

Gloucestershire Active Together Evaluation

Final Report

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Definition of Abbreviations / Terms

1. **AT** (Active Together) – The small grants scheme being evaluated
2. **SROI** (Social Return on Investment) - An outcome-focused methodology for understanding the wider benefits to society of a given intervention
3. **Attribution** - How much of the outcomes were caused by Active Together
4. **Deadweight** - What would have happened even if Active Together had not taken place
5. **Discount rate** - Interest rate used to discount future costs and benefits to a present value
6. **Displacement** – Extent to which the outcomes have displaced other outcomes
7. **Drop off** - The deterioration of outcomes over time
8. **Materiality** – Information that is likely to affect the stakeholders’ decisions if excluded
9. **Grounded theory** - A systematic qualitative methodology that constructs theory from the interpretation of data
10. **Indicator** - A metric to measure changes in the outcomes
11. **PV** (Present value) - Value in today’s currency of money that is expected in the future
12. **Stakeholder** - Any individual with a material interest in the Active Together programme
13. **Sensitivity analysis** – A process to ensure that results are not being over-claimed and that the underlying assumptions are not unreasonable.
14. **ToC** (Theory of Change) - A process for defining and understanding short, medium and long-term goals and the factors which help, or detract, from their realisation.

Executive Summary

Background and methodology

- Gloucestershire County Council's (GCC) Active Together (AT) programme aimed to help encourage more participation in sport and physical activity across the county and was open to a range of community groups, from sports clubs to scout groups and parish and town councils, and schools.
- In September 2014 the University of Gloucestershire was commissioned Public Health Gloucestershire to evaluate the AT programme as a means of establishing evidence of whether the programme is a good way of using funds to encourage greater participation in health enhancing activities.
- Using a mixed methods approach incorporating a Social Return on Investment framework at its core, the evaluation sought to understand and value the changes that occurred as a consequence of projects implemented with AT funding, and to develop delivery and evaluation blueprint as a resource for other organisations and similar programmes.

Key findings

1. The Gloucestershire County Council Active Together database

As at 15th September, 2016 a total of 404 applications had been made to Gloucestershire County Council in respect of AT funding. Registered charities (24.3%) and sports groups and associations (22.7%) accounted for the majority of applications. Just over one-third of applications were made to purchase sports equipment or to refurbish a sports facility, while improving green spaces and less informal activities involving families made up the majority of other applications. Social activities and physical activity (52.7%) and sports (38.1%) provided the main focus of activities. The majority of applications were focused on capital and staff development (46.3%), and facilitating participation in health enhancing opportunities (34.1%).

2. Process evaluation

Three main themes emerged through the analysis of data, including: simplicity and flexibility; rapid access to funding, and sustainability and development opportunities. These demonstrated the positive impact the funding made with respect to acting as catalyst for change and a mechanism for community connectivity, in addition to the appropriateness of the programme as a small grants scheme for supporting community projects. The potential for stakeholders to network with other AT-funded projects was an area for potential development in future similar programmes.

3. Participant experiences

Four distinct and interconnected themes emerged through data analysis including: pragmatic issues relating to the projects (e.g. location, cost factors); individual benefits (e.g. health improvements, new opportunities); sociability (e.g. camaraderie and networks), and transformation (personal, geographical, social). Some of the benefits described were directly attributed to AT and would not have arisen otherwise. Participants also talked about further benefits, which, whilst not directly attributed, were identified as being derived from AT participation.

4. Social Return on Investment

An initial Theory of Change (ToC) exercise was undertaken with stakeholders that had received AT funding to ascertain the likely types of project being implemented, associated outcomes, and stakeholder categories. Outcome areas were conceptualised broadly into the following themes, along with a number of overlapping conditions necessary for success:

Outcome areas	<u>Conditions</u>	
	Short term	Medium / long term
Community connections & resources	Ensuring a stronger future by attracting new members and funding	A greater sense of independence for people of all ages, and better connected people building stronger, safer and more cohesive communities with a clearer sense of community spirit
Education & skills	More people leading healthier lives and learning new skills	Creating sustainable and innovative ways of doing things in order to achieve greater success
Health & well-being	Fewer barriers and more inclusive opportunities for people to take part in physical activity and sport	

Findings of the SROI exercise suggest that every £1 invested in Active Together has returned £7.25 to society in the form of social and economic outcomes across the three outcome domains of community connections and resources, education and skills, and health and wellbeing.

Subject to the limitations of case study approach and related issues, this represents an indicative 725% return on investment for the Active Together programme.

Breaking down the magnitude of benefit according to the three outcome domains affected by Active Together reveals that the programme is producing around two thirds of its societal return in the areas of health and well-being, followed by community connections and resources and then education and skills.

Recommendations

Recommendations for commissioners

- Small grants schemes such as Active Together provide a powerful means of engaging with community stakeholders at different levels and to create a sense of ownership over local projects. Future programmes should consider adopting similar approaches.
- The use of SROI evaluation approaches should be incorporated within the initial planning phases of interventions to ensure that the full range of stakeholders, indicators and contextual factors are included from a range of qualitative and quantitative sources.
- Using public events and workshops to engage with people during planning stages will help ensure that stakeholders for example, local councillors, and those benefitting from

the programme understand what it is about, the role of evaluation, and their part within it. This provides a means of building trust and ensures that the full contextual complexity of programmes is understood.

- An SROI approach can be used for monitoring and evaluating programmes as they evolve. This helps to reduce the need for more cumbersome reporting systems needed to monitor programme effectiveness. It is important to maintain effective communication between commissioners, stakeholders and evaluation experts throughout the duration of the programme in order to support information sharing.
- The evaluation framework provided in this report provides a useful blueprint for future similar programmes. The potential to include diverse stakeholders and beneficiaries is clear. The use of SROI approaches is recommended in a time when services are stretched and funding is hard to come by.

Recommendations for researchers

- Applying an SROI approach to a community health promotion programme provides a means of capturing the wider social, personal and interpersonal, and economic benefits for individuals and communities. Attempts to apply the method in this context are few and far between. It is recommended that researchers work closely with practitioners to devise similar evaluation approaches to advance knowledge in this area.
- Researchers should ensure sufficient flexibility when devising SROI evaluations to allow for new inputs as the evaluation progresses. This will ensure the most relevant data are considered and assessed.
- Implementing SROI methodologies is likely to provide a useful means of exploring deeper meaning of community engagement in interventions of this type and the that extend beyond the lifespan of the evaluation. SROI should also help to foster more innovative approaches and activities by focusing on outcomes rather than outputs. This provides a broader way of evaluating success and failure in a more meaningful and implicit way.
- The successful application of grounded theory to the SROI approach in this study demonstrates the potential for further methodological development in this area. This is not only in the interests of improving robustness, but also with respect to the development of bespoke monitoring and evaluation frameworks for specific projects, programmes and policy areas.
- More specifically to community health programmes, there may potential to combine elements of SROI with Cost Utility Analysis (CUA) to more closely align them with assessments of conventional health interventions.

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Section 1

1.0 Introduction and background

Gloucestershire County Council's (GCC) Active Together (AT) programme aimed to help encourage more sport and physical activity across the county and was open to a range of community groups, from sports clubs to scout groups and parish and town councils, and schools.

There was £40,000 of funding available in each of the 53 county council electoral divisions in Gloucestershire. It started in June 2014 and grant funding was available across the financial years 2014/15 and 2015/16.

Funding could be used to encourage sport and physical activity projects in local areas e.g. community walks, alternative sport classes, outdoor gyms, skateboard parks as long as it was focused on getting local people physically active.

In September 2014, Public Health Gloucestershire commissioned the University of Gloucestershire to evaluate the AT programme as a means of establishing evidence of whether the programme was a good way of using funds to encourage greater participation in health enhancing activities.

1.1 Evaluation aims and objectives

Aims

- 1 To understand and value the changes that occur as a consequence of projects implemented with AT funding; and, in parallel;
- 2 To develop a blueprint for a delivery and evaluation model for the AT programme that can be used in the future and as a resource for other organisations and similar programmes.

Objectives:

Objective 1: To **consult with a full range of material stakeholders** involved in the AT programme including GCC staff, local councillors, local organisations and agencies, and participants engaged in activities supported by AT in order to identify the planned and expected outcomes and present them in a Theory of Change (ToC).

Objective 2: To **conduct a prospective (forecast) SROI exercise** to provide an initial assessment of likely change in the identified outcomes

Objective 3: To **develop an evaluation framework** based on a SROI approach that will establish evidence concerning the processes and outcomes associated with the AT programme.

Objective 4: To assess programme data collected by GCC to **establish the nature and scope of projects** funded through AT.

Objective 5: To **provide GCC with a ratio of societal return** derived from dividing the value of the impact by the value of the AT investments.

Objective 6: To use the evidence acquired through the evaluation model and programme data **to assess the processes and outcomes associated with the AT programme** and to make appropriate recommendations for health and social care commissioners.

Objective 7: To **establish a rigorous monitoring and evaluation framework** outlining the key elements required for effective implementation of the AT programme that can be used to evaluate other AT programmes.

1.2 Structure of the report

The purpose of this report is to:

1. Present the methodology and key findings of the evaluation of the Active Together programme.
2. Provide a summary and recommendations.

The remainder of this report is presented using the following structure:

Section	Contents
Section 2	Describes the methods that were employed and the processes employed to support the implementation of the evaluation and the SROI framework, including creation of the Theory of Change, main outcomes and selection of indicators.
Section 3	Presents the findings from the analysis of the applicant database, interviews with stakeholders, participant experiences in AT-funded projects, and the SROI exercise.
Section 4	This section presents the discussion and recommendations based on the findings of the evaluation.

2.0 Methodology

2.1 Introduction

This section outlines the evaluation methodology and presents this in respect of each of the evaluation components.

Social Return on Investment (SROI) is a government-recognised methodology that measures and accounts for the broader concept of value and measures change in ways that are relevant to the people or organizations that experience or contribute to it (Aeron-Thomas, Nicholls, Forster, & Westall, 2004). SROI is useful in developing innovative evaluation approaches that accommodate the complex and increasingly fragmented policy and social contexts in which health interventions take place.

As a six-stage model (Figure 1) it has been promoted as a way of enabling social enterprises to quantify the value of impacts and translate them into monetary values in order to understand how they make a difference (Department of Health, 2010; Harlock, 2013; Nicholls, Lawlor, & Neitzert, 2012).

Figure 1: Six stages of SROI



SROI is outcome-focused and attempts to involve stakeholders at every stage of the research process as a means of understanding the wider benefits to society of a given intervention, programme or service (Arvidson, Lyon, McKay, & Moro, 2010; Nicholls et al., 2012). This includes economic interpretations of value in addition to qualitative data that explores real world contexts and experiences (Leck, Upton, & Evans, 2015; Lyon and Arvidson, 2011; Westall, 2009).

The increasing number and depth of linkages between social enterprises, other community organisations and local authority departments suggests that SROI has the potential to demonstrate impacts of multi-agency efforts on people across multiple ecological contexts. Health and social care policy in the UK has increasingly promoted partnership approaches incorporating health professionals and community organisations delivering community interventions as a means of securing greater efficiency, cost effectiveness and sensitivity to local needs (Department of Health, 2006; 2010).

2.1.1 The Active Together evaluation

Social Return on Investment (SROI) provided the core component to evaluate the Active Together programme in order to measure and account for the broader concept of value in ways that were relevant to the people or organizations that experienced or contributed to it.

The main principles of SROI are to:

- i. Involve stakeholders
- ii. Understand what changes
- iii. Value what matters
- iv. Include only what is material
- v. Avoid over claiming
- vi. Be transparent

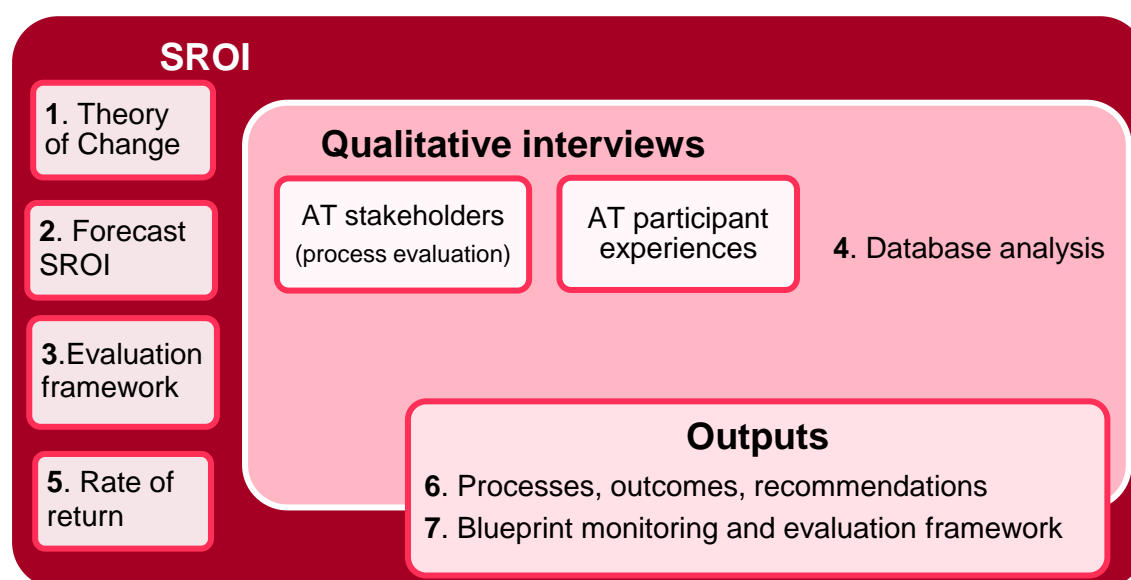
vii. Verify the result

These principles established the foundations of the evaluation components (Figure 2). In support of the SROI approach an additional qualitative evaluation component was used to provide supporting data that addressed the aims of the evaluation.

The qualitative component involved interviews with two key informant groups: those that were responsible for or had received AT funding (e.g. local councillors (local organisations and agencies); those who had participated in AT-funded activities. The purpose of the interviews was to establish a series of case studies that explored AT programme processes, positive and challenging factors, general and specific perceptions, and recommendations for the future.

In conjunction with the SROI evaluation framework, the case studies established evidence concerning the processes and outcomes associated with the AT programme. In addition, an analysis of the AT database held by Gloucestershire County Council Public Health was conducted to establish further supporting data.

Figure 2: Key evaluation components and 7 evaluation objectives



2.2 Analysis of the GCC applicant database

Analysis of the Gloucestershire County Council Public Health Active Together applicant database was conducted to establish information concerning the nature of projects approved for delivery including the number, main activity type, and purpose of the requested funding. This provided contextual data and a means of establishing the sample for the process and participant (qualitative) interviews, and understanding the types of activities that were being funded i.e. those focused on purchasing new equipment and projects targeting socially-focused physical activity.

2.3 Process evaluation

In conjunction with the commissioner a purposive sample (Sarantakos, 2005) was employed based on the logic of identifying information-rich cases that reflected the temporal dimension of the programme and the diversity of stakeholders, geography and projects. The AT applicant database provided the main source of information which was supported with opportunistic and

snowball approaches (Kemper et al., 2003; Sarantakos, 2005) whereby participants were identified by existing interviewees.

2.3.1 Procedure

A semi-structured interview schedule (Appendix A) was designed in collaboration with the evaluation commissioner to investigate AT programme processes, positive and challenging factors, general and specific perceptions, and recommendations for the future.

A series of individual interviews, either in person or via a telephone, conversation was conducted with local stakeholders representing diverse projects including youth and social clubs, sports clubs, charities, and community groups from across all Gloucestershire districts who had received AT funding. Interviews (n = 27) took place between July 2015 and November 2016 and were recorded and transcribed verbatim.

Information concerning the purpose of the evaluation was provided to all participants in addition to a voluntary informed consent form (Appendices B and C). Data were analysed in NVivo (11), a qualitative analysis software package using an inductive thematic approach (Braun & Clarke, 2006) which was used to organise, identify and report themes in the data. Interview transcripts were read and re-read and initial ideas noted down following which initial codes were generated across the entire data set and then collated into emergent themes, ensuring that data relevant to each theme was collated from the entire sample.

2.4 Participant interviews

Interviews with individuals participating in activities supported with AT funding were used to explore general and specific perceptions concerning the impact of participation. The interviews provided an important aspect of the SROI framework in helping establish evidence concerning the extent to which the activities were responsible for how participants felt about themselves and their community, and any changes they perceived to have happened as a consequence of taking part.

2.4.1 Procedure

A purposive sample was developed in consultation with the evaluation commissioner based on the logic of identifying information-rich cases that reflected the temporal dimension of the programme and the diversity of geography and projects types. Due to the evaluation team not knowing who the participants were, interviews with project stakeholders i.e. those in receipt of AT funds were used as a means of accessing potential interview participants. This approach allowed the evaluation team to locate information-rich cases who could provide detailed insight into the activities run by the projects. Following identification, initial contact was made by email in which information concerning the purpose of the evaluation was provided to all participants in addition to a voluntary informed consent form (Appendices C and D).

A semi-structured schedule (Appendix D) was used to guide the interviews in order to provide participants to discuss their personal experiences and to ensure evidence was acquired that was relevant to the SROI framework for example, perceptions. Individual interviews (n = 7) were conducted face-to-face or via the telephone between July 2015 and November 2016 from people participating in a variety of projects. These were recorded and transcribed verbatim.

Where individual interviews were not possible, data were collected via visits to activities by the evaluation team whereby a number of participants were spoken to during and after the

activities. This yielded an additional 15 participants from 4 further projects. In this instance, researcher notes were used to record the nature of discussions.

As with the process interview data, interviews were analysed using an inductive thematic approach to organise, identify and report emergent themes which helped convey what it was that was going on in the eyes of the participants. Where possible all participants were provided with information about the evaluation and a voluntary informed consent form. Where this was not feasible i.e. attendance at an outdoor activity with no prior knowledge of attendees, the purpose of the evaluation was provided verbally by the evaluation team, and verbal consent acquired from all those spoken to concerning their involvement in the activities.

2.5 SROI framework

In SROI, monetary values are used to represent outcomes, which enable a ratio of benefits to costs to be calculated. For example, a ratio of 3:1 would indicate that an investment of £1 in the programme delivers £3 of social value. Because SROI is an outcomes focussed methodology that seeks to understand and value the most important changes that occur from an organisation, project or programme it relies on consultation with those who are experiencing change. This ensures that the full range of benefits to all stakeholders is considered rather than simply focusing on revenue or cost savings for one stakeholder.

The first task was to establish the scope of the AT programme via a Theory of Change (ToC) exercise. This provided the basis for establishing the SROI framework. The evaluation comprised two SROI exercises that helped to identify the categories of project most likely to yield the greatest return to society, including:

- i. Initial development of indicators to produce a prospective (forecast) SROI assessment of outcome change over the course of the programme, and to refine the outcome and indicator set.
- ii. Evaluative SROI (or full SROI) - based on distance-travelled measures for outcomes over the two years of Active Together.

2.5.1 Creating the Theory of Change

Prior to the forecast SROI a Theory of Change (ToC) exercise was conducted via three workshops (November 2014 – February, 2015) comprising 33 people in total, to ascertain the likely project types and associated outcomes and stakeholder categories. The key stakeholders included recipients of AT funding for example, sports clubs and community organisations, and county councillors.

The ToC process is explained in Table 1. This provided a means of understanding what was important to include in the next steps of the evaluation, including the Forecast SROI exercise and overall evaluation SROI framework (the 'full' SROI).

Table 1: Process of creating the Theory of Change

The development of the Active Together Theory of Change (Figure 2) helped to explain what

Criteria	Information
Rationale for the ToC	To map out the likely outcomes of the programme as perceived by AT stakeholders
Stakeholder sample	People who (1) had received AT funding (n= 22); (2) who were locally responsible for awarding funds (n = 12 councillors).
Data collection	Workshops led by the evaluation team using a standardised template to outline short, intermediate and longer term outcomes. Discussions were recorded and transcribed verbatim for accuracy.
Data analysis	All data were entered into a software package to look for themes using two main steps: 1. Data were explored to identify the main types of outcomes that were relevant to the participants' in the short and medium to longer term. 2. Data were explored for conditions i.e. a conceptual way of grouping data about the what, why, where, how, etc. important to the outcomes; This included the identification of an overall theme that represented the main outcome of the programme in Gloucestershire as perceived by the participants.
Example theme	Developing approaches that make sure organisations are better connected and prepared
Example participant quotation	<i>'...more people being physically active, more volunteers, better equipment and a change of attitudes towards community spaces so there are more people coming more often.'</i>

was important to include in the next steps of the evaluation, including the Forecast SROI and overall evaluation framework (the 'full' SROI).

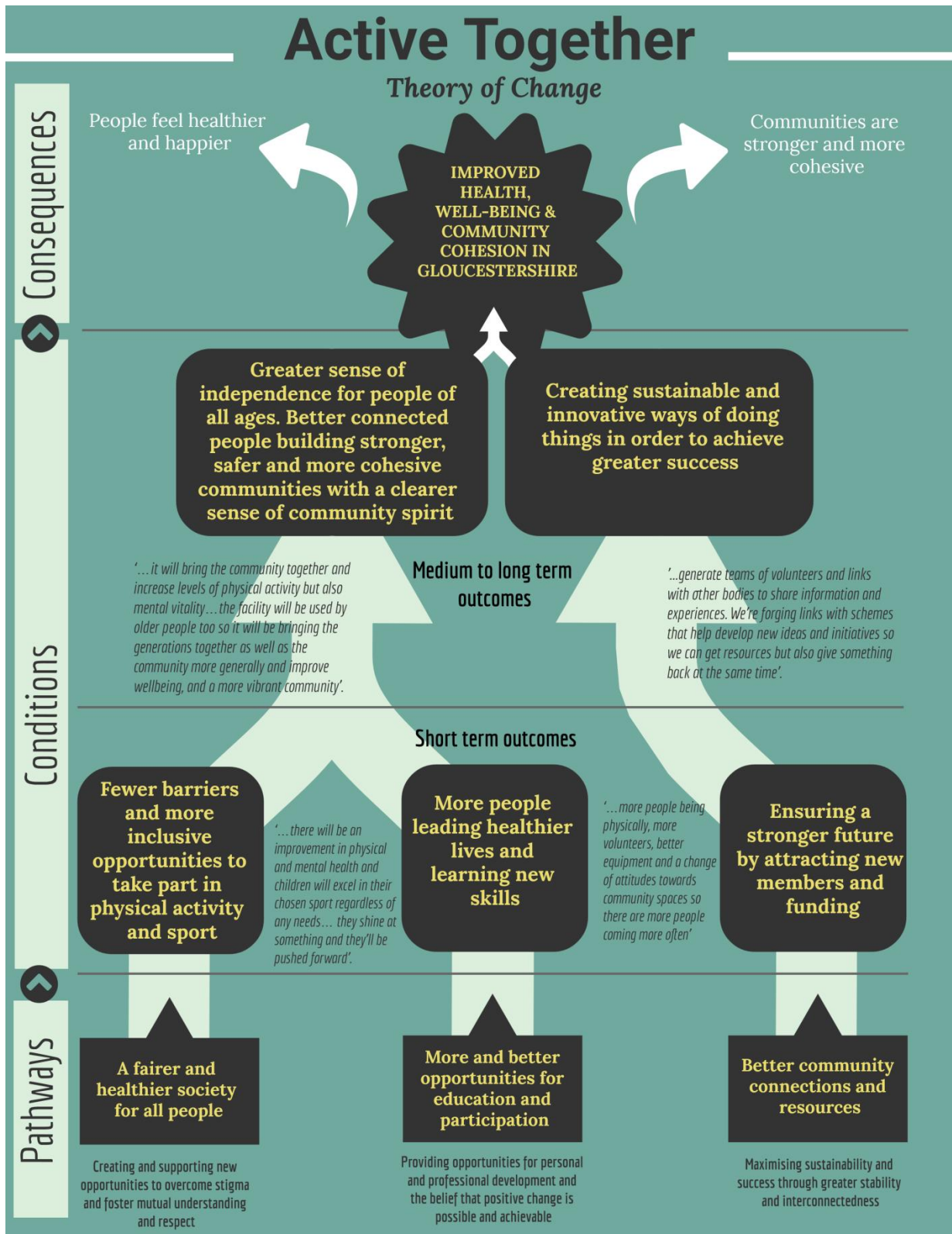
The overall outcome i.e. what participation in AT-funded activities was about was conceptualised as *improved health, well-being and community connection*. Necessary for achieving this was progress within three short term outcomes including: (1) fewer barriers and more inclusive opportunities for people to take part in physical activity and sport; (2) more people leading healthier lives and learning new skills, and (3) ensuring a stronger future by attracting new members and funding.

These aspects provided the conditions for progress within the medium to longer term outcomes of which two emerged via the analysis of participant data including: (1) a greater sense of independence for people of all ages, and better connected people building stronger, safer and more cohesive communities with a clearer sense of community spirit; (2) creating sustainable and innovative ways of doing things in order to achieve greater success.

Three underpinning pathways expressed the nature of what it was that participants were seeking to achieve through the AT programme, including:

1. A fairer society for all people;
2. More and better opportunities for education, physical activity and sport;
3. Developing approaches that make sure organisations are better connected and prepared.

Figure 3: Active Together Theory of Change



2.5.2 SROI Framework

Following the completion of the ToC, a number of indicators were identified that provided a means of assessing changes in the outcomes identified by the stakeholders highlighted in the model. Indicators were identified for each outcome derived from the theory of change which in turn informed the development of appropriate survey questions to evidence the change. In some cases, a number of indicators were combined to create a composite score, especially in the case of well-being outcomes so as to ensure the practical utility of the SROI framework. Measurable outcomes revealed through the ToC and used to inform development of an initial set of indicators are set out in Table 2.

To check the efficacy of the initial 15 indicators – both individually and as a set - prior to the full SROI survey being conducted, a pilot survey was conducted. An initial sample of 28 participants was invited to take part (January – February, 2015), of which 16 people responded. Following analysis of this data, outcome and indicators were refined to take account of potential double counting in the model, yielding a more parsimonious set for inclusion in the final SROI. A brief overview of prospective changes in outcomes is presented in Appendix E.

Table 2: Measurable Outcomes revealed through the ToC

Pathway	Outcome
A. Community connections & resources	A1 Improved well-being through development of cultural, recreational and sports facilities
	A2 Improved access to community resources
	A3 Greater integration of social, sport and special interest groups
	A4 Improved social capital, community ties and strengthened civic engagement
B. Education & Skills	B1 Increased agency and self-awareness
	B2 Reduced social isolation
	B3 Improved competence, engagement and purpose
	B4 Improved physical, social and life skills and training
C. Health Wellbeing and	C1 Improved mental health
	C2 Safer and more positive environments
	C3 Stronger and more connected people and communities
	C4 Reduction in chronic disease, LTC and medication
	C5 Reduced burden on social care services
	C6 Improved physical health and vitality
	C7 Improved personal resilience and self-esteem

2.5.3 Evaluative SROI

The evaluative SROI involved a pre and post survey (conducted between March, 2016 and October, 2016) to assess changes over time as reported by people taking part in AT-funded activities. Surveys were designed to take no more than 15-20 minutes to complete, including likert-type scales whereby respondents were asked to select a point on the scale that reflected the extent to which they agreed or disagreed with a statement relating to the respective outcome.

Selection of the survey questions was guided by the indicators identified in the ToC and where possible, were based on validated data collection tools for example, the Warwick-Edinburgh

Mental Well-being Scale (WEMWBS), to ensure measurements were both conceptually and empirically robust.

2.6 Evaluation ethics

Ethical approval for all aspects of the present study was given by the University of Gloucestershire research ethics committee (Ref: CBAKERA201415) and the evaluation commissioner.

All appropriate ethical guidelines were observed and taken into account to protect participants involved in the study. Participants' anonymity and confidentiality were assured through adherence to University's ICT security system protocols including password protected computer access. All written material was stored securely in a locked filing cabinet in a locked office and participant identities were protected using pseudonyms known only to the evaluation team.

Section 2 |

3.0 Key findings

This section is divided into four parts. The first section provides an overview of the Gloucestershire County Council AT applicant database. The second and third sections present the findings from the qualitative interviews with AT funding applicants and individual participants. The fourth section presents the results of the SROI exercise.

3.1 Review of Gloucester County Council AT application data

A database of AT applicant data was constructed to provide a means of exploring the nature of projects approved for delivery including the number, main activity type and purpose of the funding. Appendix F provides a detailed breakdown of the applicant data.

3.1.1 Applicant type

As at the final data retrieval point (15th September, 2016), a total of 404 applications had been made to Gloucestershire County Council in respect of AT funding. Registered charities (24.3%, n = 102) and sports groups and associations (22.7%, n = 95) accounted for the majority of applications followed by community or voluntary groups (16%, n = 67), and town or parish councils (15.8%, n = 66).

3.1.2 Purpose of funding

Just over one-third (36.1%, n = 146) of applications were made to purchase sports equipment or to refurbish a sports facility, while improving green spaces (19.1%, n = 77) and less informal activities involving families (16.6%, n = 67) made up the majority of other applications.

3.1.3 Activity type

The majority of applications were focused on social activities and physical activity (52.7%, n = 212), sports (38.1%, n = 153), and those focusing on walking, swimming or cycling represented five per cent of applications. Healthy living-focused activities represented just over four per cent.

3.1.4 Nature of activity

The nature of activity describes how the funding was used in relation to organisational goals and priorities. The majority of applications were focused on capital projects / staff development (46.3%, n = 186), and facilitation (34.1%, n = 137). Education and learning represented approximately 12% of applications, club and talent development representing approximately 3%.

3.1.5 Breakdown of funding

Table 3 provides a breakdown of the AT funding according to Gloucestershire districts and applicant type (projects n = 404). Given the mean levels of funding it is clear that the requests were modest, thus reflecting the purpose of AT as a small grants scheme.

Table 3: Breakdown of funding

Group	Projects	Total (£)	Mean (£)	Minimum (£)	Maximum (£)
<i>District</i>					
Cheltenham	67	308794	5758.12	480	34004
Cotswold	76	240628	4121.09	216	40000
Forest of Dean	72	206560	4279.30	200	15000
Gloucester	82	230682	3798.55	60	21000
Stroud	54	254355	6978.78	418	25000
Tewkesbury	53	149123	3813.64	340	20000
<i>Applicant type</i>					
Community Interest Co.	13	49223	3894.07	818	11058
Community / voluntary	64	191167	3844.79	216	20000
Preschool / after school	2	7586	3793.00	1137	6449
Registered Charity	95	317355	4482.66	300	34004
Religious groups	8	17695	2211.88	340	5450
School/Academy	45	184650	4703.35	536	40000
Sports groups / assn.	90	276958	4497.32	200	25000
Town / Parish Council	64	306998	7241.32	500	38000
Other	19	47579	2767.29	60	6350

3.2 Process evaluation

Key themes that emerged from the data analyses included:

- 3.2.1 Simplicity and flexibility.
- 3.2.2 Rapid access to funding – ‘foreshortening’.
- 3.2.3 Sustainability and development opportunities.

These are presented in **Tables 4 – 6** including selected participant quotes.

3.3 Participant experiences

Four distinct and interconnected themes emerged through data analysis including:

- 3.3.1 Pragmatic issues relating to the projects (e.g. location, cost factors).
- 3.3.2 Individual benefits (e.g. health improvements, new opportunities).
- 3.3.3 Sociability (e.g. camaraderie and networks).
- 3.3.4 Transformation (personal, geographical, social) (Transforming spaces, social confluence).

These are presented in **Tables 7 - 10** including selected participant quotes.

3.2.1 Simplicity and flexibility

Table 4: Simplicity and flexibility

Description & information	Example quotations
<p>The simplicity of the process and flexibility concerning the use of funding contrasted sharply with many previous applicants' experiences. Direct contact with local councilors helped develop a sense that the community as a whole was being valued and invested in.</p> <p>Most saw the AT programme as a welcome opportunity to do more for their local communities and club members, to extend or upgrade their equipment and offer a range of activities. For a small number of clubs this was the first real funding opportunity they have experienced.</p> <p>The AT funding provided an excellent opportunity to bid for significantly larger projects and to start innovative projects. This was particularly true for organisations in the county that needed match funding in order to apply for bigger pots of funding that would enable them to implement larger scale projects.</p> <p>Participants generally found the process straightforward and relatively simple in comparison to other funding application. Many valued the role of local councillors and welcomed the fact that the use of the funding was at their discretion.</p> <p>Personal relationships and appropriate channels of communication were important. There was variation in terms of the level of responsiveness by councilors. It was not possible to determine if this was due to individual perceptions or expectations, or other issues influencing the process.</p> <p>Some organisations operating at a countywide level found the application process frustrating, as they had to approach a number of councillors and the response in their view was not timely and receptive.</p> <p>Beneficiaries were not aware of any support or advice available, as they did not have the need to use it, or search for it when filling in the application. However, there were remarks regarding the councillors' contact details, as some people were unclear to whom the application should be addressed.</p>	<p>sharply with many previous applicants' experiences.</p> <p><i>"We needed to take some actions to engage with the local community. That meant looking to promote our sport, encouraging local people to join us and it was at point where any financial support we could find to help us develop the capability of running the club, working in the community was actually important to us" ..</i></p> <p><i>"...we just didn't think we could do it from trying to do fundraising events. And we just wanted to get on with it and I think we felt it would take us years to try and raise those sorts of money from ##### days and picnics, and those sorts of things".</i></p> <p><i>"We do not have a specific presence in a specific ward, although we do deliver targeted work in specific locations – e.g. our venues, our Health walks, and exercise class programme, targeted support to specific institutions. Having to chase after 10 different councillors, with different project ideas and preferences was time consuming- and some were far more responsive than others".</i></p>

3.2.2 Rapid access to funding – ‘foreshortening’

Table 5: Rapid access to funding

Description & information	Example quotations
<p>Relatively fast access to funding translated in many cases into realising projects sooner than was anticipated and on a wider scale. It acted as catalyst for change and mechanism for community connectivity. Overall, the programme was highly commended and the majority felt that it should be replicated.</p>	
<p>Time between submission and receipt of funding was comparatively short with applicants receiving the funding within few weeks. Majority of applicants reported that they received the funding within 4-5 weeks following an application.</p> <p>Stakeholders rated the access to funding positively and appreciated the non-bureaucratic approach throughout the application and implementation process.</p> <p>It was clear that participants were not generally aware of the level of scrutiny applied to the process within Gloucestershire County Council nor activities that took place concerning the monitoring or projects, particularly those in receipt of larger funding amounts i.e. \geq £10,000.</p> <p>The funding added value existing activities and provided a means of rapidly developing new projects. It was apparent that beneficiaries' expectations concerning the level of communication from the council was not always consistent with the information provided in the AT application form.</p> <p>Being able to implement projects sooner than had originally been hoped had a number of unanticipated outcomes. These included reduced vandalism, new fundraising opportunities, significant increases in number of trainers and coaches, and increases in the memberships of organisations.</p>	<p><i>“In 2012 there were adults living under the bridge, litter and graffiti all around. When we started they have moved away, we’ve cleaned it, there is still some graffiti under the bridge, but it is cool for the teenagers. The litter was definitely reduced; before it was a dumping ground, big black bags everywhere...”</i></p> <p><i>“There are specific children for whom the experience we’d offered was life-changing. There is a huge enthusiasm from children and the parents regarding what could be achieved in this way. For some individuals there were some dramatic changes. If you can change the life of one child it’s worth doing”.</i></p> <p><i>“It was very easy to apply for the grant and the whole process was conducted quickly and painlessly”.</i></p>

3.2.3 Sustainability and development opportunities

Table 6: Sustainability and development opportunities

Description & information	Example quotations
<p>The funding meant more security in relation to their future development and sustainability. Without the funding many activities would have not gone ahead, or organisations would have struggled to provide the same range and quality of activities within the community.</p> <p>The fundraising arena was perceived as very competitive. Small organisations are traditionally disadvantaged compared to more experienced organisations in gaining funding. The small grants provided by AT were highly compatible with the contexts, goals and objectives of smaller organisations in the county.</p> <p>Many projects involved training coaches and increasing memberships, investing in equipment and capital works, which were seen as strengthening the core building blocks of organisations sustainability and legacy of the funding in the longer-term.</p> <p>Embedding organisations within wider community, instilling greater confidence to achieve, motivation, membership growth, sustainability and visibility of organisation supported by funding were acknowledged as the main changes in respect of the funding. People felt proud to be able to be able to contribute to their local communities.</p> <p>Some people felt that the legacy of the programme could have been strengthened by supporting selected projects (especially those with strong local community focus) for a longer time in order to see the full benefits.</p> <p>The AT funding acted as enabler, opening in some cases new avenues of funding, supporting sustainability, increasing organisational capacity, encouraging wider participation and skills development. This contributed to existing efforts around increasing impact, quality and sustainability and was a strong motivating force with respect to activities that developed and promoted local activities. This fostered a sense of local cohesion.</p> <p>AT funding helped organisations to increase their visibility within the communities they worked in through enhanced participation and greater local awareness.</p>	<p>Without the funding many activities would have not gone ahead, or organisations would have struggled to provide the same range and quality of activities within the community.</p> <p><i>“...basically it has allowed us to reach a point when we can cover the outgoings and hopefully made the organisation more sustainable”.</i></p> <p><i>“In the wider context for the organisation- in general people are afraid of fundraising, people are nervous about asking and I think from a broader perspective this has shown that we can do it and we can be successful in fundraising. It really was incredibly motivating for us”.</i></p> <p><i>“We’re finding it difficult to get funding at the moment. There isn’t much. It’s the economic climate, a mixture of competition for the funding that is there, and more people going for it”.</i></p> <p><i>‘The process of getting the funding is simple, but it would be nice to have that funding for a longer period allowing us to kind of really embed ourselves within a community and offer a lot more to other groups within that area...’</i></p> <p><i>“...it gave us the opportunity to do something different. Be broader, braver, wider. It demonstrated that we can do it”.</i></p>

3.3.1 Practical issues

Table 7: Practical issues

Description & information	Example quotations
<p>Active Together projects provided a diverse range of local opportunities that were located in communities where people lived or which provided an important nearby and accessible resource, thus reducing the distance and cost associated with opportunities further afield. The creation of new opportunities in addition to the support of those existing already was important for re-vitalising local communities and providing sustainable activities that reflected local needs and preferences</p>	
<p>Location was of considerable importance whereby the right location was key to people's ability to access opportunities. Public transport, time of day and parking were key considerations and it was perceived that the AT projects had given scope to help address these issues, helping to work within local constraints around timing, location and access.</p> <p>The flexibility provided by the AT funding provided a means of establishing the long-term viability and sustainability of local projects. This was particularly evident in rural communities who did not have access to a diverse range of resources and who often struggled to access funding and worried about the sustainability of activities.</p> <p>For some, the setting up of projects was contingent on the funding from AT to begin with, providing new opportunities which became viable in the short term and then sustainable in the longer term through fees. The funding was important for mitigating the impact of austerity-driven funding cuts to services, particularly for projects that had helped to provide social and emotional lifelines to participants.</p> <p>The simplicity of the application process was recognised, as was the implicit trust that was established through contact with local Councillors and the Council team with regard to the use of funds. This was in contrast to other funding streams that were characteristically more onerous to access and more tightly controlled in terms of performance indicators. Being able to use the funds flexibly was critical for success, helping projects incorporate high degree of sensitivity and responsiveness to local needs and preferences.</p>	<p><i>"It means a great deal, it's used a lot, we're in a small village. There's not really much for them to do, the nearest town is three miles away and so it just gives them something extra to do...especially if they haven't got a garden, having a bit of space to meet up with friends..."</i></p> <p><i>"I am pleased it has been done locally, because on nice days I can walk... if it wasn't local, in the local village, then I would always have to use the car, or try to get there on a bus, so you know being in a local area is another positive I think"</i></p> <p><i>"I am worried that it's going to go away when the funding stops. It will be devastating, this is how I get through things, people around me will see that. It's such an important project that it needs to be more securely funded"</i></p> <p><i>"The fact that it has been subsidised and hence reduces the cost for people, which doesn't necessarily apply to me, it certainly means that people are not put off by going to class; that they can afford it"</i></p>

3.3.2 Individual benefits

Table 8: Individual benefits

Description & information	Example quotations
<p>A range of benefits were identified that accrued through participating in the AT-funded projects. These included improved wellbeing, physical and mental health, and opportunities to develop new skills in new environments. These enriched peoples' lives and helped people to participate socially and feel motivated to continue their activities.</p>	
<p>Opportunities provided through the projects had tangible benefits to all the participants interviewed in terms of their physical and mental wellbeing and sense of increased social participation which had positive effects on self-esteem and confidence.</p>	<p><i>"...since I started doing this and it is a lot of arm work, and although I did suffer to start with, now I can hold my arms above my head for any length of time...and it helps my arthritis problem".</i></p>
<p>Improvements to physical health due to increased activity levels were a significant benefit for participants of all ages and abilities, increased flexibility and mobility was specifically noted by a number of older-aged participants.</p>	<p><i>"I completely have changed my life, my fitness level, all that. It has changed everything for me...before I never used to go outside, I was upset often, but now, I go, even if it is a 10 min. bike ride or something, rather be outside and doing something, like playing a sport..."</i></p>
<p>Developing new skills had both intrinsic value for project participants and extrinsic value, especially for volunteers and organisers in enhancing future employability.</p>	
<p>Non-sport activities were important for providing a means of improving physical health without the need to undertake vigorous activity or require special clothing or equipment for example, those involving play, gardening and gentle exercise.</p>	<p><i>"I just want to meet people and build my skills and stuff, meet people, and build my confidence because it's good for that. I've always wanted to do Duke of Edinburgh but this is different as it's for people with learning disabilities which is good. I'm going to do all the bronze, and silver, so it's good for my CV, and to get more confidence".</i></p>
<p>The diverse range of opportunities provided through the projects allowed participants to identify activities they could relate to and which motivated them to continue to develop their personal health and social connectivity.</p>	

3.3.3 Social aspects

Table 9: Social aspects

Description & information	Example quotations
<p>Social aspects were recognised as a fundamental outcome to which participants made repeated references. This involved having opportunities to leave their house or get out and about, interact with like-minded people in new surroundings and make new friends which had the potential to create long-lasting and sustainable connections between people.</p>	
<p>Social interaction was a key driver of participation in activities which in many respects superseded the activity that was being undertaken. This demonstrated the need for contact with other people, the sharing of time together, and the opportunity to develop new friendships.</p> <p>The projects provided an important function in creating opportunities for this interaction to take place. In this sense, the diverse range of activities provided by the projects provided catalysts for interaction between people in which activities were not ends in themselves but a means of developing companionship, sense of connection and happiness.</p> <p>Social outcomes were important for helping people feel less lonely and isolated which was particularly important for those living alone or who had other needs e.g. carers. In this sense, the activities provided a welcome breathing space, a sense of normality and balance.</p> <p>The development of informal networks suggested that the projects had the potential to transform participants' lives in ways that extended beyond the initial interactions that took place at the activities. Here, the projects acted as important local hubs which provided an anchor point around which social networks could develop and interests shared between local people.</p>	<p><i>"...it is beneficial socially as well, because apart from walking you are also meeting and talking to people... I do it with friends, going to gym is not for me, I like walking and gardening. I've met some nice people here and learn and talk about other things...I've lost my husband 10 years ago and here I do not feel lonely, alone".</i></p> <p><i>..</i></p> <p><i>"it's a lifeline, when my husband died I just stayed at home, I was very lonely. Coming here I've met new people and everybody is so friendly, it means a lot to me".</i></p> <p><i>"I've met loads of new great people along the way, have done quite a lot. Have had such an incredible experience with them...because through them I got to know quite a lot of people and people that I have made friendship with".</i></p> <p><i>"I want to come here and be with the others. We have been round to each other's houses and sorted each other's gardens out. We make tea, do some gardening. So we've sorted each other's places out too!"</i></p>

3.3.4 Transforming spaces

Table 10: Transforming spaces

Description & information	Example quotations
<p>The projects served to transform participants' perceptions of physical and social spaces. This in turn acted as a kind of springboard for wider community participation, resulting in the emergence of more groups that involved a spectrum of ages, abilities and interests.</p> <p>Some of the project activities themselves played a role in transforming physical spaces through regenerating or repairing facilities and public spaces. This provided people with a sense of achievement, purpose and fulfilment.</p> <p>Projects also transformed social spaces in that they were able to draw people into positive social engagement and thus potentially strengthen communities by bringing people together. The notion of projects as social hubs helps understand their role in providing 'glue' within communities which allow diverse people with similar interests to bond within social networks.</p> <p>Improved physical spaces also instilled a sense of greater satisfaction and safety in local surroundings, the effect of which was to revitalise the purpose and potential of places in which people participated and instil a sense of local pride.</p> <p>Participation in the activities helped established a reciprocal relationship between participants and the physical and social spaces in which the activities took place. Using local resources helped bring them to life and for some participants the investment of time and energy in their activities provided a sense of giving which enhanced perceptions of physical and social environments.</p>	<p><i>"...We have children from other villages coming to use it as well, who don't have a playground...It's ideal, absolutely ideal. It gives them something to do when there's nothing else around for them. But also, parents can socialize there as well, while they watch their kids. It's become a nice meeting point".</i></p> <p><i>"We're all different ages, different backgrounds. It's a real intergenerational thing. Lots of different people, but doing the same thing. It's a real leveller. We're all here for the same thing, we've similar interests".</i></p> <p><i>"The local school comes down here too. They don't have much green space so this is a resource for them. They've done a lot of artwork and stories on the area, they've used it in school projects. That's really important, getting the children in the outdoors, seeing the space, seeing us. It has a knock on effect, it's great – another thing you can't measure in money".</i></p>

3.4 Social Return on Investment (SROI)

This section is broken down into two sections. The first section provides an overview of the SROI survey respondents. The second section reports the findings of the SROI including calculations to determine the impact of the AT programme according to the identified indicators.

3.4.1 SROI survey respondent overview

In total, 135 responses were received to the survey of which 42.7% were male (n = 56), the mean age being 44 years old (range = 16 – 85). Nearly 92% (n = 121) reported themselves as being White British. The majority (74%, n = 97) reported taking part in AT-funded activities about once a week and 12% (n = 16) were recipients of AT funding, 12.6% (n = 17) both having participated in and also received AT funding.

3.4.2 Stakeholder materiality and investment in Active Together

The first task in assembling the SROI model was to identify material stakeholders, or beneficiaries for each of the outcomes. The nature of AT which involved the delivery of community health benefits via a range of organisations and activities across the county necessitated consideration of those groups who might access AT at different points, for different purposes and get involved in different ways. Across this, however, it remained important only to count those stakeholders who would materially benefit from the programme. In other words, they would need to experience a material change as a result (at least in part) from becoming exposed or taking part in Active Together.

Having identified material stakeholder groups for each of the 11 measurable outcomes (reduced from 15 for data analysis purposes), it was then necessary to estimate the numbers of stakeholders within each group. This was achieved by calculating the potential reach of AT, across its target organisations and community groups, and in turn across the stakeholder groups listed in Table 11.

Consulting the Gloucestershire County Council AT applicant database together with a range of secondary data sources concerning sport and community organisations in the county revealed that between 8% and 12% of all such organisations and community groups had had meaningful involvement in the programme across the two-year period that the evaluation extended (November, 2014 to November, 2016).

Taking the lower end of this figure provided a benchmark of *reach* for AT across the material stakeholder groups. Thus, only those people suffering from poor mental health were deemed to be material stakeholders for the outcome *Improved mental health*.

Using Gloucestershire GP Patient Survey (2016) state of health information showed there to be approximately 25% people self-reporting poor mental health (i.e. feelings of anxiousness or depression) in Gloucestershire. Taking the lower end of the 8-12% reach yielded an estimate of 11,469 for the purposes of the SROI analysis.

Table 11: Material stakeholders for each outcome and corresponding beneficiary numbers

Outcome	Material Stakeholders	County n	SROI estimate ¹
A1 Improved access to community resources	Stakeholders experiencing limited access to facilities and resources	119,500	9,560
A2 Greater integration of social, sport and special interest groups	Community and sport organisations	100	8
A3 Improved social capital, community ties and strengthened civic engagement	Sport volunteers and sports club members and Community and sport organisations	67,600	5,408
B1 Reduced social isolation	People experiencing social isolation in the county	39,831	3,186
B2 Improved competence, engagement and purpose	New club and organisational members (any type) and those with new qualifications (any type)	7,100	568
B3 Improved physical, social and life skills and training	New club and organisational members (any type) and those with new qualifications (any type)	7,100	568
C1 Improved mental health	People self-reporting poor mental health	143,361	11,469
C2 Safer and more positive environments	People self-reporting a reduction in fear of crime	129,800	10,384
C3 Improved well-being through development of cultural, recreational and sports facilities	People active in sport	129,800	10,384
C4 Improved physical health, improvement in long term conditions and reduced treatment	People self-reporting less than average physical health and vitality	117,812	9,425
C5 Reduced burden on social care services	People experiencing dependency, substance abuse or other limiting health and control factors	70,971	5,678

¹ Based on 8% reach.

Investment in Active Together

A central output of the SROI model is a ratio of benefits to investment. It was therefore important to gain an understanding of the nature and scale of inputs and investment in AT, which in addition to grant funding also encompassed other forms of investment including both additional sources of funding and volunteer time in order that a realistic ratio of benefits to investment could be calculated. This information is summarised in Table 12, and shows that a total of £2.3m had been invested in Active Together.

Table 12: Investment in Active Together

Stakeholder	Inputs description	Source / Calculation	Value (£)
AT Grant			2,120,000
Pre-launch phase	Outcome Manager	3 months full time	11,000
Active Together Project Team	Outcome Manager	0.4 FTE x 22 months	32,267
	Commissioning Officer	1.0 FTE x 22 months	56,833
	Commissioning Support Officer	0.5 FTE x 22 months	18,333
Communications & publicity	Communications plan – posters, mailshot to Town & Parish councils	GCC	1,500
Digital Offer	Web page	GCC	500
Finance checks & transaction costs	Financial checks & processing of payments	2 days a month	5,000
Volunteer time / Councillors		GCC	4,992.6
UoG Evaluation		UoG	49,880
Total Investment			£2,300,306

3.4.3 Establishing impact and calculating the SROI

Measuring change in the outcomes

As described in section 2.5, data from the self-completed surveys was used to evidence change in the identified outcomes and to populate the SROI model with proportional measures to establish the impact of AT. Where necessary the 1-5 scales were standardised into proportional measures¹ to conform with the requirements of the SROI model. Indicator values for the parsimonious set of 11 outcomes are given in Table 13.

¹ Scale data was transformed into an appropriate functional range of 0-1, whereby scaled variables were transformed in the form $(X - \min[X]) / (\max[X] - \min[X])$. This produced a transformation of the ordinal codes 1 through 5 (i.e. Strongly Disagree through Strongly Agree): 1=0; 2=0.25; 3=0.50; 4=0.75; 5=1.0.

Table 13: Outcome indicators and corresponding values

Pathway	Outcome	Indicator / Composite	Value (%)
A. Community connections & resources	A1 Improved access to community resources	% stakeholders who feel that community resources are more accessible to them; member of more clubs or organisations	+37
	A2 Greater integration of social, sport and special interest groups	% organisations and interest groups reporting improved links with other groups and wider community	+14
	A3 Improved social capital, community ties and strengthened civic engagement	Reported change in involvement in local events; club membership and volunteering;	+34
B. Education & skills	B1 Reduced social isolation	Reported change in feeling lonely; in meeting socially with friends, relatives or colleagues; in feeling supported	+20
	B2 Improved competence, engagement and purpose	Reported change in involvement in local events; club membership and volunteering; (As a proxy for sense of accomplishment; getting chance to learn new things; what doing is worthwhile)	+34
	B3 Improved physical, social and life skills and training	Reported change in skills acquired and developed; feeling more employable	+34
C. Health & Wellbeing	C1 Improved mental health	Reported improvement in mental health (WEMWBS adapted short); feeling positive about myself; able to make up my mind about things	+17
	C2 Safer and more positive environments	Reported change in feeling safer in the community; feeling more positive about the local area	+3
	C3 Improved well-being through development of cultural, recreational and sports facilities	Extent to which use of new and developed facilities has resulted in increased life satisfaction; improved health and energy and increased optimism and self-esteem	+15
	C4 Improved physical health, improvement in long term conditions and reduced treatment	Extent to which people: have a long term condition that limits daily activities; feel in control of their health; perceive their health to be good or very good	+17
	C5 Reduced burden on social care services	Extent to which people: have drawn on support from organisations to help them feel in control of their life; know where to go to get health advice	+22

3.4.4 Deadweight, attribution and displacement

Accounting for deadweight and attribution is an important element of the SROI methodology². Deadweight relates to the extent to which outcomes would have happened anyway without Active Together while Attribution refers to the extent to which observed and anticipated outcomes can be attributed to the programme as opposed to other projects, activities or initiatives. Both measures are represented as proportions in the SROI model and were informed through the collection of data in three stages: the story board workshops; the on-line surveys, and in the case of deadweight, secondary data relating to salient metrics on health, education and community activity.

Standard SROI survey techniques were employed to gather primary evidence of deadweight and attribution through the on-line surveys. Context and outcome specific information relating to deadweight was gathered through a series of open questions with responses used to moderate the proportional estimates produced through the analysis of secondary data. Respondents were asked to rank the extent to which observed changes occurring within the principle outcome groups could be attributed to the projects as opposed to other projects or activities, using a likert scale similar to that used for evidencing the outcomes.

Whilst material changes may have occurred through AT between 2014 and 2016 it was important to take account of similar changes or trends that may have occurred for society as a whole over the same time period. The potential for over-estimating deadweight could therefore be greatly reduced and the impact estimations made more robust.

A range of national level secondary data was assembled to represent the main outcomes revealed through the Theory of Change with proportional changes used to produce estimates of deadweight (by outcome group) in the model. These estimates were triangulated against the qualitative information gathered through the Storyboard exercises and online surveys to further improve their accuracy. Values for deadweight and attribution calculated by outcome domain are given in Table 14.

Table 14: Deadweight and Attribution values, by outcome group

Outcome group	Deadweight	Attribution
Community connections and resources	0.11	0.53
Education and skills	0.15	0.49
Health and Well being	0.07	0.56

Taking health and well-being deadweight as an example, secondary data indicates that around 7% of benefits would have occurred anyway, for example as part of the national drive towards well-being improvements and/or changes to the delivery of health services at a local level. Survey responses implied that 56% of observed health and well-being improvements could be attributed to AT as opposed to other factors.

² Displacement is a third measure, although it was evident from the Theory of Change work that the extent to which the project had displaced other activities or benefits in the local area was negligible. It is therefore unlikely that displacement was relevant in this case, but to adhere to the principle of not over claiming, and in the interests of producing a conservative estimate, displacement of impacts after deadweight and attribution were taken into account was estimated to be 10%.

3.4.5 Drop off and discount rate

It was important for the SROI ratios to account for diminishing impacts of AT over time, and for the value of money to change over time, and these were accounted for by the inclusion of estimates for *drop-off* and *discount rate*.

Drop-off is calculated by deducting a fixed percentage from the remaining level of outcome at the end of each year. For example, an outcome of 100 that lasts for 3 years but drops off by 10% per annum would be 100, 90 and 81 in years 1, 2 and 3 respectively. Drawing on the material gathered through the Theory of Change exercise and consulting benchmarks of drop-off calculation used in comparable SROIs, a drop-off coefficient of 25% was applied to all outcomes where the benefit period was longer than one year.

Discounting recognizes that people generally prefer to receive money today rather than tomorrow because there is a risk (e.g. that the money will not be paid) or because there is an opportunity cost of investing the money elsewhere. This is known as the 'time value of money' and it is standard practice to incorporate an annual discount rate into the impact calculation. The basic rate recommended by HM Treasury is 3.5% and this is the rate used in the majority of SROI studies. A yearly discount rate of 0.035 was therefore applied to all outcomes.

3.4.6 Valuation of outcomes

Central to the SROI methodology is the monetisation of outcomes in order that they can be measured in a consistent way using a common currency. This allows computation of a ratio of benefits to costs as the measure of impact which, expressed in monetary terms, can be set against the initial financial investment.

The process of monetising the relevant outcomes involves identifying financial proxies for each separate outcome. In other words, approximations of value were sought for each outcome, which in some cases may not be wholly representative of the specific outcome in question. They are instead the 'best approximation' (or one of the best) available through which to assess the significance of the outcome to society or the state, and thus allow comparison with other (monetised) outcomes.

A description of the financial proxies assigned to the relevant outcomes including their source and rationale for inclusion is provided in Appendix G.

3.4.7 Calculating the social return of Active Together

All of the information set out in the previous sections was brought together in order to calculate the impact and produce an indicative SROI ratio for Active Together.

This involved first calculating the Present Value (PV) of benefits, which involved multiplying the number of stakeholders for each outcome by the indicator value before reducing the outcome incidence to take account of deadweight and attribution. Annual total value figures were calculated for outcomes lasting more than one year using compound drop-off estimates. Finally, total values were converted to Present Values by applying HM Treasury's coefficient of 0.035.

This process was repeated for each outcome with the totals then summed to arrive at the Total PV. It was then possible to calculate an initial SROI ratio that would indicate the financial return to society for every pound invested in Active Together. To arrive at the ratio the discounted value of benefits is divided by the total investment:

$$\text{SROI ratio}^3 = \frac{\text{Present Value}}{\text{Value of Investment}}$$

Total PV in relation to the levels of total investment in Active Together is summarised in Table 15.

Table 15: Computation of benefit –to-investment for Active Together

Total investment	£2,300,305	% of societal return
Present value (PV) of all benefits	£16,670,626	100%
(PV) Community connections and resources	£5,274,413	32%
(PV) Education and Skills	£702,484	4%
(PV) health and Well being	£10,693,739	64%
Ratio of benefit-to-investment	7.25:1	

Findings suggest that every £1 invested in AT returned £7.25 to society in the form of social and economic outcomes across the three outcome domains of community connections and resources, education and skills, and health and wellbeing. Subject to the limitations of case study scope and related issues, this represents an indicative 725% return on investment for the *Active Together* programme.

Breaking down the magnitude of benefit according to the three outcome domains affected by AT reveals that the programme is producing around two thirds of its societal return in the areas of health and well-being, followed by community connections and resources and then education and skills.

3.4.8 Sensitivity analysis

The total Present Value (PV) of Active Together is made up of 11 outcomes across the three domains. On further inspection it is found that over two thirds of the total PV accrues to 3 outcomes:

1. Improved well-being through development of cultural, recreational and sports facilities (43%);
2. Improved social capital, community ties and civic engagement (19%);
3. Reduced burden on social care services (13%).

While the outcomes are conceptually grounded and the PV estimations derived through a robust application of SROI protocols, it is prudent to undertake a sensitivity analysis on these three outcomes, and test some of the assumptions on which the impact estimates are contingent.

The aim of the sensitivity analysis is to challenge the robustness of the assumptions and in turn examine how sensitive the SROI ratio is to changes in key indicators and proxies. This allows a confidence range to be presented, based upon the information currently available.

³ An alternative calculation is the net SROI ratio, which divides the Net Present Value (NPV) by the value of the inputs. The NPV is the PV minus the total value of inputs. In this case it was deemed acceptable to only report the SROI ratio rather than the net SROI ratio.

For each of the three outcomes the judgments made in arriving at their value are examined in more detail and more and less favourable scenarios are calculated. Main assumptions (such as deadweight, attribution and stakeholder population) are adjusted in order to compute upper and lower limits of PV for each one, in turn examining the impact that this has on the overall benefit-investment ratio. Applying the outside ranges of these proportional variations then allows a confidence range to be computed for the Active Together ratio.

Table 16: Outcome 1 - Improved well-being through development of cultural, recreational and sports facilities

Upper limit			
Element	Existing calculation	Possible variations	
Stakeholder population	10,384	11,400	Number of beneficiaries coming into contact with the projects steadily increases
Financial proxy	3,600	3960	Public sector cuts increase equivalent costs of outcome delivery by 10%
Attribution	0.56	0.62	Number of other social prescribing programmes in the county decreases due to further public sector cuts
Impact	£7.1m	£9.5m	
Effect on SROI ratio	7.25	8.29	+14%
Lower limit			
Element	Existing calculation	Possible variations	
Stakeholder population	10,384	9,500	Number of beneficiaries coming into contact with the projects is steadily decreasing
Financial proxy	3,600	3,240	Public sector efficiency improvements decrease equivalent costs by 10%
Attribution	0.56	0.45	Number of other social prescribing programmes in the respective areas begins to increase as the good practice spreads
Impact	£7.1m	£4.7m	
Effect on SROI ratio	7.25	6.20	-14%

Table 17: Outcome 2 - Improved social capital, community ties and civic engagement

Upper limit			
Element	Existing calculation	Possible variations	
Drop-Off	0.25	0.1	Benefits of improved community fall away less quickly as engagement becomes self-reinforcing
Financial proxy	1498	1650	Stakeholders place a higher value on volunteering as the benefits become more well known
Deadweight	0.11	0.05	Amount of equivalent change deemed to be happening nationally is overestimated
Impact	£3.2	£5m	
Effect on SROI ratio	7.25	8.0	+11%
Lower limit			
Element	Existing calculation	Possible variations	
Drop-Off	0.25	0.4	Benefits of improved community fall away more rapidly as community health programmes become more prevalent
Financial proxy	1498	1350	Underlying study over estimated the value placed on volunteering by 10%
Deadweight	0.11	0.20	More widespread volunteering provides opportunities for equivalent outcomes outside of community health programmes
Impact	£3.2	£2.0m	
Effect on SROI ratio	7.25	6.70	-8%

Table 18: Outcome 3 - Reduced burden on social care services

Upper limit			
Element	Existing calculation	Possible variations	
Self-reported change in outcome	0.22	0.32	Beneficiaries under estimated the change in community impacts
Stakeholder population	5,678	6,500	Increase in people suffering from dependencies in the county
Financial Proxy	1,380	1,970	Unit costs for social workers rise due to shortage of skilled staff
Impact	£2.3m	£5.4m	
Effect on SROI ratio	7.25	8.61	+19%
Lower limit			
Element	Existing calculation	Possible variations	
Self-reported change in outcome	0.22	0.12	Beneficiaries overestimated the change in outcome
Stakeholder population	5,678	4,950	Successful community health programmes and social prescribing begins to reduce numbers suffering dependencies in target population
Financial Proxy	1,380	1,100	Unit costs for social workers fall in line with demand as other forms of outcome delivery increase
Impact	£2.3m	£0.86m	
Effect on SROI ratio	7.25	6.63	-9%

The results of the sensitivity analysis indicate that by varying some of the parameters for these influential set of outcomes, the estimates of impact could be up to 14% lower and up to 19% higher. Results of the above sensitivity analysis therefore imply that a confidence range of between -14% and +19% of the overall ratio is appropriate, and would provide a more realistic estimate of the return on investment for Active Together given the judgments and data that have influenced their computation.

In the interests of ensuring that a conservative estimate is reported, the confidence range presented below assumes that the derived benefit-investment ratio is accurate to within 80%, with the confidence range falling with +/-20% of 7.25.

Benefit to Investment Ratio for AT	Confidence range
7.25	5.80 – 8.70

For the purposes of reporting it would therefore be appropriate to state that, based on distance travelled data collected, the associated limitations of sample size and the assumptions influencing the benefit estimates, the Active Together programme has been shown to deliver a return to society of **between £5.80 and £8.70** for every £1 invested in the programme.

Section 4

4.0 Discussion and recommendations

4.1 Discussion

- The SROI approach helped understand the complexities of the AT programme from the perspective of those that it affected. It also promoted ongoing communication between those implementing programmes, the evaluators and the commissioning team at Gloucestershire County Council (GCC).
- The focus on outcomes (as opposed to outputs) revealed a much broader set of benefits, covering community and education as well as health and well-being. This not only gives a more rounded picture in terms of return on investment and the case for future funding which can be contrasted with evaluation approaches that fail to capture the wider social, personal and interpersonal, and economic benefits for individuals and communities.
- The programme's positive impact in a number of areas will help address longer-term health issues in society through the improvement of quality of life and related skills and competences. This is highly relevant to health promotion and suggests small grants programmes are effective for supporting local communities.
- Overall, the programme has raised awareness of the public health agenda to elected members and the county's voluntary and community sector. In doing, so it has helped to foster good relationships and mutual trust between GCC public health and the VCS. This paves the way for more widespread rollout of similar community health initiatives, and for social prescribing in that more inventive ways of delivering health are shown not only to work, but to have incidental benefits for the communities and wider society.
- More generally, the programme approach and the findings help to make the case for more innovative health and community health programmes. The local government 'power of wellbeing' encourages councils to use imaginative approaches and the AT programme can be considered a good example of GCC using this power.
- Innovation often means suffering repeated failure and substantial investment before returns are made. Using an approach that places the experiences of those involved in such programmes at its heart has helped to show that AT is not only innovative, but also that its returns are substantial, even over shorter time frames.
- A few challenges were noted which help inform future similar programmes; specifically, the role of the local councillor. Some councillors embraced this responsibility and were very active in seeking community groups and projects to support. Others chose other channels to use to promote the grants programme such as working with the parish council's in their division. Some just waited until they were approached by a sports club or group with a proposal. This highlights a great deal of local variation in the way programmes such as this are implemented. Further, district-wide or countywide VCS

organisations found it hard to access Active Together because they worked at a wider level than the divisions which the councillors represented. Collaboration and flexibility between councillors provides an important means of overcoming this challenge in that projects can be supported by two or members. There were a few examples where this worked successfully particularly in the urban areas in Gloucester and Cheltenham.

- A small grants programme like Active Together contributes to market development and shaping by supporting potential future providers and encouraging new approaches or methods to find out what works. This is often through community 'doing it for themselves' with little financial help whereby small grants can lever in additional funding and help to grow volunteer capacity, thus increasing community resilience. The AT grants have encouraged development of local solutions and by adopting the 'engaged grant-making' approach the council has built many positive relationships with local charities and social enterprises who appreciated the flexibility the grants gave them to help meet local needs without too many strings attached.
- The evaluation could have proved even more effective at capturing and measuring change in the outcomes had it started earlier within the life of the AT programme. Building monitoring and evaluation into a project from the outset helps to make sure it captures all relevant information. Stakeholders could be considered as evaluation partners who are capable of enhancing the evaluation design, data collection tools, and awareness of the evaluation itself.

4.2 Recommendations

Based on the findings and discussion outlined above we make the following recommendations for those engaged in the design, delivery and evaluation of community health promotion programmes:

Recommendations for commissioners

- The use of SROI evaluation approaches should be incorporated within the initial planning phases of interventions to ensure that the full range of stakeholders, indicators and contextual factors are included from a range of qualitative and quantitative sources.
- Using public events and workshops to engage with people during planning stages will help ensure that stakeholders for example, local councillors, and those benefitting from the programme understand what it is about, the role of evaluation, and their part within it. This provides a means of building trust and ensures that the full contextual complexity of programmes is understood.
- An SROI approach can be used for monitoring and evaluating programmes as they evolve. This helps to reduce the need for more cumbersome reporting systems needed to monitor programme effectiveness. It is important to maintain effective communication between commissioners, stakeholders and evaluation experts throughout the duration of the programme in order to support information sharing.
- The evaluation framework provided in this report provides a useful blueprint for future similar programmes. The potential to include diverse stakeholders and beneficiaries is clear. The use of SROI approaches is recommended in a time when services are stretched and funding is hard to come by.

Recommendations for researchers

- Applying an SROI approach to a community health promotion programme provides a means of capturing the wider social, personal and interpersonal, and economic benefits for individuals and communities. Attempts to apply the method in this context are few and far between. It is recommended that researchers work closely with practitioners to devise similar evaluation approaches to advance knowledge in this area.
- Researchers should ensure sufficient flexibility when devising SROI evaluations to allow for new inputs as the evaluation progresses. This will ensure the most relevant data are considered and assessed.
- Implementing SROI methodologies is likely to provide a useful means of exploring deeper meaning of community engagement in interventions of this type and the that extend beyond the lifespan of the evaluation. SROI should also help to foster more innovative approaches and activities by focusing on outcomes rather than outputs. This provides a broader way of evaluating success and failure in a more meaningful and implicit way.
- The successful application of grounded theory to the SROI approach in this study demonstrates the potential for further methodological development in this area. This is not only in the interests of improving robustness, but also with respect to the development of bespoke monitoring and evaluation frameworks for specific projects, programmes and policy areas.
- More specifically to community health programmes, there may potential to combine elements of SROI with Cost Utility Analysis (CUA) to more closely align them with assessments of conventional health interventions.

5.0 References

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6.0 Appendices

Appendix A: Interview schedule (process)

- A. Organisation / group / association... name
- B. Background and context
 - 1. Roughly how long has your organisation been running?
 - 2. How long have you been involved in the organisation? (months)
 - 3. Please describe your Active Together funded project (aims, population, activities, rationale).
 - 4. Are you recording any outcomes related to your project? (if so, what)
- C. Active Together processes
 - 5. How did you learn about Active Together?
 - 6. Why did you apply? (explore wider context if possible)
 - 7. How did you apply? (explain process)
 - 8. What was the time between application and receipt of funding?
 - 9. Could you highlight some of the positive and negative aspects of the funding (generally e.g. for club, the process...)
- D. Outcomes
 - 10. What changes do you think the funding has made for your organisation (sustainability in context of wider factors e.g £/ planning...)?
 - 11. What changes do you think the funding has made for your PARTICIPANTS?
 - 12. Do you think the funding is the main reason for the changes you've seen? (please explain)
 - 13. What changes do you think would have happened without the funding?
- E. Future
 - 16. Do you think that the programme could be improved in any way (e.g. focus / target organisations, etc, marketing and promotion, type of funding available)?
 - 17. Is there anything else that you would like to mention that we haven't discussed?

CAN YOU RECOMMEND / IDENTIFY MEMBERS OR PARTICIPANTS WE MIGHT CONTACT

Appendix B: Information letter

Title of project:

Gloucestershire Active Together Programme Evaluation

Information Sheet

Active Together is a new grant scheme from Gloucestershire County Council that seeks to encourage more sport and physical activity across the county.

Starting in October 2014, the evaluation will run for two years and will include a Social Return on Investment assessment with a view to understanding and value the changes that occur as a consequence of projects implemented through Active Together and to develop a blueprint for a the delivery and evaluation of similar future programmes.

What is the purpose of the study?

The purpose of the study is to establish evidence concerning how new modes of local commissioning work in practice. With the community now located firmly at the heart of the public health agenda there is a need to understand the processes, outcomes and experiences of people involved. This will help develop evidence to improve future programmes and generate recommendations for future research and practice.

What will we do with the information?

We will produce a report for Gloucestershire County Council providing a summary of the findings. This report will help us to understand what is good about the programme and what needs to be improved. We may also produce papers for academic journals based on the evaluation's findings.

Do I have to take part in the evaluation?

Taking part is entirely voluntary. It is up to you whether or not to take part. Even if you decide to participate you are free to withdraw from the study at any time without stating the reason.

What will you be asked to do if you decide to take part?

If you agree to be involved in the evaluation you will be asked to take part in an interview with a view to discussing various aspects of Active Together. This can be done face-to-face or over the telephone at a time and place convenient to you.

At the interview you will be asked to answer only the questions that you want and there are no right or wrong answers; it is only your opinions and attitudes of the programme that are of interest to us. The topics of conversation will include questions about what you think of Active Together, the types of outcomes you are interested in, and what has helped you or what has not been helpful. We may also invite you to participate in a further interview later on in the evaluation

Your participation in the interview(s) is entirely voluntary and you are free to withdraw at any time during the interview, without giving any reason, without my medical care or legal rights being affected. You are also free to request that the information you provide in the interview will not be used in the final evaluation analysis or reporting. If you would not like the information you provide to be used you must contact us within 4 weeks after the interview has taken place.

What are the possible benefits to taking part?

The information derived from the evaluation will help develop evidence to improve future similar programmes and generate recommendations for future research and practice.

Who has reviewed the study?

The University of Gloucestershire Research Ethics Committee has approved the evaluation.

What do you do know?

If you would like to be involved in the workshop and evaluation, please return the reply slip below.

If you need further information on this study, please contact:

Dr Colin Baker, University of Gloucestershire, Oxstalls Campus, Oxstalls Lane, Gloucester, GL2 9HW.
Email: cmbaker@glos.ac.uk

Appendix C: Voluntary informed consent

DATE:

CONSENT FORM

Title of project: Gloucestershire Active Together (AT) Programme Evaluation

Name of Researchers:

Dr Colin Baker
Professor Paul Courtney
Katarina Kubinakova

Professor Diane Crone
Dr Elizabeth Loughren

Please circle yes or no

1. I confirm that I have read and understand the information sheet dated for the above study and have had the opportunity to ask questions.

YES/NO
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal rights being affected.

YES/NO
3. I understand that I am free to request that the information I provide in the interview will not be used in the final evaluation analysis or reporting. To do so I must contact the evaluators within 4 weeks after the interview has taken place.

YES/NO
4. I understand if I participate the interview will be audio taped for the purposes of an accurate account of my experiences and for data analysis purposes.

YES/NO
5. I agree to release any photos from my participation in the programme (if applicable).

YES/NO
6. I agree to take part in the above study.

YES/NO

Name of Participant

Date

Signature

Researcher

Date

Signature

Appendix D: Interview schedule (participants)

- A. Background
 - 1. Gender
 - 2. Age in years
 - 3. Name of project / club / activity etc... involved in
 - 4. How long involved in?
 - 5. Have you heard about Active Together? (if so, how, from where...)

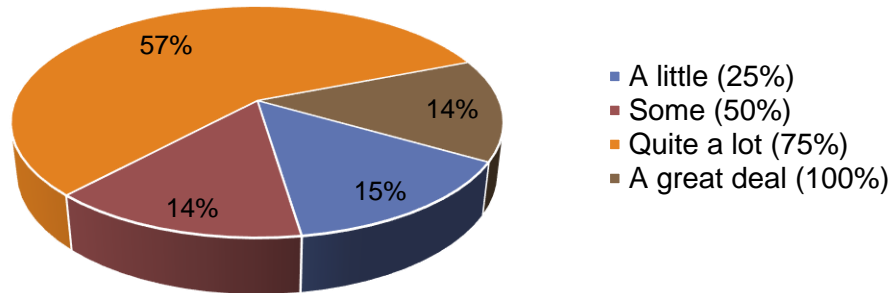
- B. Taking part
 - 6. How did you hear about the project / club / activity etc.
 - 7. What opportunities did this offer to you? (different? Continuing?)
 - 8. Why do / did you take part (take part with anyone else?)
 - 9. Describe main activities that you did / do (general participation, coaching, education & training etc...)

- C. Outcomes
 - 10. Have there been any changes following your participation? (please describe – physical and mental health, general state of mind...)
 - 11. How are these important to you? (what does it mean and why)
 - 12. Were there any other changes? (e.g. family, community, neighbours...)
 - 13. Do you think the project / club / activity is the main reason for the changes you've seen? (if so, how)
 - 14. What change do you think would have happened without the project / club / activity?
 - 15. What is your overall perception of the project / club / activities etc. (+ve / -ve)?
 - 16. Is there anything else that you would like to mention that we haven't discussed?

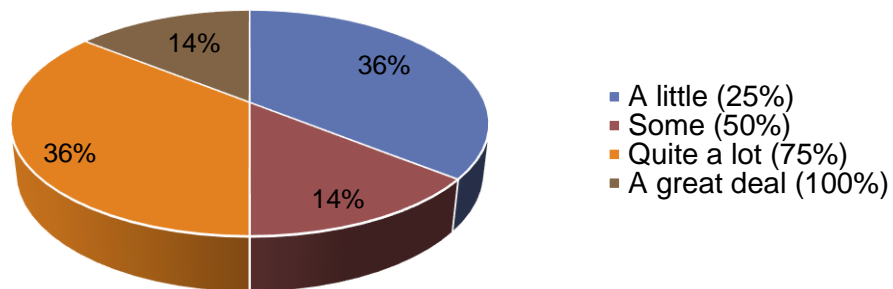
Appendix E: Forecast SROI - changes in outcomes

This does not provide data for all survey questions but seeks to illustrate changes (%) attributed to AT across a number of factors on a 'before and after' basis with respect to involvement in AT-funded activities:

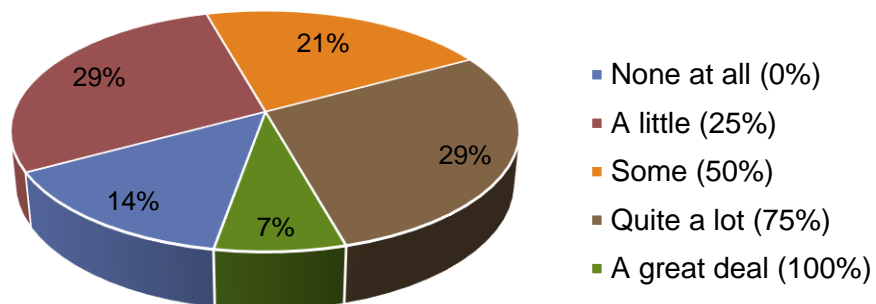
Community connections & resources



Education & skills



Health and well-being



Appendix F: Review of AT applications (GCC data)

Variable	Cheltenham		Cotswold		Forest of Dean		Gloucester		Stroud		Tewkesbury		n	(%)	
	n	%	n	%	n	%	n	%	n	%	n	%			
<i>Applicant type</i>															
Community Interest Company	2	3.0	3	4.0	2	2.8	3	3.7	2	3.7	2	2.8	14	3.3	
Community or voluntary group	14	21.2	13	17.3	11	15.5	9	11.0	9	16.7	11	15.5	67	16.0	
Preschool and after school club	0	0.0	0	0.0	1	1.4	0	0.0	0	0.0	1	1.4	2	0.5	
Registered Charity	17	25.8	13	17.3	16	22.5	27	32.9	13	24.1	16	22.5	102	24.3	
Religious groups	1	1.5	0	0.0	0	0.0	6	7.3	0	0.0	0	0.0	7	1.7	
School/Academy	9	13.6	10	13.3	6	8.5	11	13.4	5	9.3	6	8.5	47	11.2	
Sports groups and association	11	16.7	15	20.0	20	28.2	23	28.0	6	11.1	20	28.2	95	22.7	
Town and Parish Council	3	4.5	19	25.3	13	18.3	0	0.0	18	33.3	13	18.3	66	15.8	
Other	9	13.6	2	2.7	2	2.8	3	3.7	1	1.9	2	2.8	19	4.5	
<i>Project type</i>															
Dance classes, cheer leading	1	1.5	0	0.0	2	2.8	1	1.2	0	0.0	0	0.0	4	1.0	
Encouraging active travel/ walking / cycling groups	0	0.0	0	0.0	1	1.4	2	2.4	0	0.0	0	0.0	3	0.7	
Exercise classes for older people	4	6.0	3	4.1	1	1.4	3	3.7	3	5.7	1	1.9	15	3.7	
Improving green spaces	19	28.4	15	20.5	10	14.1	9	11.0	15	28.3	9	17.0	77	19.1	
Increasing opportunities for disabled people	2	3.0	1	1.4	7	9.9	1	1.2	4	7.5	1	1.9	16	4.0	
Less formal activities that involve families	10	14.9	13	17.8	9	12.7	20	24.4	4	7.5	11	20.8	67	16.6	
Purchasing sports equipment / refurbishing facility	19	28.4	33	45.2	29	40.8	24	29.3	23	43.4	18	34.0	146	36.1	
Projects for women & culturally sensitive	0	0.0	0	0.0	0	0.0	24	29.3	0	0.0	1	1.9	25	6.2	
Provision of alternative sports	1	1.5	1	1.4	2	2.8	2	2.4	2	3.8	2	3.8	10	2.5	
Supporting clubs to expand membership	10	14.9	7	9.6	10	14.1	1	1.2	2	3.8	10	18.9	40	9.9	
Street games / Doorstep sport	1	1.5	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	0.2	
<i>Activity type</i>															
Sports	23	34.3	27	36.5	28	38.9	33	40.2	17	31.5	25	47.2	153	38.1	
Walking / swimming / cycling	1	1.5	3	4.1	6	8.3	6	7.3	2	3.7	2	3.8	20	5.0	
Social / other PA	40	59.7	39	52.7	36	50.0	40	48.8	35	64.8	22	41.5	212	52.7	
Healthy living	3	4.5	5	6.8	2	2.8	3	3.7	0	0	4	7.5	17	4.2	

Contd.

Variable	Cheltenham		Cotswold		Forest of Dean		Gloucester		Stroud		Tewkesbury		n	(%)
	n	%	n	%	n	%	n	%	n	%	n	%		
<i>Nature of activity</i>														
Facilitation	23	34.3	24	32.0	25	34.7	36	43.9	15	27.8	14	26.4	137	34.0
Capital/staff	29	43.3	41	54.7	34	47.2	25	30.5	32	59.3	25	47.2	186	46.2
Services	0	0.0	3	4.0	4	5.6	1	1.2	1	1.9	2	3.8	11	2.7
Club & talent development	12	17.9	2	2.7	6	8.3	12	14.6	5	9.3	10	18.9	47	11.7
Education / Learning	3	4.5	5	6.7	3	4.2	8	9.8	1	1.9	2	3.8	22	5.5

Note: At the time of the final data collection point the AT programme was still live and receiving applications. This data, therefore, should not be taken as an accurate representation of the overall number and type of applications made to the programme throughout its duration.

Funding distribution according to Gloucestershire district

Area	N	Total £	Mn £	SD (£) ¹
Cheltenham	67	308,794	5,758	5476.491
Cotswold	76	240,628	4,121	7099.896
Forest of Dean	72	206,560	4,279	3488.741
Gloucester	82	230,682	3,799	3578.848
Stroud	54	254,355	6,979	6331.389
Tewkesbury	53	149,123	3,814	3818.012

Note: ¹ SD denotes Standard Deviation, which expresses by how much the districts differ from the mean value of the total AT funding for Gloucestershire.

Appendix G: Description of the financial proxies

Outcome	Financial Proxy Description	Proxy Value (£)	Unit	Source	Year	Notes/Rationale
A1 Improved access to community resources	Estimated cost per mile of a vehicle movement for leisure purposes	463.84	£ p.a	SROI Wiki Vois Database	2002	Previously used by NEF in evaluating the impact on local communities of an additional runway at Heathrow airport. Based on cost savings of re-allocating resources. Based on cost saving of 4.46 per hr and 2 hours travel per week.
A2 Greater integration of social, sport and special interest groups	Cost of time spent collaborating	823	Cost per organisation p.a	Global Value Exchange, Whitebarn Consulting	2014	It would cost organisations staff time in order to develop meaningful collaborations
A3 Improved social capital, community ties and strengthened civic engagement	Value of volunteering in England	1497.6	£ per annum	Unique search		Volunteering would produce a similar set of outcomes to those associated with strengthened social capital and civic engagement. Based on living wage rate of £7.20 per hr) multiplied by average number of hours per week volunteers undertake in UK = 4 hrs per week.
B1 Reduced social isolation	Average spending on social interaction	57.2	£ per person p.a	Global Value Exchange 2013 (From SROI report by Social value lab)	2013	Has been used to value increased opportunity to interact with people from different backgrounds in a previous SROI by the social value lab.
B2 Improved competence, engagement and purpose	Value attributed to positive functioning for volunteers based additional median wages earned	2,940	per person p.a	SROI on Growing Social Capital (Wright and Schifferes, 2012) http://www.thinklocalactpersonal.org.uk/_assets/BCC/Growing_Social_Capital_SROI_-_March_2012.pdf	2012	Positive functioning is a similar outcome to improved competence, engagement and purpose. Thus one could expect the same wage differential.

B3 Improved physical, social and life skills and training	Cost of employability skills training in regular sessions with councillor/coach	1,650	per person	Global Value Exchange http://www.globalvaluexchange.org/valuations/search?q=employability		Participating in a relevant course or seeing a coach or councillor would provide a similar set of outcomes. Deemed by the GVE to be a credible value for increase in basic skills.
C1 Improved mental health	Mental health service costs per individual (anxiety and depression)	942	per person	SROI Wiki Vois Database - The Troubled Families Cost Database http://neweconomymanchester.com/stories/1336-evaluation_and_costbenefit_analysis	2010	Reduction in the number of young people and adults suffering from depression will reduce pressure on NHS over longer term
C2 Safer and more positive environments	Average family spend on sports/leisure	106	Per person per annum	Greenspace Scotland SROI, FES	2009	Spending on recreation and leisure would help to achieve similar outcomes as use of green space and walking/cycling routes deemed to be safer and more positive. Based on annual household spend of 243)
C3 Improved well-being through development of cultural, recreational and sports facilities	Effect of sports club membership on wellbeing	3600	£ per person p.a	Global Value Exchange http://www.globalvaluexchange.org/valuations/search?q=sports%20well%20being	2005	According to the GVE evidence shows that membership of a sports club has the same impact on individual well-being as an increase in income of £3,600 per year
C4 Improved physical health, improvement in long term conditions and reduced treatment	Cost of reduced health care to maintain good physical health (based one A&E and 4 GP visits p.a)	232	per person p.a	Personal Social Services Research Unit (PSSRU) 2011	2011	Many people with long-term physical health conditions raise total health care costs by at least 45 per cent for each person including hospital admissions and GP consultations for physical complaints (PSSRU, 2011)
C5 Reduced burden on social care services	Unit cost of approved social worker (ASW) for community social care	1,380	per person p.a	Personal Social Services Research Unit (PSSRU) 2011	2011	Cost of approved social worked taken as a proxy for general social care services.

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