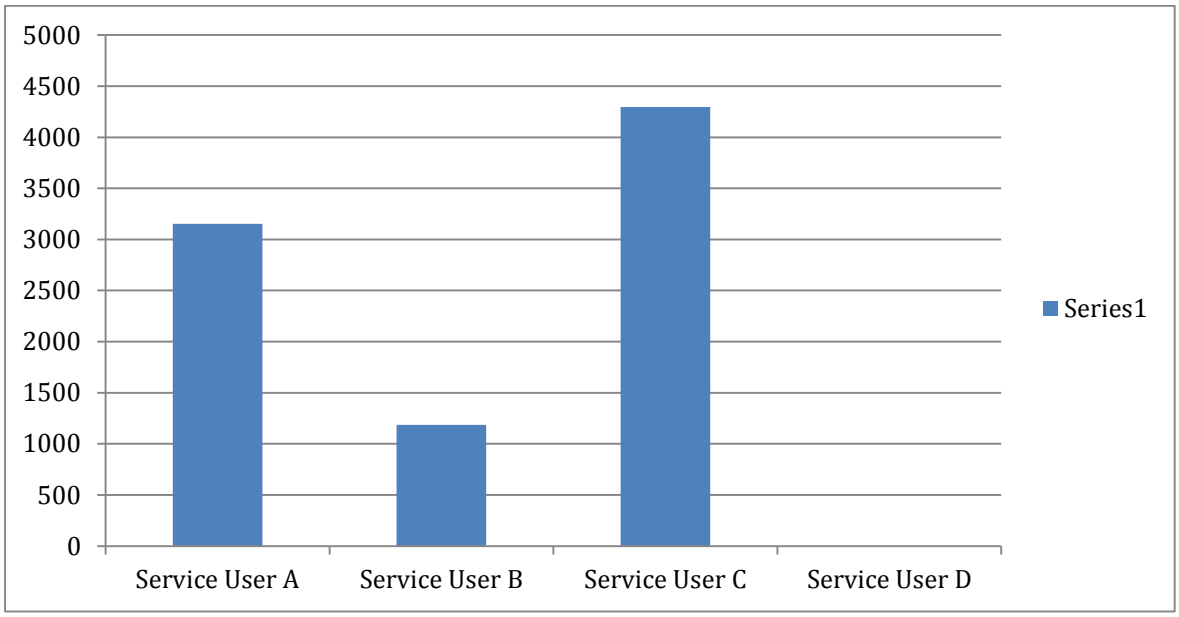
10. RESULTS

The social return created by the project was valued at £117,961on an investment of £57,906, giving a return on investment of 2.04. The largest beneficiary was the NHS, followed by Services Users, Families and finally Coventry and Warwickshire Mind. The breakdown by stakeholder is shown in the chart below:



Value per Service User Type

The total value created for each Service User type divided by the number of service users of that type give a per user return as follows:



Value to Coventry and Warwickshire Mind

Mind residents accounted for 7 out of the 21 Service Users or one third. Of these, 3 were classed as group D meaning social benefits only accrued for 4 Mind residents, of which 3 were group B where returns were relatively low. (see above)

The value of social returns to Mind were £ 7,258 compared to an investment of £8,885 giving a return of £0.82 for each £1 invested.

11. SENSITIVITY ANALYSIS

While we used data collected from stakeholders to calculate the SROI ratio for the Gardening in Mind Project wherever possible, it was necessary to make generalised assumptions about deadweight, displacement, attribution, duration and drop off. The calculation of some quantities required generalised estimates of Service User activity and engagement. A sensitivity analysis challenges these assumptions and estimations, to see what effect changing their values would have on the calculated SROI ratio.

Some of the proxies for Service User outcomes consider the cost of 'comparable' activities while recognising, no other structured activity has been found to produce the same results for these Service Users. Many of the proxies are where a recognised monetary cost can be established and therefore the scope for error is limited.

Given that the SROI ratio is 2.04 a 50% general reduction in either Quantities or Proxy values would still leave a ratio over 1. It is likely that a value below 1 would only result from an over-estimation of several measures. We consider, in the table below, scenarios covering each measure and then a 'Worst case' scenario, which produces a ratio of 1.25. In other words, the project returns a little more than what is invested.

Table 13.1	**Sensitivity Analysis**									
Scenario	Quantities	Proxies	Deadweight	Displacement	Attribution	Duration	Drop-off	Input cost	New Ratio	Variance
Service User quantities reduced by 30%	-30%								1.81	-11%
Service User proxies reduced by 30%		-30%							1.81	-11%
Service User attribution set at 30%					30%				1.8	-12%
Duration set at 1 year, drop-off at 100% for all outcomes						1	100%		2.07	-12%
Negative deadweight of 30% Service User C			-30%						2.1	3%
Including job and named carer outcomes									2.19	7%
Including Mind contract value in input cost								6000	1.85	-9%
'Worst case' – Service User quantities and proxies reduced by 30%, Service User attribution set at 30%, Duration 1 year for all outcomes – 100% drop-off. Include Mind contract value in input cost.	-30%	-30%			30%	1	100%	6000	1.25	-39%

12. RECOMMENDATIONS

(i) Type of Service User
The data indicates that users have significant mental ill-health. This means that considerable supervision is required and that the project might not be geared to people with more moderate mental ill-health. It is recommended that research be done into other projects in the country that may have a different user profile in order to determine how a service suitable for people with moderate mental ill-health could be devised.

(ii) Community integration
The project has limited visibility being on an allotment and selling its produce in a community centre. To develop more community integration, the potential for a more accessible site with its own outlet should be explored. The project has had success with selling planters made as a winter activity and could develop its product range as well as the variety of its winter activity.

(iii) Gender
Only 3 of the 21 (14%) Service Users were female. Further research to determine the perception of referrers to the gender orientation of the project would help determine if the bias is a result of low referral numbers and how this perception could be altered. The Allotments Regeneration Initiative, which supports and promotes urban allotments, says women make up the fastest-growing group of allotment holders. Some 59,000 of the nation's 330,000 (18%) plots are now rented by women. Research among Mind's female users could help determine the level of potential interest in the project and way in which the project could be made more accessible to them.

(iv) Service Users D
All the Service Users D were Mind residents. Research with referrers to determine the level of confidence that Gardening in Mind was an appropriate intervention could help determine the threshold at which people with mental ill-health are referred.

Appendix A What is SROI?

What is SROI?

SROI is an approach to understanding and managing the value of the social, economic and environmental outcomes created by an activity or an organisation. It is based on a set of principles that are applied within a framework.

SROI seeks to include the values of people that are often excluded from markets in the same terms as used in markets, that is, money, in order to give people a voice in resource allocation decisions. SROI is a framework to structure thinking and understanding. It's a story not a number. The story should show how you understand the value created, manage it and can prove it. [9]

SROI is based on seven principles:

1. **Involve stakeholders**
   Understand the way in which the organisation creates change through a dialogue with stakeholders

2. **Understand what changes**
   Acknowledge and articulate all the values, objectives and stakeholders of the organisation before agreeing which aspects of the organisation are to be included in the scope; and determine what must be included in the account in order that stakeholders can make reasonable decisions

3. **Value the things that matter**
   Use financial proxies for indicators in order to include the values of those excluded from markets in same terms as used in markets

4. **Only include what is material**
   Articulate clearly how activities create change and evaluate this through the evidence gathered

5. **Do not over-claim**
   Make comparisons of performance and impact using appropriate benchmarks, targets and external standards.

6. **Be transparent**
   Demonstrate the basis on which the findings may be considered accurate and honest; and showing that they will be reported to and discussed with stakeholders

7. **Verify the result**
   Ensure appropriate independent verification of the account

[9] SROI definitions from the SROI network www.thesroinetwork.org/what-is-sroi

Appendix B Sample Questionnaire

Gardening in Mind SROI Survey
PROJECT WORKER QUESTIONNAIRE

Your name _____ **Service user's name** _____

Default activity

What did the service user do before they started at the Gardening in Mind Project? ***(tick all that apply)***

- □ stayed at home
- □ went to the pub
- □ attended a day centre
- □ attended somewhere else. If so, where? .....
- □ volunteered or paid employment
- □ took part in another activity.

  If so, what? Sport? Arts? Hobby? ……
- □ other.....

What would the service user do on the days they are at the project if they weren't at the GIM Project? ***(tick all that apply)***

□ stay at home
□ go to the pub
□ attend a day centre
□ volunteer somewhere else. If so, where? .....
□ work in paid employment
□ take part in another activity. If so, what? Sport? Arts? Hobby?
.....
□ other .....

What does the service user do for the rest of the week when they're not at the GIM Project? ***(tick all that apply)***

□ stay at home. How many days per week? .....
□ go to the pub. How many days per week?.....
□ attend a day centre? How many days per week? .....
□ volunteer somewhere else. If so, where? .....
How many days per week? .....
□ work in paid employment. How many days per week? .....
□ take part in another activity. If so, what? Sport? Arts? Hobby?
..... How many days per week?
.....
□ other .....

Please report on the following at the start, midpoint and end of the survey period. Please give as much factual and measurable information as you can. Also please include your personal observations and make any comments which you feel may be relevant.

	On starting at GIM	At midpoint of survey period	At end of survey period	+/- %
Medication				
Hospital/GP visits (per week/month)				
Crisis interventions (per week/month)				
Alternative therapies (please include costs)				

Default activities				
Sleep patterns				
Self esteem				
Confidence levels				
Socialisation				

Positivity				
Learning				
Healthy eating				
Activity levels				
Employment				

Volunteering				
Community Inclusion				
Relationships				

We also want to know about any impact the Gardening in Mind project has had on you. For instance reduced support needs which might impact on your workload.				
Support time				
Support needs				
Support relationship				
Other impacts				

Q. What comparative alternative provision to GIM is available?
_____

Q. What is the cost of this alternative provision? _____

Q. What would be the impact on the service user if they could not attend GIM?

_____

_____

Q. what would be the impact on you if the service user could not attend GIM?

_____

_____

Q. To where would you refer this service user (and others) if GIM did not exist?

_____

Please use this space to make any personal comments about Gardening in Mind.

Appendix C **Impact Assessment** **See attached spreadsheet**

Appendix D **Assurance Checklist** **See attached Document**