

Spinal Cord Injuries Australia's National Walk On Program

Social Return on Investment Evaluative Analysis

FULL REPORT

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About Social Ventures Australia

Social Ventures Australia (SVA) works with innovative partners to invest in social change. We help to create better education and employment outcomes for disadvantaged Australians by bringing the best of business to the 'for purpose' sector, and by working with partners to strategically invest capital and expertise. SVA Social Finance introduces new capital and innovative financial models to help solve entrenched problems.

SVA Consulting shares evidence and knowledge to build social sector capacity. We work with non-profits, major funders and governments to strengthen their capacity to access and manage capital, talent and evidence, measure impact, and deploy new approaches to delivering services, to achieve profound social change.

Client confidentiality

Please note that the names of all clients of the program, their families, and SCIA staff have been changed to hide their identities.



Executive Summary

Key Points

- Walk On is an intensive activity-based community rehabilitation program designed to assist a person with a spinal cord injury to improve and maximise their functional ability and lead a more independent life. Spinal Cord Injuries Australia (SCIA) currently offers the program in Sydney, Melbourne, Brisbane and Perth in formal partnerships with Universities in NSW, Victoria and WA and with the Sporting Wheelies and Disabled Association in QLD.
- In early 2013 Spinal Cord Injuries Australia (SCIA) commissioned SVA Consulting to conduct a Social Return on Investment (SROI) evaluative analysis on its Walk On program nationally. This follows previous work by SVA which completed a baseline SROI analysis on the Sydney Walk On program in early 2012.
- This SROI analysis of Walk On nationally is based on the investment and operations of the 12 months ending in April 2013. It concludes that approximately \$5 of social and economic value is created for every \$1 invested in the program. The total present value of benefits is \$7.36million and the present value of the investment is \$1.47m.
- The average participant in Walk On invests \$12,500 in the program (of which \$10,600 is cash), and receives benefits valued at \$88,500.
- The majority of value is created for participants, who are also the major investors. As a fee-for-service program, Walk On has already demonstrated that it is valued by its participants, because they are willing to keep paying for it despite its relatively high cost.
- The most valued outcome for participants is their increased independence which provides individuals with increased choice and control over their lives. This is achieved as they increase the strength of working muscles, and also reactivate barely working / non-working muscles. As a result, their mobility increases and they are able to do regular tasks autonomously. 45% of participant value comes through the increased independence experienced, and 31% from the increased hopes for improvements into the future.
- Walk On also generates important benefits for other stakeholders. Families of Walk On participants benefit by having more time to pursue their own interests as the call on their need to care for the person with SCI reduces with increased independence. It also contributes to less strain on family relationships. The Government benefits particularly from the reallocation of resources due to reduced hospital stays despite not currently investing in the program. Universities benefit from clinical placements, which are in high demand and increased research opportunities.

Introduction

Spinal Cord Injuries Australia (SCIA) is a member-based social enterprise that provides support, information and resources for people with a spinal cord injury (SCI) at every stage of their journey. Their focus is to get people 'back on track' following their SCI, finding the solutions to obstacles that may arise and providing information and resources to ensure they remain actively involved in personal, social and vocational activities. It is estimated that there are around 15,000 people living with a SCI in Australia, with between 300 and 400 new cases each year.

Walk On is an individually designed, intensive activity-based rehabilitation program established by SCIA to assist a person with a spinal cord injury to improve and maximise their functional ability, and lead a more independent life.

The program involves intense, dynamic, weight-bearing exercises all performed out of the wheelchair one-on-one with a qualified Physiotherapist or Exercise Physiologist. SCIA launched Walk On in Brisbane in 2008 in partnership with the Sporting Wheelies and Disabled Association of QLD. Based on requests from

people with SCI and their families and friends SCIA then opened centres in Sydney in 2010 (in partnership with The University of Sydney), Perth 2011 (with Edith Cowan University) and Melbourne 2012 (with Victoria University). Over this 5 year period over 250 people with SCI have participated in the program.

Prior to the establishment of SCIA's Walk On, there were no similar community based intensive exercise/rehabilitation programs in Australia specifically tailored to the needs of people with SCI. Exercise programs have been shown to assist in the recovery of independent functional abilities for people with SCI. Exercise programs can also assist a person with an SCI to return to activities of daily living, maintain an adequate level of fitness and reduce the impact of a sedentary lifestyle and secondary effects of the injury upon their quality of life¹.

Today the program supports between 80-90 clients nationally each week. The investment required to run Walk On for one year (April 2012 to April 2013) was \$1.47m, of which the majority (\$1.04m) came from clients, who pay fees to attend the program.

Project approach

In 2013, Social Ventures Australia (SVA) Consulting completed an evaluative Social Return on Investment (SROI) analysis to evaluate the social and economic benefits created by SCIA's national Walk On program. SROI is an internationally recognised methodology that seeks to understand, measure and evaluate the impact of a project, program, organisation, business or policy. Using financial proxies, it puts a value on the amount of change created and compares it to the costs of creating them

Through the SROI process, SVA Consulting sought to understand, measure and value the changes experienced by stakeholders in the program. The SROI analysis looked at the investment made and the outcomes achieved during the period from April 2012 to April 2013. To do this, it utilised data collected by SCIA, surveys and interviews conducted with stakeholders and secondary research.

Investment

A total of \$1.47m was invested into the National Walk On program, of which \$1.25m was cash investment, and \$211k was in the form of in-kind contributions.

Walk On is a 'fee-for-service' program, and the majority (83%) of the investment comes from participants. Other major investors included SCIA, partners (including universities), funders (philanthropists, corporations and community organisations) and families of participants.

Outcomes

Five stakeholder groups were identified as material for this analysis. For each stakeholder group, their objectives, inputs and outcomes were determined.

In an SROI analysis, the outcomes need to be described, measured and valued. The changes are from each stakeholder group's perspective and must be informed through stakeholder consultation. For this SROI analysis, it was imperative that the perspectives of each of these stakeholder groups were heard and described.

The major stakeholder groups who benefited from the Walk On national program are:

¹ Relevant studies providing evidence for this include:

A.Harness, E.T., Yozbatiran, N. and Cramer, S.C. Effects of intense exercise in chronic spinal cord injury. *Spinal Cord*. 2008. P.1-5.

B.Sardowsky, C.L. and Mc Donald, J.W. Activity-based restorative therapies: Concepts and applications in Spinal Cord Injury-related rehabilitation. *Developmental Disabilities Research Reviews*. 2009. 15: p. 112-116.

C.Anneken, V. Hanseen-Doose, A., Hirschfeld,S., Scheuer, T. and Thietj,R. Influence of physical exercise on quality of life in individuals with spinal cord injury. 2010. *Spinal Cord*. 48: p. 393-399.

D.Devillard, X., Rimaud, D., Roche, F. and Calmels, P. Effects of training programs for spinal cord injury.2007. *Annales de Readaptation et Medicine Physique*. 50: p. 490-498.

- *Participants in Walk On*: who experience increased independence, increased self-confidence, increased hopes for future improvement, increased happiness, development of a sense of identity and belonging in a community, and reduced reliance on subsidised wheelchair accessible taxi schemes.
- *Families of Participants*: who experience more time to pursue their own interests, experienced less strain on family relationships and valued a more fulfilling and self-determined life led by their family member with SCI.
- *Partners (including universities)*: who experience more clinical placements for students, and further research into intensive physical rehabilitation programs for patients with SCI
- *Spinal Cord Injuries Australia (SCIA)*: which meets the expressed needs of its clients (to participate in a high intensity physical rehabilitation program); experiences an increased level of general funding for SCIA, due to an increased national profile; and experiences increased awareness of SCIA that leads to more people with SCI being introduced to SCIA.
- *Governments*: who experience savings due to improved general health and well-being of Walk On clients, reduced use of medication, reallocation of resources due to reduced hospital stays, and reduced expenditure on taxi subsidies.

Value Creation

Based on the investment and operations of the 12 months ending in April 2013, approximately \$5.00 of social and economic value is created for every \$1 invested. The total present value of benefits is \$7.36million, and the present value of the investment is \$1.47m.

SROI Summary	
Total Present Value of Benefits	\$7.36m*
Total Investment	\$1.47m*
Social Return on Investment (SROI) ratio	5.00 : 1

* Value calculated after discount rate of 4.25%

Table A breaks down the value created by outcome, for each stakeholder group. Figure A outlines the Stakeholder Logic that describes how the program impacts participants.

Insights

1. As a fee-for-service program, Walk On has already demonstrated that it is valued by its participants, who are willing to keep paying for it.

There are already a number of services that are available to a person with SCI that they do not have to pay for: including Government Health Services such as the NSW Spinal Outreach Service, or services provided by non-profits like SCIA, such as the peer support and advocacy programs.

Approximately 73% of the investment into Walk On comes from participants (\$1.04m). On average, each of the 83 participants invested \$12,500 each year, of which \$10,600 was cash. This is significant when you consider the comparatively low incomes these participants receive. Their willingness to continue investing is a great indicator of the benefits of the program.

2. Increased independence for participants should be upheld as the primary purpose of the Walk On program.

Through stakeholder engagement it became clear that participants joined Walk On primarily in the hope it would enable them to perform regular tasks more autonomously, leading to increased independence. Our analysis of the one-year investment period demonstrates that 28% of total program value created comes through the increased independence experienced, and that 20% comes through the increased hopes for future improvements. Importantly, the hopes for future improvements are driven by an understanding of the increased independence that has already been achieved by each participant, as well as those around them.

3. Although funded almost entirely by participants and SCIA, Walk On generates significant value for other stakeholders including families of participants, estimated at \$1.16m and the Government, estimated at \$338k for the year up to April 2013.

Families of Walk On participants place substantial value on having more time to pursue their own interests (work, study, leisure etc) and the effects of the program helping with strain on family relationships. Beds are costly in the public health system - the estimated cost is around \$1,100 a night. As a result of the Walk On program, the Government benefits significantly from the reallocation of resources due to reduced hospital stays – a benefit that is valued at \$261k. These hospital stays are reduced because of improved health and general well-being of Walk On participants, and a reported lower rate of incidence of skin-related issues, most likely because of improved skin integrity and blood circulation. Governments also benefit from reduced expenditure on wheelchair accessible taxi schemes (\$70k), because as some participants increase their strength and mobility some can transfer better to be able to be transported as passengers in a family vehicle and others are able to acquire their own driving license and drive themselves.

Summary of value created – Table A

Outcomes	Aggregate value by outcome	Value by stakeholder
1. Participants in Walk On		
1.1 Increased independence	\$2.05m	\$5.04m [69%]
1.2 Increased self-confidence	\$243k	
1.3 Increased hopes for future improvement	\$1.47m	
1.4 Increased happiness	\$619k	
1.5 Develop sense of identity and belonging in a community	\$495k	
1.3 Reduced use of wheelchair accessible taxis	\$163k	
2. Families of Participants		
2.1 More time to pursue own interests	\$1.08m	\$1.16m [16%]
2.2 Less strain on family relationships	\$73k	
2.3 More fulfilling and self-determined life led by family member with SCI	<i>Already valued for Participants</i>	
3. Partners (including universities)		
3.1 More clinical placements for students	\$420k	\$495k [7%]
3.2 Further research into intensive physical rehabilitation programs for patients with SCI	\$75k	
4. SCIA		
4.1 Meet the expressed needs of their clients (to participate in a high intensity physical rehabilitation program)	\$38k	\$325k [4%]
4.2 Increased level of general funding for SCIA, due to increased national profile	\$27k	
4.3 More people with SCI introduced to SCIA	\$260k	
5. Funders		
5.1 See people with Spinal Cord Injuries lead more fulfilling and self-determined lives	<i>Already valued for Participants</i>	-
6. Government		
6.1 Savings due to reduced use of medication	\$7k	\$338k [5%]
6.2 Reallocation of resources due to reduced hospital stays	\$261k	
6.3 Reduced expenditure on taxi subsidies	\$70k	

Table A – Value created for each stakeholder group

Summary of Social Return on Investment	April 2012 – April 2013
Aggregate social return (present value)	\$7.36m
Aggregate investment (present value)	\$1.47m
SROI Ratio	5.00

Table B – Overall aggregate social return, investment and ratio

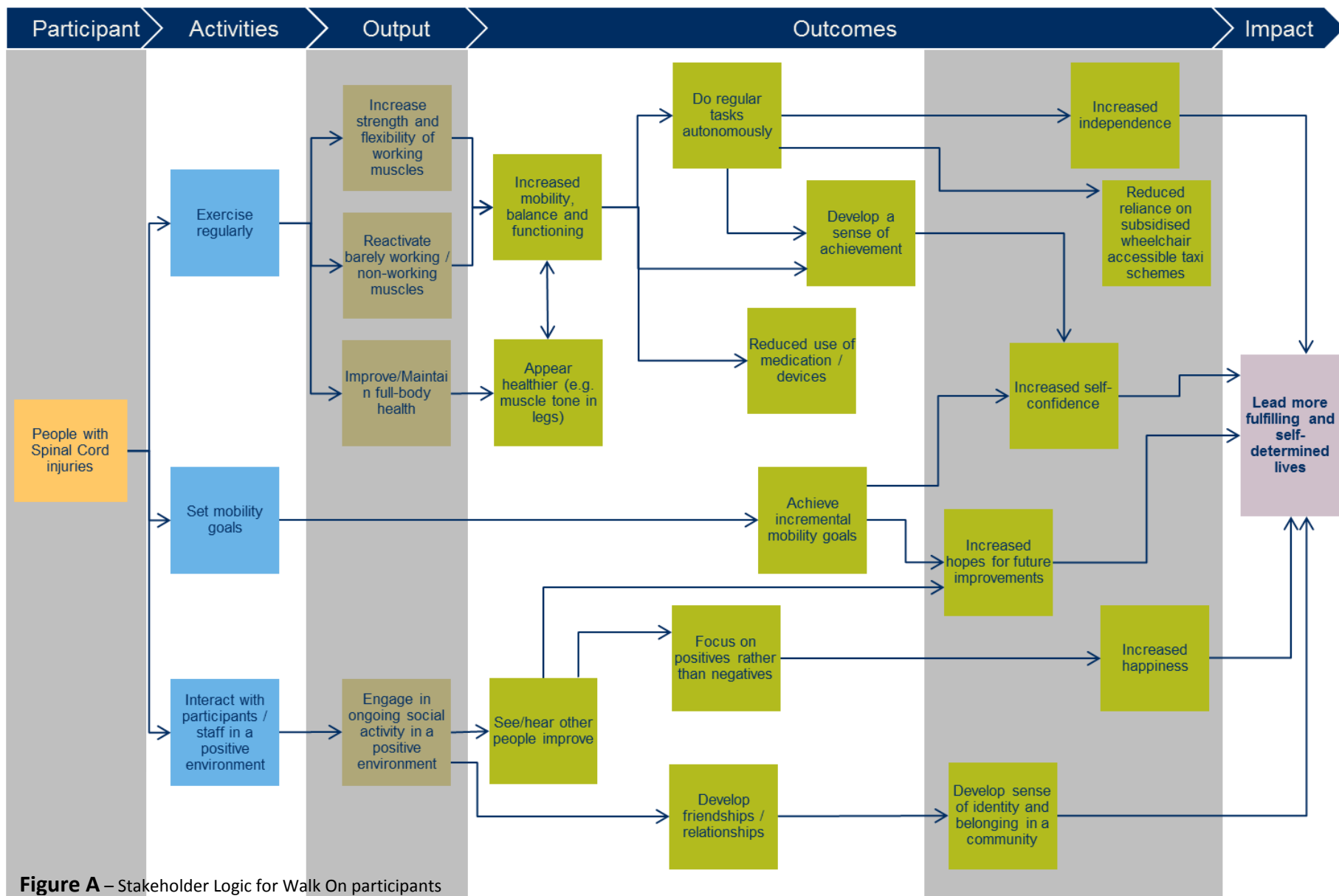


Figure A – Stakeholder Logic for Walk On participants

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1 Introduction

1.1 Spinal Cord Injuries Australia

Spinal Cord Injuries Australia (SCIA) was established in 1967 as “The Australian Quadriplegic Association”, to provide suitable accommodation for young people with severe spinal cord injuries (SCIs), and since that day has expanded its services as the need and opportunity arose. The organisation was founded by a group of young men hospitalised due to SCIs, determined to hold onto the hopes and dreams that had been taking shape during their early years, and demanding that they be able to live lives no different from anyone else.

Today SCIA is a member-based social enterprise with a turnover of around \$8m per annum, which provides support, information and resources for people with a spinal cord injury at every stage of their journey. The organisation’s focus is to get people ‘back on track’ following an SCI, finding the solutions to obstacles that may arise and providing information and resources to ensure people with a spinal cord injury remain actively involved in personal, social and vocational activities.

MISSION

Commitment to innovation creates independence, dignity and unlimited opportunity for people living with spinal cord injury

SCIA’s services encompass all of life, from hospital to home to workplace, and the organisation strives to develop programs to educate and support the SCI community. Services include:

- “SCI Info” – which develops and provides information services
- Policy and Advocacy – which represent the interests of people in fighting for their rights and an equitable life
- Independent Living – which provides a range of accommodation support options
- Walk On – which provides intensive activity-based community rehabilitation
- Peer Support – which provides initial support from “someone who has been there”, for people who have recently acquired an SCI.
- SCI Workforce – which helps people re-engage in the workforce.

1.2 The Issue

It is estimated that there are around 15,000 people living in Australia with a Spinal Cord Injury (SCI), and there are about 300-400 new cases of SCI from traumatic and non-traumatic causes each year. The US Center for Disease Control (CDC) case definition of SCI was adopted in Australia for registration of cases of SCI: “a case of spinal cord injury is defined as the occurrence of an acute, traumatic lesion of neural elements in the spinal canal resulting in temporary or permanent sensory deficit, motor deficit, or bladder/bowel dysfunction.” SCI can occur at any age, and the effects can be permanent and devastating.²

Advances in critical care and rehabilitation medicine since the 1950s have resulted in reductions in mortality and increased life expectancy for those living with SCI. However, we still live in a world where the necessary equipment and support services for daily living are not available when and where they are needed, where physical, emotional and psychological decline are a constant threat, and where society continues to throw up barriers to full community participation, including physical, financial or attitudinal barriers.

Prior to the establishment of SCIA’s Walk On program, there were no similar community based intensive exercise/rehabilitation programs in Australia specifically tailored to the needs of people with SCI. Exercise programs have been shown to assist in the recovery of independent functional abilities for people with SCI.

² Norton, L. Spinal Cord Injury, Australia. Injury Research and Statistics Series: Australian Institute of Health and Welfare (2010).

Exercise programs can also assist a person with an SCI to return to activities of daily living, maintain an adequate level of fitness and reduce the impact of a sedentary lifestyle and secondary effects of the injury upon their quality of life. Regular physical activity may also improve cardiovascular function, endurance, muscle strength, muscle and bone mass, physical work capacity, ventilation efficiency, lipoprotein metabolism, psychological wellbeing, longevity and cognition in a person with a SCI.³

1.2 Walk On Program

Walk On is an intensive activity-based community rehabilitation program designed to assist a person with a spinal cord injury to improve and maximise their functional ability and lead a more independent life. Spinal Cord Injuries Australia (SCIA) currently offers the program in Sydney, Melbourne, Brisbane and Perth in formal partnerships with Universities in NSW, Victoria and WA and with the Sporting Wheelies and Disabled Association in QLD. The program involves intense, dynamic, weight-bearing exercises all performed out of the wheelchair one-on-one with a qualified Exercise Physiologist or Physiotherapist.

Each client's individually tailored rehabilitation program is aimed at developing skills necessary to achieve specific functional goals and comprises two-hour sessions up to three times per week at a Walk On facility. Sessions involve strengthening of the core, upper and lower limbs, whole body coordination, partial or full weight-bearing activities, balance, stability and postural control exercises and gait training.⁴

Identifying the need for an intensive community based exercise rehabilitation program following acute hospital stay, SCIA opened its first Walk On facility in Brisbane in 2008 in partnership with the Sporting Wheelies and Disabled Association of Queensland. The program was initially based on similar programs which had been emerging in the USA and SCIA had arrangements with these programs for training of staff and support. The second Walk On facility was established in April 2010 in partnership with the University of Sydney, and operates from the Clinical Exercise and Rehabilitation facility at the University's Faculty of Health Sciences campus at Lidcombe. Programs have since also begun in Perth in 2011 (in partnership with Edith Cowan University) and Melbourne in 2012 (in partnership with Victorian University).

Walk On now stands as a fully independent program with no reliance on any overseas program. Walk On staff (numbering around 20 nationally) are trained in Australia and linked to physiotherapy and exercise physiology professional associations in Australia. University partnerships involve student clinical placements and research. Walk On is developing its training capacity to offer activity-based rehabilitation training to SCI professionals across Australia and throughout the Asia Pacific region.

1.3 Project objective

SCIA has commissioned Social Ventures Australia (SVA) Consulting to understand, measure and value the changes generated through the national Walk On program (Sydney, Melbourne, Perth and Brisbane).

The outcomes of this project will be used to inform the future direction of the Walk On program, and support SCIA to improve the program.

³ Relevant studies providing evidence for this include:

1.Harness, E.T., Yozbatiran, N. and Cramer, S.C. Effects of intense exercise in chronic spinal cord injury. *Spinal Cord*. 2008. P.1-5.

2.Sardowsky, C.L. and Mc Donald, J.W. Activity-based restorative therapies: Concepts and applications in Spinal Cord Injury-related rehabilitation. *Developmental Disabilities Research Reviews*. 2009. 15: p. 112-116.

3.Anneken, V. Hanseen-Doose, A., Hirschfeld,S., Scheuer, T. and Thietj,R. Influence of physical exercise on quality of life in individuals with spinal cord injury. 2010. *Spinal Cord*. 48: p. 393-399.

4.Devillard, X., Rimaud, D., Roche, F. and Calmels, P. Effects of training programs for spinal cord injury.2007. *Annales de Readaptation et Medicine Physique*. 50: p. 490-498.

⁴ <http://scia.org.au/walk-on>

1.4 Social Return on Investment

This report outlines the findings of an evaluative Social Return of Investment (SROI) analysis completed for the Walk On program.

SROI is an internationally recognised methodology used to understand, measure and value the impact of a program or organisation. It is a form of cost-benefit analysis that examines the social, economic, cultural and environmental outcomes created and the costs of creating them.

1.5 Project methodology

The analysis has been completed across six stages and is presented in Figure 1.1 and Table 1.1 below.



Figure 1.1 - Stages of project methodology

Stage	Description
Stage 1 Scope project	<ul style="list-style-type: none"> Define the project scope including boundaries, timing for analysis and stakeholders
Stage 2 Understand the change	<ul style="list-style-type: none"> Engage with stakeholders to understand the outcomes generated through the program. This includes testing the relationship between objectives, inputs, outputs and outcomes Develop program logic and stakeholder logics
Stage 3 Measure change	<ul style="list-style-type: none"> Identify relevant indicators to measure the extent to which the outcomes have been experienced by stakeholders through the program
Stage 4 Value change	<ul style="list-style-type: none"> Identify relevant financial proxies to value the outcomes Define the investment for the program Determine those aspects of change that would have happened anyway or are a result of other factors
Stage 5 Calculate the SROI	<ul style="list-style-type: none"> Calculate the outcomes and compare to the investment of the program
Stage 6 Reporting	<ul style="list-style-type: none"> Synthesise and present key findings

Table 1.1 – Project methodology

Stages 2, 3 and 4 (i.e., understand, measure and value stakeholder outcomes) are the key stages of analysis. As part of each stage, a number of questions need to be considered. These are outlined in Table 1.2 below and are included to highlight the types of issues being addressed.

Understand the change
<ul style="list-style-type: none">• What is the program logic?• What is the stakeholder logic?• What are the changes that matter most to the stakeholders?• What are the links between the activities and different changes experienced by stakeholders?• Are the changes consistent across regions and between stakeholder groups?
Measure the change
<ul style="list-style-type: none">• How do we know if changes have happened?• How do we measure changes for stakeholders when there is limited data and evidence available?
Value the change
<ul style="list-style-type: none">• What is the value of the changes experienced by different stakeholders?• Using financial proxies, how valuable is a particular change?• How long does the change last for (drop off)?• Would this value have been created anyway (deadweight)?• Who else contributed to the value being created (attribution)?• Did this value creation displace other value being created (displacement)?• What does it cost to create this value?

Table 1.2 – Questions to consider when conducting an SROI analysis

1.6 Report structure

The structure of the report is set out below.

- Section 1 includes a description of the project context and analysis
- Section 2 includes an outline of the project approach
- Section 3 describes the investment in the Walk On program considered in this analysis
- Section 4 includes the program logic developed for this project
- Section 5 includes an overview of the different outcomes experienced by stakeholders
- Section 6 describes the measurement approach adopted for this project
- Section 7 describes the valuation approach adopted for this project
- Section 8 describes the approach for calculating the SROI ratio and the sensitivity analysis
- Section 9 synthesises the findings from this analysis.

2 Project Approach

This section describes the approach taken to understand, measure and value the changes created through the Walk On program using the SROI methodology.

2.1 Social Return on Investment

SROI is an internationally recognised methodology used to understand, measure and value the impact of a program or organisation. It is a form of cost-benefit analysis that examines the social, economic, cultural and environmental outcomes created and the costs of creating them.

The SROI methodology was first developed in the 1990s in the USA by the Roberts Enterprise Development Fund, with a focus on measuring and evaluating organisations that provided employment opportunities to previously long-term unemployed. During the early to mid-2000s, the United Kingdom (UK) Office of the Third Sector provided funding to continue the development and application of the SROI methodology, resulting in the formation of the UK SROI Network.

The SROI principles developed through the UK SROI Network that guide SROI analyses are included in Table 2.1 below. These principles form the basis of an SROI.

Principle		Definition
1	Involve stakeholders	Stakeholders should inform what gets measured and how this is measured and valued.
2	Understand what changes	Articulate how change is created and evaluate this through evidence gathered, recognizing positive and negative changes as well as those that are intended and unintended.
3	Value the things that matter	Use financial proxies in order that the value of the outcomes can be recognised.
4	Only include what is material	Determine what information and evidence must be included in the accounts to give a true and fair picture, such that stakeholders can draw reasonable conclusions about impact.
5	Do not over claim	Organisations should only claim the value that they are responsible for creating.
6	Be transparent	Demonstrate the basis on which the analysis may be considered accurate and honest and show that it will be reported to and discussed with stakeholders.
7	Verify the results	Ensure appropriate independent verification of the analysis.

Table 2.1 – SROI Principles

2.2 Project scope

There are two forms of SROI analyses described in the SROI guide: a forecast and an evaluative SROI analysis.⁵ A forecast SROI analysis estimates the social value an organisation will create in the future. There is unlikely to be substantive evidence to support the value an organisation will create (because it hasn't happened yet). An evaluative SROI analysis estimates the social value an organisation has created in the past. In contrast to a forecast SROI analysis, an evaluative SROI should be based on evidence that has been collected over time.

In SVA's experience working with organisations seeking to assess the value created in the past, there is frequently limited evidence collected, or it may not be the right evidence to inform an SROI. As a result, an evaluative SROI analysis may not always be appropriate in the first instance.

A baseline SROI analysis represents an alternative approach that assesses the value the organisation believes it created in the past, validated by the views of stakeholders, and provides a useful snapshot of the impact an organisation has created. This can be used as a benchmark for future measurement and valuation.

In April 2012, SCIA completed a baseline SROI analysis on SCIA's Sydney Walk On program. This analysis has been made publicly available and forms the basis for the scope of the current project.⁶

The scope of this project is an evaluative SROI analysis of SCIA's national Walk On program for the period April 2012 – April 2013.

⁵ The SROI guide, released in May 2009 and updated in January 2012, is available at: <http://www.thesroinetwork.org/sroi-analysis/the-sroi-guide>

⁶ The report can be found here: <http://scia.org.au/images/SCIA-media/Services/Walkon/SCIA%20Walk%20On%20Sydney%20SROI%20Report%20-%20April%202012.pdf>

2.3 Defining stakeholder groups

SROI is a stakeholder informed methodology that involves engaging closely with stakeholders to identify and understand the changes created through a program or activity.

Based on the initial scoping of the project and stakeholder consultation, stakeholders were included in this analysis if they experienced a unique and material change as a result of the Walk On program.

Stakeholder groups included in the analysis

Stakeholders included in this SROI analysis are listed in Table 2.2 below.

Stakeholder Group	Rationale for Inclusion in the SROI analysis
Participants in Walk On (past and present)	This group are/have been the major benefactors of the program, and also the most substantial investors – given that Walk On is a ‘fee-for-service’ program.
Families of Participants in Walk On	Families are an important part of the Walk On program, since they support participants to be able to attend. The impact of an SCI is felt not just by a participant, but by their family as well.
Partners (including universities)	Partners invest in the Walk On program primarily through the provision of space in-kind for the gym. Those that are universities benefit from the opportunity to research this intensive physical rehabilitation program, and its clients. They are also able to secure student clinical placements through Walk On.
SCIA	SCIA started the program to fulfil the expressed needs of their client-base, and continue to invest substantially – both in-kind and with direct financial support.
Funders	This includes philanthropists, corporations and other donors that have provided funds to support the establishment and continued operation of Walk On.
Government (State and Federal)	Although representatives from the Government have not yet directly engaged with Walk On, they are a stakeholder because the program creates direct benefits for them.

Table 2.2 – Stakeholder groups included for the SROI analysis

Stakeholder groups excluded from the analysis

The decision to exclude a stakeholder group was determined through the scoping phase of the project and throughout stakeholder consultations. Stakeholder groups excluded from this analysis are included in Table 2.3 below.

Stakeholder Group	Rationale for Exclusion from the SROI analysis
Paid Carers	<p>Interviews with participants have revealed that their participation in Walk On has not directly reduced the amount of paid care hours they utilise each week. This is not a surprising result, since participants have no incentive to reduce the paid care hours they receive.</p> <p>Some Walk On participants indicated that they use their paid care hours differently (e.g. some use their carer to drive them to Walk On appointments, others have an agreement to use their paid care hours towards participation in Walk On), the outcome for the carer themselves does not change.</p>
PhD students	<p>The PhD student who is currently progressing a research project under supervision at The University of Sydney experiences a high level of satisfaction throughout her research. As a physiotherapist by training, she values the opportunity to be hands-on in the program (working part time in the gym) as well as conducting the research. She left Brazil pursuing opportunities for professional development, and hopes one day to take it back to Brazil, because she has seen the difference it makes in people's lives.</p> <p>The outcomes identified are not material because they are produced through the investment SCIA has made in the PhD, rather than the Walk On program. Furthermore, the impact is not aligned with the purpose of the program.</p>
Hospital Spinal Units and Rehabilitation services (and associated outreach services)	<p>Hospital Spinal units and outreach services professionals have had limited involvement in the program. Some have been quite negative towards the program stating concern with the "name" and lack of research around the program. We judged that this impact was not material because we expect that it will be small. However, we did not engage them through this analysis. A future SROI analysis may consider engaging them to confirm the nature of Walk On's impact on the units.</p>
Walk On Staff (Exercise Physiologists and Physiotherapists)	<p>Walk On Exercise Physiologists and Physiotherapists experience a high level of satisfaction from their involvement in the program, however this outcome was deemed not material.</p>
University Students	<p>Due to Walk On, these students have the opportunity to fulfil their clinical placement requirements for their course. However, they were excluded from the analysis because this value is already captured for the University.</p>

Table 2.3 – Stakeholder groups excluded from the SROI analysis

2.4 Stakeholder engagement

Stakeholder engagement formed a central part of the analysis and was undertaken to understand, measure and value the changes created through the program. During the project, SVA interviewed and surveyed 85 stakeholders in total. The majority of participants (71 out of 83) were engaged through either a survey or interview through this project.

Table 2.4 below is a summary of stakeholder groups engaged for this analysis, the size of the group during the investment period and the number of stakeholders engaged per group.

Stakeholder Group	Size of group	# interviewed	# surveyed	Notes
Participants in Walk On (past and present)	83	15	56	Interviews helped SVA Consulting understand the nature of the changes, and the values placed on these changes. The breadth of responses in the online survey distributed gave SVA Consulting confidence to estimate the extent to which these changes were experienced amongst the group.
Families of Participants in Walk On	83	6	4	Similar to clients, SVA Consulting distributed an online survey. This was harder to distribute, due to lack of access to contact details for families. SVA Consulting contacted clients, and asked them to pass survey details to family. Given the relatively small sample, SVA Consulting also conducted phone interviews with family members to better understand their perspective.
Partners (including universities)	6	2	-	SVA Consulting conducted telephone interviews with a representative from the University of Sydney and Edith Cowen University.
Spinal Cord Injuries Australia (SCIA)	1	3	-	The analysis was conducted in consultation with Peter Murray (General Manager, Strategic Projects), and Kierre Williams (National Manager, Exercise Rehabilitation programs). We also interviewed the manager of the Melbourne program
Total engagement		25	60	

Table 2.4 – Summary of stakeholder engagement

Use of the survey results

Within an SROI analysis, a survey is often used to collect quantitative data about the program or project outcomes. This data can be used to measure whether identified changes occurred as a result of the program and to inform the valuation of those changes.

Two surveys were conducted for the project.

- Clients: The Client survey was designed to gain an understanding of (1) the impact of the program on these clients, (2) the importance and value of these changes for clients, and (3) general feedback on the program for SCIA staff
- Families: The Families survey was designed to gain an understanding of (1) the impact of the program on families, and (2) the importance of these changes for families and clients.

Please note that the judgements made throughout this analysis were informed by interactions with the stakeholder groups directly but also through interviews with other stakeholders, secondary research and SVA analysis.

3 Investment

This section describes the investment considered for the SROI analysis.

3.1 Investment rationale

As part of an SROI analysis, the investment for the program or activity needs to be identified in order to appropriately understand and value the outcomes experienced by stakeholders. The investment considered in this analysis is the cost of the Walk On program for financial year 2013 and the return on investment is calculated accordingly.

This SROI analysis considers the changes that occurred from the inputs that were “used up”, so the investment represents the expenses that were incurred in this period rather than the cash that was received. For historical capital investment, the depreciated value of the investment for this period was considered as part of the investment for this analysis. For example, some of the funding from SCIA was used to purchase gym equipment (\$98,000) for the program, which has an expected lifetime of five years. Although the entirety of this amount was spent during the investment period, the investment considered here is the depreciated value expended over the one-year investment period ($\$98,000/10 \text{ years} * 1 \text{ years} = \$9,800$).

3.2 Investment breakdown

Overall Investment

A total of \$1.47m was invested into the National Walk On program, of which \$1.25m was cash investment, and \$221k was in the form of in-kind contributions.

Source	Cash	In-Kind Contributions	Notes
1. Participants	\$881k	\$161k	Walk On is 'fee-for-service', and participants pay \$85 per hour (plus GST) which can amount to up to \$25,000 a year to participate for someone involved 3 times a week. Also material to them is the time invested to attend the sessions, which can be up to an entire day, given the time involved in travelling. Additionally, some participants have travelled interstate (and one internationally) to join the program
2. Families	\$0	\$10k	Family members also invest time in the program, in bringing participants to sessions – this can be up to a day of their time as well. Family members have also travelled interstate (and internationally) to participate
3. Partners & Universities	\$0	\$50k	Partners provide gym space in-kind to the program, as well as utilities (air conditioning, electricity)
4. SCIA	\$277k	\$0	SCIA covers the current operating loss of the program
5. Funders	\$87k	\$0	Philanthropists, corporations and community organisations have provided cash to finance the purchase of capital equipment for the gym
6. Govt	\$0	\$0	Government (State or Federal) does not currently invest in Walk On
Total	\$1,245k	\$221k	

Table 3.1 – Breakdown of investment into the Walk On Program

3 – Investment

Walk On is a 'fee-for-service' program, and the majority (83%) of the investment comes from participants. Investment from elsewhere allows SCIA to reduce the cost of the program, thus making it more sustainable. The following chart outlines the breakdown of the different sources of investment.

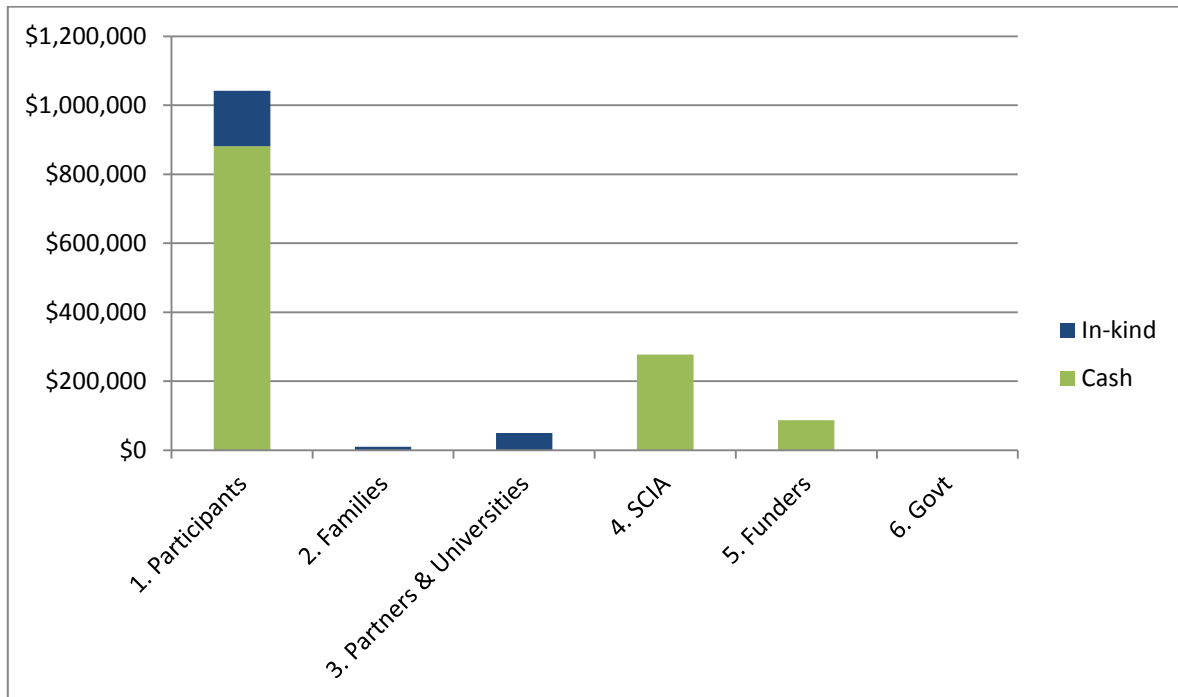


Figure 3.1 – Breakdown of investment into the Walk On Program

4 Stakeholder Logic

This section outlines the Stakeholder Logic developed for the Walk On program.

4.1 About the stakeholder logic

The stakeholder logic tells the story of change that takes place as a result of the program, for a given stakeholder. We have included the stakeholder logic for Participants in Walk On as Figure 4.1 on the following page.

The flow of consequences described provides a framework for understanding the relationship between consequences. The consequences that happen earlier in the flow are the easiest to generate however, they are less valued by stakeholders. The further down the flow the consequence occurs the more valuable it becomes. The ability of the program to support stakeholders to experience those more important consequences shows how effective it is in achieving its objectives and increasing its overall impact.

We used this stakeholder logic framework to understand the change that occurs for participants only (rather than for all stakeholder). It was first drafted during the baseline (pilot) SROI in 2012, and has now been refined based on consultation during this analysis.

Activities represent what is done by participants in the program. Output refers to the direct results of these activities. These outputs lead to outcomes (changes). Those outcomes that are shown further left in the diagram occur early in a person's involvement, and the arrows indicate what leads to each outcome.

The end outcomes identified as material (and hence described in Section 5) are numbered at the far-right of the diagram.

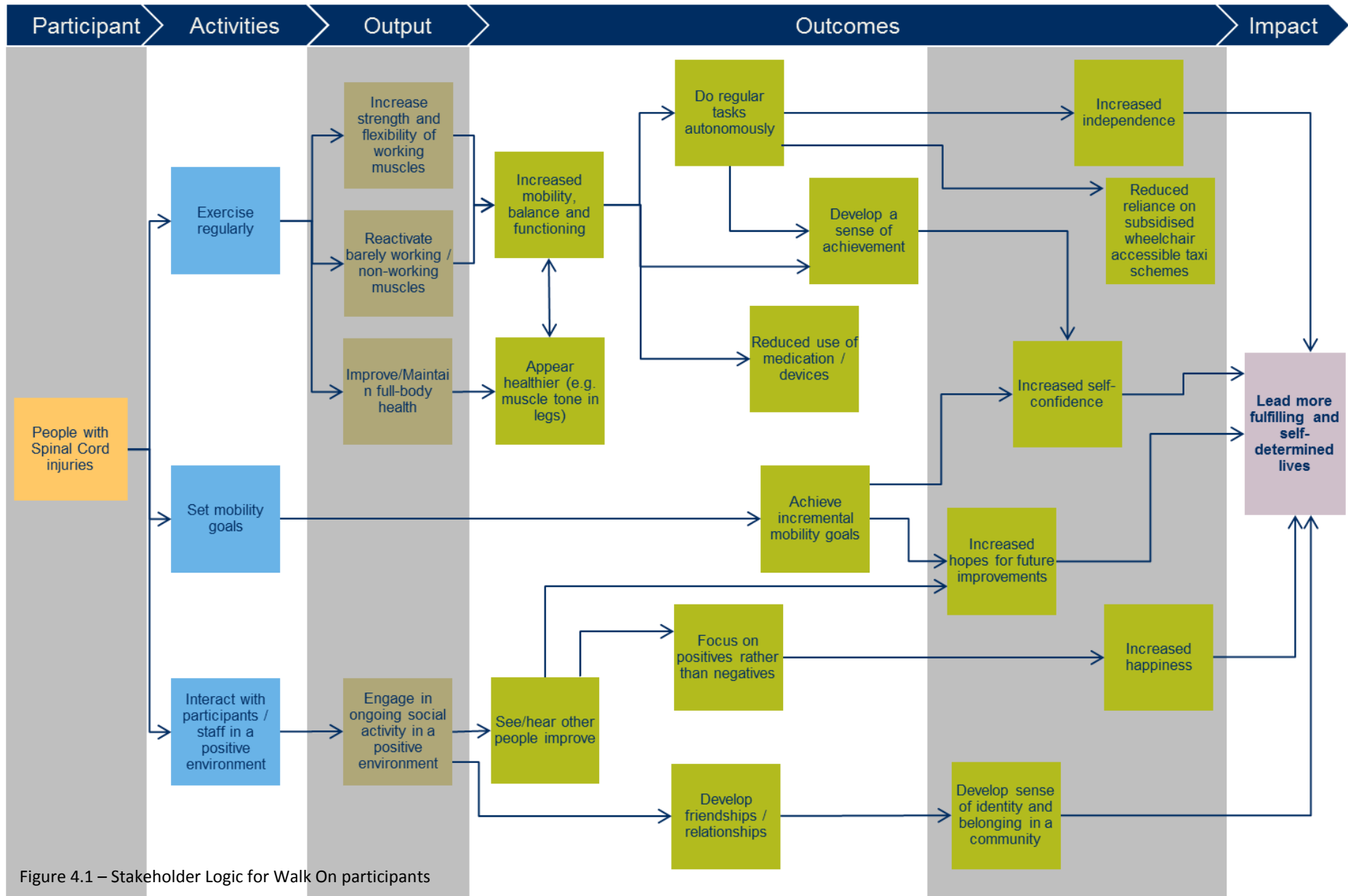


Figure 4.1 – Stakeholder Logic for Walk On participants

5 Stakeholder Outcomes

This section describes who the stakeholders in the program are, and what outcomes were experienced by each of them.

5.1 Overview

This section describes the outcomes that were experienced by each stakeholder group as a result of Walk On program's operations over the investment period. These are judgements based on the evidence collected by Walk On program's management team to date, stakeholder consultation throughout this project, secondary research and SVA analysis.

The outcomes included in the SROI analysis are considered "material", that is, they are the significant and relevant changes that stakeholders experienced due to the program's activities for the investment period. Materiality is a concept that is borrowed from accounting. In accounting terms, information is material if it has the potential to affect the readers' or stakeholders' decision. According to the SROI guide, a piece of information is material if leaving it out of the SROI would misrepresent the organisation's activities.⁷

Defining the material outcomes for stakeholder groups is complex. When defining the material outcomes for each stakeholder group, an SROI practitioner must ensure that each outcome is unique or it would be considered double counting. This is difficult as the outcomes for each stakeholder group are necessarily related because they describe all of the changes experienced by the stakeholder. For example, people do not compartmentalise the different changes they experience. Outcomes also happen at different times throughout the period being analysed with different levels of intensity. There are also complex relationships between outcomes from different stakeholder groups.

5.2 Participants in the Walk On program

Participants in Walk On are people with a SCI, who desire to participate in an intensive physical rehabilitation program in order to gain strength and mobility, and remain healthy through regular, whole-body exercise. For most, Walk On is the first point of engagement with SCIA.

Since the changes experienced by this group are complex, and they are the primary beneficiaries of the program, we sought to understand and articulate the 'Stakeholder Logic' associated with their involvement in SCIA – which is on the previous page as Figure 4.1. This seeks to illustrate the changes (outcomes) that occur, and how these changes lead to the desired impact.

The table below summarises objectives, inputs and outcomes experienced by participants in Walk On.

Objectives	Inputs	Outcomes
<ol style="list-style-type: none"> Gain more strength and mobility Remain healthy through regular, whole-body exercise 	<p>Cash: \$881k In-kind: \$161k Total: \$1.04m</p>	<ol style="list-style-type: none"> Increased independence Increased self-confidence Increased hopes for future improvement Increased happiness Develop sense of identity and belonging in a community Reduced use of wheelchair accessible taxi subsidies

Table 5.1 – Objectives, Inputs, Outcomes for Participants in Walk On

⁷ The SROI Guide 2009, page 9: http://www.thesroinetwork.org/publications/cat_view/29-the-sroi-guide-2009?orderby=dmdate_published&ascdesc=DESC

1.1. Increased independence

As participants exercise regularly through the intensive Walk On routines, they increase the strength of working muscles, and can also reactivate some barely working / non-working muscles. As a result, their mobility and functioning increases and they are able to do regular tasks autonomously, resulting in increased independence.

Increased independence varies dramatically by person. For a few participants, the change has been dramatic, and genuinely life-changing. These participants have been able to achieve mobility they never thought possible, such as walking around the house unassisted, or breathing without the use of an apparatus. For those that have experienced this high level of change, it is seen as close to 'miraculous'. For other participants (moderate level of outcome experienced) it means they are now able to drive a car, get themselves in and out of bed, and are hence able to live more independently in ways that are very important to them. For those that have experienced a low level of the outcome, independence has increased in small ways due to the increased strength that allows them to do such things as manoeuvre their wheelchair more effectively, or bend down and pick up a pen off the ground.

'I gained a lot of function and strength in the first year. I had trouble getting out of bed before I started the program. I didn't trust my legs, had a couple of falls. After each hospital stay, I'd come home weaker. When I began Walk On, I began to trust my legs more. I can get out of bed on my own, use the walker, transfer to wheelchair, do some cooking. A lady from SCIA came over and I opened the fridge for the first time in two years!' **Sue, Walk On participant**

I've increased my abdominal strength and my balance. This means I can do things like blow dry my hair, or wash my hair. In the car when I'm driving I'm not so floppy; I can hold myself up better. I can transfer better from my bed to my chair, and my endurance wheeling around has increased. I'm now able to go to the shops by myself. This is massively important, having the freedom – not having to wait till my husband comes home. You spend your life waiting for other people the whole time. You do things in other people's time. I'm getting some of my old self back. **Karen, Walk On participant**

The less help I need, the more normal I feel. I realise the burden that I place on other people. People don't normally mind, although I hate asking. The change is dramatic, I can open things, get things off my shelves, I can pick things up off the ground without help, I can transfer myself by myself now, and the list goes on. **Tony, Walk On participant**

I'm now able to go to the shops by myself. Its massively important, not having to rely on my husband and wait until he gets home - and the freedom that comes with that. You feel like you are always waiting for other people, you have to do everything in their time. Getting my licence back was huge. It's priceless, I'd pay a million dollars for that. Finally I am becoming my old self again. **Kerry, Walk On participant**

1.2 Increased self-confidence

Through the on-going exercise of Walk On, participants maintain full-body health, meaning that they appear healthier, and are more confident to appear in public. At the same time, they achieve incremental mobility goals which they have set as part of the program, and this results in a sense of achievement which also increases their confidence.

Increased confidence means that they feel more comfortable living with their injury, and have a greater belief in what they can achieve despite the injury.

'I have more confidence. It's a mental boost. I can roll down the street and not feel embarrassed. I don't feel out of place when I'm rolling down the street.' **Ron, Walk On participant**

It's given me more of my confidence back. I used to struggle to look at someone after the injury – now I can look at people and have a conversation. When it all happens – it just deflates you. Each day you find out you can't do something anymore. Through this program they say 'you can do this again'. The confidence they put on us – they're amazing." **Don, Walk On participant**

The first time Ian stood up here was a huge emotional turning point for him, he grew five inches taller and was proud **Ian's (Walk On Participant) Dad**

At the start of the program I was in an electric wheelchair. I could've used a manual wheelchair, but I had pressure problems. Attending the program made me realise that I don't have to be in a electric wheelchair...a lot of positivity, that's how, I realised that I could be a bit stronger. I started believing that I could drive, I could use my arms a lot more. **Nathan, Walk On participant**

1.3 Increased hopes for future improvement

As friendships and relationships develop amongst Walk On participants, they see and hear each other improve. This, along with their own personal achievement of incremental mobility goals leads to increased hopes for the future.

The nature of this hope varies for each participant. For most, they hope to become increasingly more mobile through continual participation. For others, they hope to maintain a healthy body in order to best take advantage of advances in medical science. Typically, this change is experienced early on in their participation.

'Improvements are incrementally slow. It's frustrating, but I know they are improvements. Every three months, they have tests. Each time, I can see some improvement. I have a lot of hope that my movement will be better in the future.' **Milena, Walk On participant**

I feel hopeful that more will happen. In the future, anything is possible. Consistency is the key: continuing to do the exercises. And hope that maybe you get some sort of function back. They do say that movement can help stimulate things – I never gave up hope anyhow. **Helen, Walk On participant**

Looking forward and setting goals is important because it keeps you mentally focused on the opportunity to improve. It's a game of millimetres, if you can see incremental improvement in yourself, its going to keep you on the high side of not being depressed – of not falling into the dark. **Don, Walk On participant**

I feel hopeful that more will happen. In the future, anything is possible. Consistency is the key: continuing to do the exercises. And hope that maybe you get some sort of function back. They do say that movement can help stimulate things – I never gave up hope anyhow. **Heather, Walk On Participant**

1.4 Increased happiness

Walk On provides participants with an extremely positive environment, created particularly by the approach of the staff. As participants interact with each other and staff in this environment, they develop friendships and relationships. As a result of engaging in this regular, ongoing social activity they focus on positives, rather than negatives. Along with their increased self-confidence and hopes for the future, this leads to an increase in the level of their happiness.

Participants feel better about their lives, and take a more positive outlook on other aspects of their life.



'I'm definitely more happy and stable from when I had the accident until now. I'm able to get on with my life as a stronger person knowing the improvements are there. My life is still moving forward.'

Ronnie, Walk On participant

I feel happier as a result. You've always got that sadness there, but when you come here, it's a boost – a positive feeling. You've found people that are on your side. **Tom, Walk On participant**

Within 12 months it changed me to a happy person again. Just seeing the improvements, beating my records, it make you feel really good. **Dan, Walk On participant**

Ian is a quite happy kid. It took a while for him to want to venture out into the community, but he's started to do that. Walk on has also helped because he's meeting other people under similar circumstances. **Ian's (Walk On participant) Dad**

1.5 Develop sense of identity and belonging in a community

Through the program, participants have the opportunity to meet people in similar situations, and share their experiences. As a result, they develop a sense of identity and belonging in a community that forms around the Walk On program. Many participants do not have strong social networks, and therefore this is very valuable to them. For other participants, however, they are already have support networks (some through other SCIA programs), and so do not value this as highly.

'Socially its really good. I'm able to meet other people at the same level as me, which is really beneficial. We swap war stories. I'm encouraged when I see someone else achieve something: we excel together. We see how much work everyone puts in.' **Daniel, Walk On participant**

Making friends is hard. I lived in a ski resort overseas: you meet people constantly, and that was a big thing that stopped. Meeting people here is another part of getting confidence back, and feeling more accepted socially. Connecting to people with similar experiences – that's pretty important. **Don, Walk On participant**

Meeting people here is another part of getting my confidence fully back, after doing this I feel more accepted in a social environment. Connecting with people with similar experiences is very important and keeps you motivated **Barry, Walk On participant**

The feeling flows into life at home, it creates a positive vibe. You've been around positive people and that makes a difference. **Rob, Walk On participant**

1.6 Reduced use of wheelchair accessible taxis

Through the regular whole-body exercise program, participants increase the strength and flexibility of their working muscles, and hence have increased mobility , balance and functioning. As a result, some are now able to travel as passengers in a family or friend's car. Others are able to drive, when they weren't previously. This means that they can now drive themselves around, instead of using taxis - which was very expensive.

Previously, I couldn't even go around round-a-bouts. Since going to Walk On I can sit in a car normally. The intensity level strengthened me up so much. I can reverse the whole way up. It's made a massive impact. I got my license in March and have been driving since. It costs money to get the car modified, but without taxis, you're already ahead. I was spending around \$400 a month on taxis before getting my licence. **Raylene, Walk On participant**

5.3 Families of Participants in Walk On

Typically, participants have the support of their families (both practical and emotional) to attend Walk On. Families are emotionally invested in seeing the participant lead a more fulfilling and self-determined life. For young participants, the most relevant family members are their parents. For older participants, it is usually a partner or spouse (almost all participants in Walk On have a long-term partner or spouse). These family members also provide practical support: for example, driving participants to sessions and often staying around the gym during the sessions. Staff members describe these parents and partners as an important part of the ‘broader Walk On community’.

Whilst the objective for these families to engage with Walk On is entirely to see their family member with SCI achieve changes, our analysis indicates that they do experience outcomes for themselves.

Objectives	Inputs	Outcomes
1. Family member with SCI to gain more strength and mobility	Cash: \$0	2.1 More time to pursue own interests
2. Family member with SCI to remain healthy through regular exercise	In-kind: \$10k	2.2 Less strain on family relationships
	Total: \$10k	2.3 More fulfilling and self-determined life led by family member with SCI

Table 5.2 - Objectives, Inputs, Outcomes for Families of participants in Walk On

2.1 More time to pursue own interests

Although it differs with the degree of injury, people with SCI are often reliant on support from family members (particularly a father, mother or spouse) to help them do regular tasks, as well as provide on-going supervision. As participants in Walk On become more independent, they require less support and supervision from family members. These family members then have more time to do those things they want to do - such as go to university or work more.

*My daughter has more trust in her own abilities, when the carers aren't there. It's really nice to have a break: more free time for me. I love gardening; I can go out and do a bit of shopping on my own. I have much more of my own time. **Mary, mother of Walk On participant***

Sandra: I used to reposition Steve in his chair.

Steve: There's always a "how long can you leave me for". But now I can stay at home, on the computer. There is a huge amount more independence for both of us.

*Sandra: And less strain on me. Now I can consider working. Initially I couldn't - he needed me to be there - largely because of the breathing issues. I now have a place at Uni. **Steve (Walk On participant) and his wife Sandra***

*The reliance from him on me at home has reduced. He eats at home by himself a lot more: using a fork, eating pizza, eating a pie, holding a drink. He is on the computer a lot, playing games, which used to be almost impossible. It gives me so much more time. **Robbie's (Walk On participant) Dad***

*I have more time on my hands. Just for the day to day things that I would have to help her with – anything she needed to do, I'd do with her. It would be around three hours a day. **Scott, partner of Walk On Participant***

2.2 Less strain on family relationships

Following their spinal cord injury, one of the most notable changes from the perspective of the family is the immediate (and often drastic) fall in their self-confidence and emotional well-being, which puts strain on many family relationships. As self-confidence and emotional well-being begin to improve through participating in Walk On, the strain on family relationships is reduced. Furthermore, participants develop a sense of identity and belonging in a community of people going through similar experiences, providing them with emotional support practical advice, and reducing their reliance on family members for this support. This provides greater balance to relationships.

My wife has benefitted, because she knows that I am improving, so it makes it happier at home for us.

Ray, Walk On participant

She was less dependent on me. She could leave the house by herself, make it up the steps – less pressure. That meant I had more time back, and helped the relationship: it was no longer so one sided.

Sam, partner of Walk On participant Andrea

Your relationship with your wife: You can never put a value on it. Emotionally for myself, knowing that I can contribute and not just 'exist'. You can't put a price on my independence.

Anthony, Walk On participant

2.3 More fulfilling and self-determined life led by family member with SCI

The changes experienced by Walk On participants ultimately contribute towards this end. Families value the more fulfilling and self-determined life that is led by their family member, as a result of increased independence, happiness, self-confidence, hopes for the future and the sense of identity and belonging they receive from the Walk On community. Families (particularly a mother, father or spouse) have often invested substantial amounts of time and effort to ensure that this person can participate in Walk On, because they want the best for them.

The program has been great for them [his parents]. One of the main reasons I am still going. They like to see me do more with my legs, get a better recovery. Knowing that I've tried. It's been a great benefit for them.

Ben, Walk On participant

I have my wife back. For that I'd have given everything and anything. Thank God for this gym.

Joe, husband of Walk On participant Elana

5.4 Partners (including universities)

SCIA has formed agreements with a number of partners to deliver the program – beginning with Sporting Wheelies in 2008, followed by the University of Sydney in 2010, Edith Cowan University in 2011, and Victoria University in 2012.

Each of the universities benefit from the program by being able to use Walk On for clinical placements for their students, and also conduct further research into intensive exercise rehabilitation programs. In Brisbane, although the direct partner is Sporting Wheelies, the University of Queensland and Qld University of Technology benefit from being able to conduct student placements

Objectives	Inputs	Outcomes
<ol style="list-style-type: none"> 1. Placements for clinical students 2. Fulfil university's requirements for community service 3. Conduct further research into intensive physical rehabilitation programs for patients with SCI 	<p>Cash: \$0</p> <p>In-kind: \$50k</p> <p>Total: \$50k</p>	<p>3.1 More clinical placements for students</p> <p>3.2 Further research into intensive physical rehabilitation programs for patients with SCI</p>

Table 5.3 - Objectives, Inputs, Outcomes for Partners (including universities)

3.1 More clinical placements for students

Exercise physiology students (studying degrees such as Bachelor of Applied Science: Exercise Science) require around 500 hours of clinical placement in order to be accredited. However, it can be difficult to find places where students can participate in these placements. Work integrated learning environments are seen as important to these universities, and hence they value the proximity of the Walk On Gyms, where students can be placed. Recently, there has been a dramatic increase in courses available for students, and hence an increased demand for clinical placement spots. The universities recognise the need to be creative in how it meets the demand – through on-campus opportunities such as Walk On. More recently Physiotherapy students are now also becoming involved in clinical placements within the walk On program.

*I want to see four ‘white shirts’ every day, five is ideal. And other students. We will always need to have a learning environment on campus – some students can't travel. Also, we perceive a university mandate to be training our students. Walk On is a particular kind of training that my students need – an intensive approach. **The University of Sydney***

3.2 Further research into intensive physical rehabilitation programs for patients with SCI

Walk On is using a particular methodology for the physical rehabilitation of SCI patients: regular, short intensive exercise programs. Having the gym on campus provides these universities and their academics with an opportunity to engage, observe and evaluate the model from up close.

*Important to us is the reputational benefit. Universities are ranked for being leaders in particular areas. This enables research in our areas of strength, such as disability, and human mobility. It facilitates research because clients are there. **The University of Sydney***

5.5 SCIA

SCIA has always described themselves as a ‘holistic’ organisation: identifying the gaps in the support needs of their client base, and looking to fill them. By 2007, news of the benefits of” programs in the USA had reached Australia, and had meant that some SCIA clients were travelling to experience it first hand in America. As a result, SCIA invested the capital required to open its first Walk On facility in Brisbane in 2008 – and then the centres in Sydney, Perth and Melbourne.

Objectives	Inputs	Outcomes
1. Meet the expressed needs of clients to participate in a high intensity, physical rehabilitation program	<p>Cash: \$277k</p> <p>In-kind: \$0k</p> <p>Total: \$277k</p>	<p>4.1 Meet the expressed needs of their clients (to participate in a high intensity activity based rehabilitation program)</p> <p>4.2 Increased level of general funding for SCIA, due to increased national profile</p> <p>4.3 More people with SCI introduced to SCIA</p>

Table 5.4 - Objectives, Inputs, Outcomes for SCIA

4.1 Meet the expressed needs of their clients (to participate in a high intensity activity based rehabilitation program)

When the Walk On program emerged in the USA, some of SCIA’s clients expressed a desire to participate, because they had heard about the benefits that were generated. A few clients flew over to the USA to participate. By beginning the Walk On program, SCIA were able to meet the expressed needs of some of their clients to participate in this program.

*People wanted this therapy that was benefiting hundreds of people... It has given us a program that has benefited our clients enormously – and means that we more completely fulfilled our charter. **SCIA***

4.2 Increased level of general funding for SCIA, due to increased national profile

The Walk On program and its participants are used extensively by SCIA in promotion of the organisation to philanthropic funds and potential corporate supporters. Walk On provides them with a tangible and accessible success story that demonstrates how SCIA is an effective organisation in meeting the needs of its client group. Walk On also increased brand awareness, by providing them with a tangible and accessible success story that demonstrates how SCIA is an effective organisation in meeting the needs of its client group.

*Some of our services are quite abstract, whereas Walk On is very tangible - and can really help us engage with existing funders. Something they can look, touch, feel. They can sponsor equipment, or an individual. **SCIA***

4.3 More people with SCI introduced to SCIA

One of SCIA's strategic goals is to be recognised as the primary organisation working with people with Spinal Cord Injuries in Australia. Walk On has played a substantial role in increasing their profile. This is particularly important, given their marketing budget is limited. Many people with a SCI are introduced to SCIA for the first time through Walk On.

We're operating in a market place where the big organisations have larger budgets and much larger awareness. Without a huge budget we find it difficult to cut through. Walk On has been a low-cost way of meeting our marketing needs. It has been the vehicle that has taken us to four other capital cities, and allowed us to raise the profile in the community through events such as the launch at the Sydney Opera House. SCIA

5.6 Funders (philanthropists, corporations and other donors)

Over the investment period, the financial support of philanthropists, corporations and other donors has been important in supporting the Walk On program to be delivered. During previous years some substantial grants have assisted the purchase of equipment for Walk On gyms and contributed to the training of staff. Support has come from a range of individuals, organisations and Foundations. This has been augmented by grassroots community fundraising such as 'sponsor-me' events. Over the period of this SROI assessment each of the funders provided a relatively small investment, we did not engage them in this study.

Objectives	Inputs	Outcomes
(no stakeholder engagement)	<p>Cash: \$87k</p> <p>In-kind: \$0</p> <p>Total: \$87k</p>	<p>5.1 See people with a Spinal Cord Injury lead more fulfilling and self-determined lives</p>

Table 5.5 - Objectives, Inputs, Outcomes for Funders

5.1 See people with a Spinal Cord Injury lead more fulfilling and self-determined lives

Philanthropists, community organisations, corporations and other donors support Walk On because they value the impact that is being achieved through the program. We did not engage directly any of the stakeholders from this group.

5.7 Government (Federal and State)

Currently, there is no Government which financially supports the Walk On program. However, through our analysis it became clear that Governments are a material stakeholder because they are the direct recipients of benefits created through the investment. The Federal Government will benefit from savings due to the reduced use of medication, although these are quite small. State Governments will benefit from the reallocation of resources due to improved general health and well-being of Walk On participants and reduced hospital stays, and these are substantial. State Governments also benefit from reduced wheelchair accessible taxi subsidies, as participants are more able to be passengers in cars of family and friends and some will gain licences and drive their own vehicles.

Objectives	Inputs	Outcomes
(Government were not engaged through the analysis)	<p>Cash: \$0</p> <p>In-kind: \$0</p> <p>Total: \$0</p>	<p>6.1 Savings due to reduced use of medication</p> <p>6.2 Reallocation of resources due to reduced hospital stays</p> <p>6.3 Reduced expenditure on taxi subsidies</p>

Table 5.6 - Objectives, Inputs, Outcomes for Government

6.1 Savings due to reduced use of medication

Through Walk On, some participants indicated changes that mean they require less medication. For example, one participant reduced their use of an anti-spasm medication by 50% a day. Several participants indicated that they used less pain medication with one participant indicating that he no longer required any pain medication. One participant stopped using anti-depressants three months into involvement with the program. Medications such as those described are typically inexpensive for the user because of Government subsidy, and hence not material to participants. However, they do present some savings to government.

I have been taken off my medication for the management of neuropathic pain – and can only associate this with more active legs. I have also completely reduced my bowel medication.

Rhonda, Walk On participant

You feel better about everything. I was taking anti-depressants when I started, but after 2-3 months of Walk On I had stopped. I'd been taking them since the accident.

Stuart, Walk On participant

6.2 Reallocation of resources due to reduced hospital stays

People with spinal cord injuries are regularly admitted to hospitals due to a range of health issues including respiratory problems, bladder infections and skin conditions. Because of the full-body exercise of the Walk On program, participants report they develop improved general health and well-being, including improved breathing and better circulation, leading to lower hospital admission rates. Lower hospital rates means that resources can be reallocated to areas of other needs: the cost of hospital stay to the public medical system is significant.

There are no more pressure sores and he doesn't get dizzy like before. Also, he's only been to hospital once for bladder infections in the last year. Walk On seems to get the bacteria out!

Tina, wife of Walk On participant

This program has given me better health: a lot better health. In the past I have had continual pressure problems. I had ulcers. By just exercising and getting the blood flowing – you feel so good.

Nathan, Walk On participant

6.3 Reduced expenditure on taxi subsidies

All state governments offer some form of a Taxi Travel Subsidy Scheme, through which people with a permanent disability only pay half-price for taxis. The limit varies between states. Through the regular whole-body exercise program, participants increase the strength and flexibility of their working muscles, and hence have increased mobility, balance and functioning. As a result, some are now able to travel as passengers in cars and some can drive, when they weren't previously able to. This reduces their need to use wheelchair accessible taxis.

Other benefits for Government that were not included but require further analysis

There are two other potential benefits that we expect could be material to Government, however based on the amount of evidence we were able to collect in this analysis we could not justify their inclusion in Value Created – Table A.

The two issues are:

- Contribution of the Walk On program to participants ability to re-engage in the workforce and/or further study. Several participants indicated that their participation in the Walk On program has improved both their mobility and self confidence which in turn has (or is likely to) help them to return to part of full time employment or to participate further in education and training. If it can be validated that Walk On has contributed to this outcome there would be a substantial economic benefit to government through increased workforce participation, less reliance on the Disability Support Pension and contribution via income tax.
- Contribution of the Walk On program to participants general mental well-being, potentially reducing incidence of mental illnesses such as depression – and thus reducing strain on the medical system and again having a substantial economic benefit for government.

Both these issues require further analysis in future SROI assessments.

6 Measurement

This section describes the measurement approach adopted for the SROI analysis.

6.1 Overview

The measurement approach used for this project identifies indicators to demonstrate the outcomes experienced by each stakeholder group, as well as a process to measure the relevant indicators.

The following summary describes the three different data sources used to measure the extent the outcomes were achieved.

A. Spinal Cord Independence Measure – as captured by SCIA staff

- The Spinal Cord Independence Measure (SCIM) is a test that measures various aspects of a person's ability to move, in a standardised way. Based on these standard measures, a score is allocated to each
- These scores can be tracked over time to determine how much a person's mobility has changed over time. These changes are then used as an indicator for "increased independence" as an outcome for this SROI.

B. SCIA Internal Financial Reports

- SCIA's internal financial reports provided us with information that allowed us to understand the investment.

C. Stakeholder interviews and surveys

- In December 2012, SVA Consulting worked with SCIA to develop an appropriate survey to collect data for this SROI, based on the Baseline SROI conducted in 2012 on the Sydney program. This survey is distributed every 6 months across the Walk On participant base, and evidence from two distributions (one in January, one in June) was used in this analysis
- In addition, SVA Consulting conducted interviews with stakeholders at the point of analysis. These interviews followed a standard format, as outlined in Appendix 2.0.

6.2 Measurement approach

Table 6.1 summarises the measurement approach adopted for each of the stakeholder groups and relevant outcomes. The range represents the difference between the low and high estimates of the program's reach

Outcomes	Indicator Used	#
1. Participants in Walk On		
1.1 Increased independence	# participants who report high level of increased independence OR reported by staff	10
	# participants who report moderate level of increased independence OR reported by staff	29
	# participants who report low level of increased independence OR reported by staff	27
1.2 Reduced use of taxis	# participants who report decrease in the use of taxi's, because they can drive themselves around	21
1.3 Increased self-confidence	# participants who report high level of increased self-confidence OR reported by staff	30
	# participants who report moderate level of increased self-confidence OR reported by staff	19
	# participants who report low level of increased self-confidence OR reported by staff	29
1.4 Increased hopes for future improvement	# participants who report high level of increased hopes for the future OR reported by staff	29
	# participants who report moderate level of increased hopes for the future OR reported by staff	42
	# participants who report low level of increased hopes for the future OR reported by staff	13
1.5 Increased happiness	# participants who report high level of increased happiness OR reported by staff	15
	# participants who report moderate level of increased happiness OR reported by staff	39

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Outcomes	Indicator Used	#
	# participants who report low level of increased happiness OR reported by staff	29
1.6 Develop sense of identity and belonging in a community	# participants who report a high level of identity and belonging in a community OR reported by staff	27
	# participants who report a moderate level of identity and belonging in a community OR reported by staff	31
	# participants who report a low level of identity and belonging in a community OR reported by staff	17
2. Families of Participants		
2.1 More time to pursue own interests	# participants whose family members report a high level of increased time	35
	# participants whose family members report a moderate level of increased time	14
	# participants whose family members report a low level of increased time	21
2.2 Less strain on family relationships	# participants whose family members report a high level of healthier family relationships	18
	# participants whose family members report a moderate level of healthier family relationships	7
	# participants whose family members report a low level of healthier family relationships	22
2.3 More fulfilling and self-determined life led by family member with SCI	<i>Not measured separately, because this is already accounted for through the outcomes measured for the Participant stakeholder group.</i>	-
3. Partners (including universities)		
3.1 More clinical placements for students	# hours of clinical placements provided at Walk On to university students	15,370
3.2 Further research into intensive physical rehabilitation programs for patients with SCI	Indication by stakeholder or by SCIA that this outcome has been experienced	3
4. SCIA		
4.1 Meet the expressed needs of their clients (to participate in a high intensity physical rehabilitation program)	# participants in Walk On, that were already involved in SCIA before joining Walk On	8
4.2 Increased level of general funding for SCIA, due to increased national profile	Recognition by SCIA that the Walk On has been used for fundraising purposes	1
4.3 More people with SCI introduced to SCIA	# clients that have become aware of/joined SCIA because of Walk On	75
5. Funders		
5.1 See people with Spinal Cord Injuries lead more fulfilling and self-determined lives	<i>Not measured separately, because this is already accounted for through the outcomes measured for the Participant stakeholder group.</i>	-
6. Government		
6.1 Savings due to reduced use of medication	# of participants whose use of medication has reduced due to Walk On	24
6.2 Reallocation of resources due to reduced hospital stays	Reduced # hospital days across Walk On participants, compared to national SCI average	158
6.3 Reduced expenditure on taxi subsidies	# participants who report decrease in the use of taxi's, because they can drive themselves around	21

Table 6.1 – Measures used to indicate outcomes produced

7 Value Creation

This section describes the method used to value the outcomes measured as part of the analysis. It describes how the financial proxies were determined and the SROI filters that were applied to the outcomes.

7.1 Overview

Financial proxies are used to value an outcome where there is no market value. The use of proxies in this SROI forms a critical component of the valuation exercise as most of the outcomes identified have no market values. There are a number of techniques used to identify financial proxies and value outcomes. Importantly, within an SROI, the proxy reflects the value that the stakeholder experiencing the change places on the outcome. This could be obtained directly through stakeholder consultation, or indirectly through research. Techniques for valuing outcomes are included in Table 7.1 below.

Technique	Description and examples
Cash transaction	An actual cash saving or cash spent by the stakeholder group. For example: <ul style="list-style-type: none"> A reduction in welfare payments is a direct cash benefit to the Government
Value of resource reallocation	A program or service results in outcomes that allow resources to be used in different ways. For example: <ul style="list-style-type: none"> A reduction in crime may not result in less cost to the justice system because there is not a change in the overall costs of managing the justice system (so it is not a “cash transaction”). However, a value can be placed on the amount of resources that can be reallocated for other purposes
Revealed preferences	This is when a financial proxy is inferred from the value of related market prices. This can be achieved in the following ways: <ul style="list-style-type: none"> Is there something in a stakeholder’s group behaviour that will reveal the value of an outcome? For example, we may observe that stakeholders with less depression are now socialising more and going out for dinner with friends. The financial proxy is therefore the value of the dinners Through stakeholder consultation, is there a similar service or program that would achieve the same amount of change? This is often referred to as a “replacement valuation”
Stated preferences	This is when stakeholders are explicitly asked how much they value an outcome. This can be done in a number of ways: <ul style="list-style-type: none"> Stakeholders are asked their “willingness-to-pay” or willingness-to-avoid” to achieve the outcome <p>These are hypothetical cash transactions.</p> <ul style="list-style-type: none"> Stakeholders are asked to make a choice based on a series of options presented to them through “participatory impact” exercises. This can also be referred to as “choice modeling”.

Table 7.1 – Valuation techniques

7.2 Financial proxies used for this analysis

Financial proxies have been identified using a revealed preferences technique, applying a replacement valuation to the different outcomes. The selection of proxies was informed by stakeholder consultation, primarily through questions in the surveys, and tested through the interviews and with the SCIA management team. The list of the financial proxies used for this analysis is included in Table 7.2 on the following page.



Outcomes	Financial Proxy	Proxy value	Rationale
1. Participants in Walk On			
1.1 Increased independence	High: average of participation valuations on independence	\$80,000	Willingness to pay valuation, based on stakeholder engagement. Participants that had experienced a high level of increased independence explored what they would be willing to pay for the change
	Moderate: value of equivalent perpetuity to typical life insurance payout for catastrophic injury	\$21,250	Replacement valuation. Life insurance payouts are indicative of the typical value placed on the compensation desired to support a person who has acquired a catastrophic injury, such as a spinal cord injury
	Low: value of a gym membership over investment period	\$2,840	Replacement valuation. For a low level of increased independence, the increased mobility could have been achieved by attendance at a gym over the course of a year.
1.2 Reduced use of taxis	Average taxi savings to clients	\$3,800	Direct valuation. Based on stakeholder engagement, we have estimated the amount being spent on taxis prior to becoming part of Walk On
1.3 Increased self-confidence	High: cost of seeing a professional counsellor once a fortnight for a year	\$3,510	Replacement valuation. Seeing a professional counsellor once a fortnight for a year is another means by which someone who has acquired a spinal cord injury regains their confidence. This is an approach typically supported by Work Cover
	Moderate: 66% of the cost of seeing a professional counsellor once a fortnight for a year	\$2,317	
	Low: 33% of the cost of seeing a professional counsellor once a fortnight for a year	\$1,158	
1.4 Increased hopes for future improvement	High: cost of Stem Cell Treatment for SCI patients in Thailand	\$25,830	Inferred value. One of the most commonly identified hopes for participants is that they will keep their bodies healthy such that they will be able to take advantage of stem cell treatment, when it is readily available (in Australia), and has also been fully tested such that there is confidence in the procedure. To them, the value of Walk On is the value of being able to take advantage of that treatment now
	Moderate: value of inferred possibility that a high level of increased independence will be received in five years time.	\$16,242	Inferred value. For many participants, their hope is that at some point in the future they will have acquired a high level of independence. An appropriate proxy is the value of the likelihood they hope for, that this change will be possible. From stakeholder engagement, we developed an understanding of how possible they saw this: it was seen as a distinct possibility, but not probable
	Low: value of inferred possibility that a moderate level of increased independence will be received in five years time.	\$4,314	Inferred value. For many participants, their hope is that at some point in the future they will have acquired a moderate level of independence. An appropriate proxy is the value of the likelihood they hope for, that this change will be possible. From stakeholder engagement, we developed an understanding of how possible they saw this: it was seen as a distinct possibility, but not probable
1.5 Increased happiness	High: value of a holiday	\$8,358	Replacement valuation. Taking a holiday can produce an increase in happiness in a way that is similar to the Walk On program. Increased happiness occurs in a large way through the extremely positive environment, the friendships developed and the increasing focus on positives rather than negatives. These are the kinds of things that occur when a person takes a good holiday. For the 'high' level of this proxy being experienced we have estimated how much it would cost for a person with a SCI to take a holiday, including the cost of a carer
	Moderate: 66% of the value of a holiday	\$5,516	
	Low: 33% of the value of a holiday	\$2,758	

7 – Value Creation

Outcomes	Financial Proxy	Proxy value	Rationale
1.6 Develop sense of identity and belonging in a community	High: cost of providing Peer Support plus ongoing regular dinners	\$6,326	Replacement valuation. SCIA provides a peer-support program that helps a person with SCI in many ways that are similar to how this outcome is experienced: they are able to receive practical support and advice, and the experience of living with a SCI is normalised. However, one distinction is the communal aspect of the program (many people with SCI interacting together), which could be achieved by the provision of regular dinners amongst the group
	Moderate: 66% of the cost of providing Peer Support plus ongoing regular dinners	\$4,175	
	Low: 33% of the cost of providing Peer Support plus ongoing regular dinners	\$2,087	
2. Families of Participants			
2.1 More time to pursue own interests	High: value of hours gained by family members that experience 'high' level of outcome	\$18,550	Direct valuation. Based on stakeholder engagement, we have estimated the amount of additional hours that a family member has to pursue their own interests
	Moderate: value of hours gained by family members that experience 'moderate' level of outcome	\$6,452	
	Low: value of hours gained by family members that experience 'low' level of outcome	\$807	
2.2 Less strain on family relationships	High: cost of marriage counselling sessions	\$1,620	Replacement valuation. In most cases, the change was experienced by the partner of the person with a SCI. Marriage counselling sessions have a similar impact in relationships (they reduce the strain on a relationship), although often in different ways
	Moderate: 66% of the cost of marriage counselling sessions	\$1,069	
	Low: 33% of the cost of marriage counselling sessions	\$535	
2.3 More fulfilling and self-determined life led by family member with SCI	<i>Not measured separately, because this is already accounted for through the outcomes measured for the Participant stakeholder group.</i>		
3. Partners (including universities)			
3.1 More clinical placements for students	Average value of these placement hours inferred from interviews with stakeholders	\$27.30	Interviews with each university indicated different approaches to seeking these, based both on internal practices and market demand. For example, the University of Sydney note that a nearby university pays around \$10,000 for each placement – and sees that as an appropriate value given the high demand. Other universities actually already pay a fee to providers - either per day, or per hour. Our valuation here is based on the average value inferred from each of those interviews
3.2 Further research into intensive physical rehabilitation programs for patients with SCI	Willingness of USYD to contribute to supporting the Walk On program	\$50,000	The University of Sydney was able to provide an understanding of how much the university would be willing to contribute, if a contribution were necessary to continue the Walk On program. This was linked to the importance of Walk On for facilitating further research into an area that is important to the university
4. SCIA			
4.1 Meet the expressed needs of their clients (to participate in a high intensity physical	Cost of traveling to the USA in order to trial participation in the Project Walk program there	\$4,800	Observed change. The direct change for SCIA is that their clients no longer need to consider travelling to the USA to participate in an equivalent program there

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Outcomes	Financial Proxy	Proxy value	Rationale
rehabilitation program			
4.2 Increased level of general funding for SCIA, due to increased national profile	Difference in general fundraising between the first year of Walk On's existence and the previous year	\$24,769	Observed change. When Walk On was first introduced, fundraising immediately increased. SCIA staff indicate that this was attributable to Walk On, which they used directly in fundraising pitches for the organisation. As a result, this increase provides an indication of the value of the program
4.3 More people with SCI introduced to SCIA	Average overhead cost per SCIA client	\$2,034	Replacement valuation. SCIA exists for its members. The entire cost of running the organisation provides a proxy for the value of the organisation – at this cost, SCIA members indicate (by signing up) that this organisation is worthwhile to them. The average overhead per client indicates, then, the value for each client.
5. Funders			
5.1 See people with Spinal Cord Injuries lead more fulfilling and self-determined lives	<i>Not measured separately, because this is already accounted for through the outcomes measured for the Participant stakeholder group.</i>		
6. Government			
6.1 Savings due to reduced use of medication	Average cost of medication reduced	\$383	Direct financial value
6.2 Reallocation of resources due to reduced hospital stays	Cost of a hospital stay (one night)	\$1,117	It is expected that the value of being able to reallocate beds to be used elsewhere is equivalent to the cost per night of providing a bed
6.3 Reduced expenditure on taxi subsidies	Average taxi savings to clients	\$3,800	Direct valuation. Based on stakeholder engagement, we have estimated the amount being spent on taxis prior to becoming part of Walk On. We assumed that each trip cost less than \$60, and hence the Government covered half

Table 7.2– Selected financial proxies explained

7.3 SROI Filters

To present an accurate view of the value created through the Walk On program, valuation filters (SROI filters) are applied to the financial proxies. This is in accordance with the SROI principle of not over-claiming. The SROI filters adopted for this project are discussed below.

1. Deadweight – Deadweight is an estimation of the value that would have been created if the activities from the program did not happen.

An outline of the deadweight categories adopted for this analysis is included in Table 7.3.

Category	Assigned deadweight (%)
1. The outcome would not have occurred without the activity	0%
2. The outcome would have occurred but only to a limited extent	25%
3. The outcome would have occurred in part anyway	50%
4. The outcome would have occurred mostly anyway	75%
5. The outcome occurred anyway	100%

Table 7.3 – Deadweight description

2. Displacement – Displacement is an assessment of how much of the activity displaced other outcomes.

An outline of the displacement categories adopted for this analysis is included in Table 7.4.

Category	Assigned displacement (%)
1. The outcome did not displace another outcome	0%
2. The outcome displaced another outcome to a limited extent	25%
3. The outcome partially displaced another outcome	50%
4. The outcome displaced another outcome to a significant extent	75%
5. The outcome completely displaced another outcome	100%

Table 7.4 – Displacement description

3. Attribution – Attribution reflects the fact that the investment and core program activity is not wholly responsible for all of the value created.

An outline of the attribution categories adopted for this analysis is included in Table 7.5.

Category	Assigned attribution to others (%)
1. The outcome is completely a result of the activity and no other programs or organisations contributed	0%
2. Other organisations and people have some minor role to play in generating the outcome	25%
3. Other organisations and people have a role to play in generating the outcome to some extent	50%
4. Other organisations and people have a significant role to play in generating the outcome	75%
5. The outcome is completely a result of other people or organisations	100%

Table 7.5 – Attribution description

4. Duration and Drop-off – Drop-off recognises that outcomes may continue to last for many years but in the future may be less, or if the same, will be influenced by other factors. The drop-off rate indicates by what percentage the value of the outcome declines each year.

An outline of the duration and drop-off categories adopted for this analysis is included in Table 7.6.

Category	Assigned drop-off (%)
1. The outcome lasts for the whole period of time assigned to it	0%
2. The outcome drops off by 25% per year from year 2 on	25%
3. The outcome drops off by 50% per year from year 2 on	50%
4. The outcome drops off by 75% per year from year 2 on	75%
5. The outcome drops off completely by the end of the time period	100%

Table 7.6 – Drop-off description

The SROI filters were determined through stakeholder consultation.

The SROI filters adopted for this analysis are included in Table 7.7.on the following page.



Outcomes		Deadweight (and rationale)		Displacement (and rationale)		Attribution to others (and rationale)		Duration & Drop-off (and rationale)		
1. Participants in Walk On										
1.1 Increased independence	0% [high]	Stakeholder engagement indicated the change wouldn't have happened without Walk On	0%	Overwhelmingly, participants indicate that Walk On program is unique compared to other options (such as generic disability fitness programs, or private physiotherapists) particularly a) There are no other programs that enable you to exercise your full-body b) The positive and structured (goal-based) environment established, which is an important driver of the change	0%	The highest level participants attribute the change entirely to Walk On	2	50%	Increased flexibility and mobility drops off when no longer in the program, but will last into the next year at a lower rate- including the learnt skills of better transfers	
	0% [med]		0%		15%	Around a third of participants are involved in other forms of exercise through physios, sports programs or occupational therapists. Some change would've occurred, even if they had not participated in Walk On	2	50%		
	0% [low]		0%		15%		2	50%		
1.2 Reduced use of taxis	0%	Stakeholder engagement indicated the change wouldn't have happened without Walk On	0%		0%	These clients attribute the change to Walk On entirely	2	50%	Increased flexibility and mobility drops off when no longer in the program, but will last sufficiently into the next year - including the learnt skills of better transfers	
1.3 Increased self-confidence	0%	Stakeholder engagement indicated the change wouldn't have happened without Walk On	0%		10%	Around 20% of participants see a counsellor, and attribute around half of the change there	2	50%	Interviews indicate this drops off relatively quickly, but will have impact that lasts into the year following the program	
1.4 Increased hopes for future improvement	15%	Stakeholder engagement indicates that around a third of participants had some hope in increased mobility due to other activities, although for even these participants the hope was for much lower	0%		0%	From engagement with stakeholders, a large proportion of the hope is established through seeing what has happened to other participants and the support and environment provided by staff. Participants attribute the hope to Walk On entirely.	1	n/a	Hope is maintained only whilst remaining in the program and hence continually improving	
1.5 Increased happiness	0%	Stakeholder engagement indicated the change wouldn't have happened without Walk On	0%		0%	Participants attribute Walk On entirely	2	50%	Interviews indicate this drops off relatively quickly, but will have impact that lasts into the year following the program	
1.6 Develop sense of identity and belonging in a community	0%	Stakeholder engagement indicated the change wouldn't have happened without Walk On	0%		0%	Participants attribute Walk On entirely	2	50%	Friendships and social circles developed maintained into a second year - but this is harder to maintain	
2. Families of participants										
2.1 More time to pursue own interests	0% [high]	Same values as for "Increased Independence" for participants (outcome 1.1), as these are related	0%	This time was not available previously, but now it is available	0%	Same values as for "Increased Independence" for participants (outcome 1.1), as these are related	2	50%	Same duration as level of independence	
	0% [med]		0%		15%		2	50%	Same duration as level of independence	
	0% [low]		0%		15%		2	50%	Same duration as level of independence	
2.2 Less strain on family relationships	0%	Stakeholder engagement indicated the change wouldn't have happened	0%	No activity displaced	0%	Participants attribute Walk On entirely	2	50%	Same drop-off experience as "increased happiness" (1.5)	

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Outcomes	Deadweight (and rationale)		Displacement (and rationale)		Attribution to others (and rationale)		Duration & Drop-off (and rationale)		
		without Walk On							
2.3 More fulfilling and self-determined life led by family member with SCI	<i>Not measured separately, because this is already accounted for through the outcomes measured for the Participant stakeholder group.</i>								
3. Partners (including universities)									
3.1 More clinical placements for students	0%	High demand for clinical placements	0%	High demand for clinical placements	0%	Placements provided entirely by Walk On	1	n/a	Only valid for the duration of the investment period
3.2 Further research into intensive physical rehabilitation programs for patients with SCI	0%	Research enabled by proximity of Walk On and its clients	0%	Walk On is a unique program: this research could not be replaced	50%	Attribution for this further research is 50% due to the provision of a PhD student by SCIA (however this is not included in the investment we are considering)	1	n/a	Only valid for the duration of the investment period
4. SCIA									
4.1 Meet the expressed needs of their clients (to participate in a high intensity physical rehabilitation program)	5%	Estimated that 5% of clients would have still travelled overseas to participate	0%	These clients had expressed the desire for this particular program.	0%	Attribution entirely to Walk On	1	n/a	Only valid for the duration of the investment period
4.2 Increased level of general funding for SCIA, due to increased national profile	25%	Estimated % of the increase in fundraising was due to other factors		Nothing displaced.		Attribution entirely to Walk On	2	50%	National profile will continue into a second year, at a lower rate
4.3 More people with SCI introduced to SCIA	0%	There is no marketing department at SCIA	0%	Nothing displaced.	0%	Attribution entirely to Walk On	3	50%	Benefits of brand awareness are long-lasting, although not expected to last beyond two more years

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Outcomes	Deadweight (and rationale)		Displacement (and rationale)		Attribution to others (and rationale)		Duration & Drop-off (and rationale)		
5. Funders									
5.1 See people with Spinal Cord Injuries lead more fulfilling and self-determined lives	<i>Not measured separately, because this is already accounted for through the outcomes measured for the Participant stakeholder group.</i>								
6. Government									
6.1 Savings due to reduced use of medication	50%	Estimated that some medication would've reduced through other means, if not through Walk On	0%	Nothing displaced.	0%	Stakeholder engagement articulated these changes as attributable to Walk On.	2	50%	Likely to continue a year beyond because of improved health
6.2 Reallocation of resources due to reduced hospital stays	0%	These clients would have been in hospital if it weren't for the program	0%	Nothing displaced.	0%	Attribution entirely to Walk On, because we are looking at the difference between the Walk On population and the general SCI population	2	50%	Likely to continue a year beyond because of improved skin integrity
6.3 Reduced expenditure on taxi subsidies	0%	Stakeholder engagement indicated the change wouldn't have happened without Walk On	0%	Nothing displaced.	0%	These clients attribute the change to Walk On entirely	2	50%	Increased flexibility and mobility drops off when no longer in the program, but will last sufficiently into the next year - including the learnt skills of better transfers

Table 7.7 – Application of SROI filters in this analysis

7.4 Adjusted value of outcomes

The application of the SROI filters calculates an adjusted annual value for each financial proxy identified for the analysis. This adjusted value represents the value of the outcome that can be solely attributed to the investment described in this analysis.

A worked example is included in Figure 7.1 below, of the adjusted value for the outcome “Increased independence (low)”, experienced by participants.

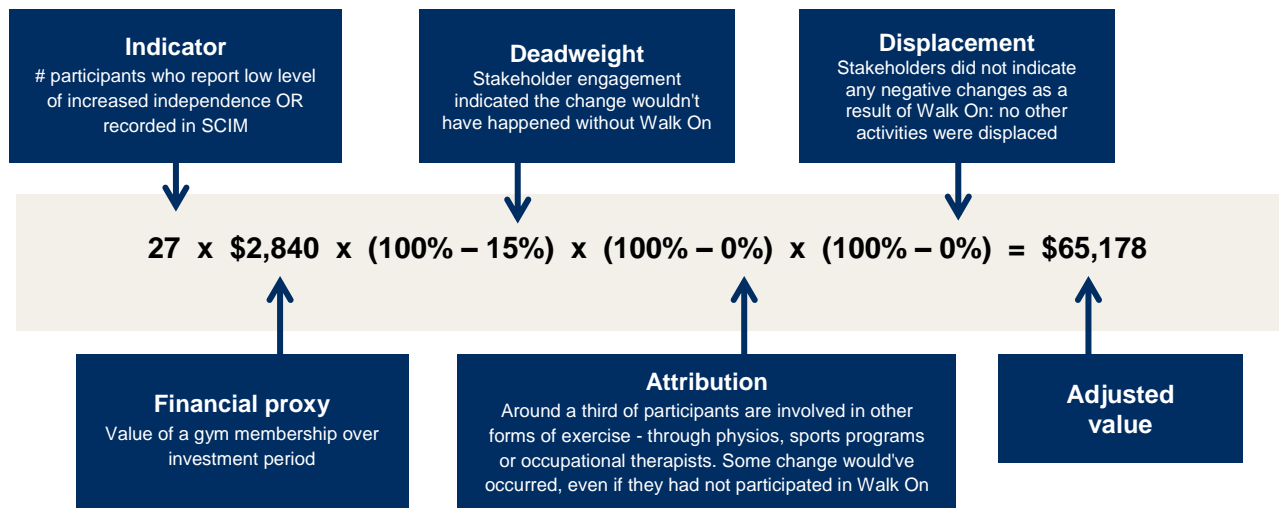


Figure 7.1 – Worked example for adjusted value of the outcome

7.5 Summary of value created

Outcomes	Aggregate value by outcome	Value by stakeholder
1. Participants in Walk On		
1.1 Increased independence	\$2.05m	\$5.04m [69%]
1.2 Reduced use of taxis	\$163k	
1.3 Increased self-confidence	\$243k	
1.4 Increased hopes for future improvement	\$1.47m	
1.5 Increased happiness	\$619k	
1.6 Develop sense of identity and belonging in a community	\$495k	
2. Families of Participants		
2.1 More time to pursue own interests	\$1.08m	\$1.16m [16%]
2.2 Less strain on family relationships	\$73k	
2.3 More fulfilling and self-determined life led by family member with SCI	<i>Already valued for Participants</i>	
3. Partners (including universities)		
3.1 More clinical placements for students	\$420k	\$495k [7%]
3.2 Further research into intensive physical rehabilitation programs for patients with SCI	\$75k	
4. SCIA		
4.1 Meet the expressed needs of their clients (to participate in a high intensity physical rehabilitation program)	\$38k	\$325k [4%]
4.2 Increased level of general funding for SCIA, due to increased national profile	\$27k	
4.3 More people with SCI introduced to SCIA	\$260k	
5. Funders		
5.1 See people with Spinal Cord Injuries lead more fulfilling and self-determined lives	<i>Already valued for Participants</i>	-
6. Government		
6.1 Savings due to reduced use of medication	\$7k	\$338k [5%]
6.2 Reallocation of resources due to reduced hospital stays	\$261k	
6.3 Reduced expenditure on taxi subsidies	\$70k	

Table A – Value created for each stakeholder group

Summary of Social Return on Investment	April 2012 – April 2013
Aggregate social return (present value)	\$7.36m
Aggregate investment (present value)	\$1.47m
SROI Ratio	5.00

Table B – Overall aggregate social return, investment and ratio

8 SROI Ratio Calculation

This section calculates the SROI ratio based on the adjusted value of the outcomes explained in Section 7 and the investment detailed in Section 3. It provides some guidance on how to interpret the SROI ratio, and tests what happens to the ratio when key judgements change.

8.1 SROI ratio

The SROI ratio compares the returns from a program relative to the investment required to deliver the program using a comparable unit, the Australian dollar. Consistent with the approach adopted to calculate the total value of stakeholder outcomes, a real discount rate of 4.25% was used to calculate the present value of the realised benefits and investment for the investment period (April 2012 to April 2013).

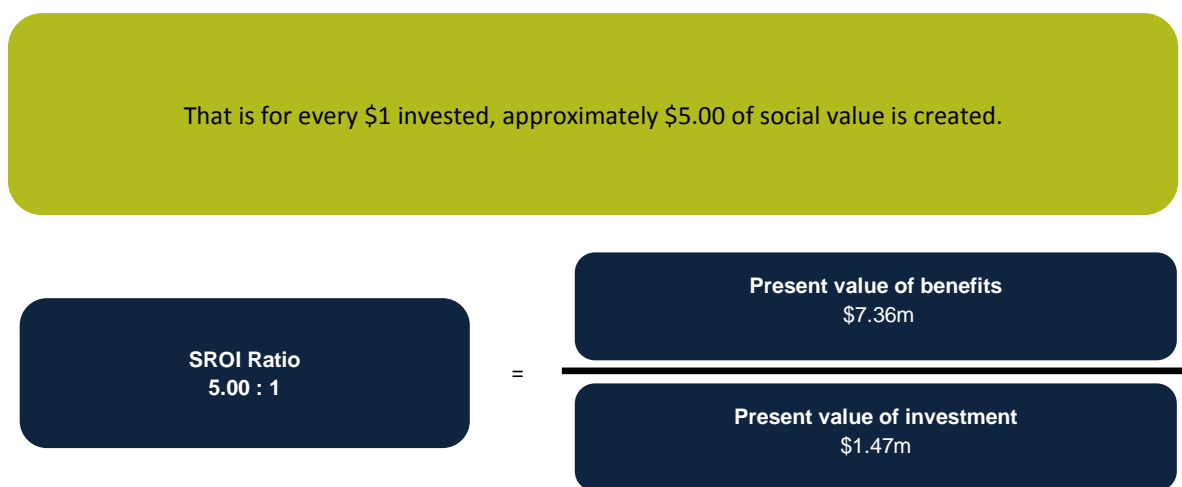


Figure 8.1 – SROI ratio

About the SROI Ratio

This analysis has discussed a number of issues that need to be considered when interpreting the SROI ratio. Some of the key issues include:

- The values for the project benefits are estimates and provide an indication of the value generated through the Walk On program
- The SROI ratio represents the additional value created, based on the SROI principles. This is the unique value that is created by the program attributable to the investment for this specific period
- SROI ratios should not be compared between organisations without having a clear understanding of each organisation's mission, strategy, program or stakeholder logic, geographic location and stage of development. A judgement about whether a return is good or bad can only be made when using comparable data.

8.2 Sensitivity Analysis

SCIA intends to use this baseline SROI analysis to improve the program, and demonstrate its impact to stakeholders. The analysis shows that for every \$1 invested during this investment period, approximately \$5.00 will be returned in social and economic value. It is important that this result is tested by understanding how the judgements made throughout the analysis affect the final result.

a) Sensitivity 1: Testing important assumptions

In this section, SVA Consulting have identified the assumptions that are most likely to influence the SROI ratio, and consider how sensitive the ratio is to changes in these assumptions. To decide which assumptions to test, two key questions were considered:

- How much evidence is there to justify our assumption? The less evidence available, the more important it is to test
- How much does it affect the final result? The greater the impact, the more important it is to test.

The assumptions that were tested in the sensitivity analysis for this report are below, ordered from the most sensitive to the least sensitive.

Assumption	Baseline value	New SROI Ratio when assumption is doubled	New SROI ratio when assumption is halved
Average of participation valuations on independence (financial proxy for "high" experience of increased independence)	\$80,000	6.28	4.38
Value of equivalent perpetuity to typical life insurance payout for catastrophic injury (financial proxy for "moderate" experience of increased independence)	\$21,50	5.57	4.73
Cost of Stem Cell Treatment for SCI patients in Thailand (financial proxy for "high" increased hopes for future mobility)	\$25,830	5.52	4.76
Average value of an hour of clinical placement	\$27.30	5.30	4.87
Annual reduction in hospital stays due to Walk On, per participant	1.90	5.19	4.93
\$ universities would be willing to contribute to the Walk On program, for the purposes of research	\$50,000	5.07	4.99

Table 8.1 – Sensitivity analysis on identified variables

The most important insight from this sensitivity analysis is that whilst changes in these assumptions do indeed affect the final ratio, they do not materially change the story of value being created through this program.

a) Sensitivity 2: Excluding the in-kind investment

From stakeholder engagement we deemed the in-kind investment from participants and families as material. This comes primarily in the form of the transport costs and time commitment required to participate in the program, which are often quite substantial. Many participants travel long distances to attend, and hence the program costs them an entire day. Some participants have moved interstate to join the program, and one participant moved over from Scotland.

Other in-kind investment comes from Partners, who provide gym space.

A reason for excluding it is that we only want to understand the return on the cash investment.

The table below indicates how the SROI ratio varies when the in-kind investment from participants and families is excluded.

In-kind investment	SROI Ratio
Included	5.0 : 1
Excluded	5.9 : 1

Table 8.2 – Sensitivity of SROI ratio to exclusion of in-kind investment

The costs involved in travelling to participate in the program are substantial. Since Walk On is a fee-for-service program, the willingness of participants to accept these in-kind costs beyond the financial costs demonstrates how highly they value these services. It also indicates an area where future investment by other stakeholders could reduce the cost to participants: Government could reduce the costs by making other transport options available, or by funding some of the costs of travel. SCIA could provide Walk On in other places to make the program more accessible.

8.3 Interpreting the analysis

In understanding and interpreting the SROI analysis, there are a number of important factors that need to be considered.

- In-kind investment from participants and their families (particularly the time and travel costs required to attend the program) was included as part of the investment, because through stakeholder engagement it became clear that this investment was material. If this investment (and other in-kind investment from Partners) is excluded, the ratio would be approximately 5.90.
- The value of independence was difficult to estimate, given the difficulty of determining the ‘willingness-to-pay’ for this outcome with participants. This is a fairly important driver of the value created by the program, and so the impact of variations in this financial proxy is considered in the sensitivity analysis.

Appendix

APPENDIX 1.0 – Additional quotes from the interviews and surveys

In conducting the interviews and surveys, approval was always sought for participants to be quoted. Below are outlined quotes collected from these interviews and surveys that provide additional evidence for the impact of the program on clients. We have only included those we received permission to print.

Please note that all names of clients and their families have been disguised, to protect their privacy.

'Walk On enhanced my opportunity of walking which helped me get back to work. I am now walking with crutches.' **Ben, Walk On participant**

'My fiancée doesn't have to do as much for me as she did at the start.' **Danny, Walk On participant**

'Being part of the program has helped me get a job again, brought me out of my shell, made me more confident, and made me more positive. Giving a standing hug and feeling normality.' **Danny, Walk On participant**

'I was standing with a frame 6 months after starting and then standing with no frame and another person 7 months later.' **Josie, Walk On participant**

'Spirits lifted when I did walk on because from August to December 2010, I had no occupation. No friends, no work, stuck in Brisbane. Lucky though, didn't need to go on medication. Life goes on which I didn't think it would.' **Josie, Walk On participant**

'Before my accident I had been a volunteer and coach for a Riding for the Disabled centre, I was just starting back there around the same time I started Walk On. Doing Walk On has improved my balance to the extent that I have even changed the seating position on my wheelchair. It used to be at quite an angle to keep me up right but now the seat is almost level. I am able to bend over and pick objects up and find my balance again. Returning back to coaching meant I needed to be outdoors and moving around a lot. Walk on has given me the strength and balance to be able to carry this out. I truly believe if I wasn't doing Walk On I would not be able to last the 2 full days needed to coach at our centre.'
Lindy, Walk On participant

'My legs have started to move, I can stand, I have improvement everywhere.' **Melina, Walk On participant**

'I've gone from about twenty pills a day to four.' **Nate, Walk On participant**

'Walk On has helped my stamina so much - am not as tired as I was - and with a heavy subject area of law you need much mental strength. Also my confidence generally has improved because of Walk On, which has helped with my study.' **Rosie, Walk On participant**

'I've met a lot of great people at Walk On. Very important to have that extra support, knowledge, sharing notes; what works for one, may not work for another.' **Ron, Walk On participant**

'More independence. Better use of my body. When a little muscle starts working, you are like "yes!"'
Shane, Walk On participant

'I haven't been in hospital for quite some time. Since late 2009 for an extended period. Used to go for intravenous infusions fortnightly.' **Suzie, Walk On participant**

I've got more confidence in using my chair, to be able to manoeuvre it more easily. Now I can pick stuff up off the ground. My strength has improved. My fitness has improved. I've lost weight. My skin is healthier. **Stan, Walk On participant**

Even now after a year and a half, I'm still becoming stronger and stronger, and I am still becoming more independent. I am going to be thrown in the deep end now, as my Missus is going away for 12 months. The next big thing will be learning to drive: I'll need to get a car adapted to me. **Tony, Walk On participant**

I do much more stuff on my own, things that I had never thought that I would be able to do. **Dave, Walk On participant**

My original goals were to get out of the electric wheelchair and be able to drive, I have achieved both of these goals. **Nathan, Walk On participant**

She can almost live alone! She can go 30 steps without support. **Ellie's (Walk On participant) husband Bob**

Not just stronger, but actual independence. All she needs someone for is to help her shower and wash her hair, but who cares! **Ellie's (Walk On participant) husband Bob**

Increased function leads to more freedom. My partner I and were living up four flights of stairs. Over time it slowly got easier for me to walk up the stairs: eventually I didn't even have to rely on my partner at all. **Annie, Walk On participant**

My core strength and breathing (which was a major problem to me) have improved dramatically. This results in the fact that my wife can now leave me unattended for 2 to 3 hours of time something which previously we would not even consider possible. I am also now considering re-entering the workforce. **Sean, Walk On participant**

There are many benefits to the Walk On program that impact all areas my life and friends who also have taken an interest in it. I have got more strength and I am more independent than I was before I started and there is a sense of achievement that you get from participating that is very difficult to replicate outside of the situation. The encouragement that you get from participating regularly is uplifting and since I have been a participant I have stopped taking antidepressant drugs. **Simon, Walk On participant**

Meeting Kierre was valuable. It was nice to be able to relate to someone there. That gave me more emotional stability, and my self-confidence was increased. **Annie, Walk On participant**

Confidence improves: to do those little things. To go home and put things away, to get a chocolate biscuit. You can do those small things that matter. **Tony, Walk On participant**

My hope is to stay healthy. To continue driving for as long as possible. And to keep working. **Nathan, Walk On participant**

My two goals that I set out to achieve by the end of the program I achieved. The reason to continue the program would be too maintain my current health. I don't think there's much more too it. I would however, like to get some movement sensation: some type of leg movement, like walking. **Nathan, Walk On participant**

She wants to work, she wants to be able to drive the car. Will we get there? I don't know – but I'll believe anything is possible now! **Ellie's (Walk On participant) husband Bob**

I can now see the light at the end of the tunnel. **Colin, Walk On participant**

*They made me realise to never give up on giving up, there is hope and don't pity myself. The motivation, determination and prompting gives me a lot of support to push myself and think outside the box. they encourage me that I don't doubt myself and I feel happy now cause every mobility I achieve i feel less of disability. **Angie, Walk On participant***

*Doing the program makes me feel good, you go home feeling like you've had a great session. It got me out of the chair. **Darren, Walk On participant***

*There is a general increase in wellbeing: I felt a whole lot more positive, just doing some exercise. I always really looked forward to the program. **Heather, Walk On participant***

*Emotional changes didn't happen whilst doing Walk On, they happened after Walk on: the driving, the increased work hours. The ability to go and do what I wanted is quite valuable. I don't think initially I was an unhappy person, but I am generally a happier person now. **Martin, Walk On participant***

*I got more confident. This came from being in an atmosphere of people who are in a similar situation to me, realizing that I wasn't alone, and being free to talk about everything and joke about it. That was huge. When I left there I felt like I could take on the world. **Angie, Walk On participant***

*Mentally I am in a completely different place. You can come and share experiences and stories with the other people there. And ideas – 'what did you do about this?'. It's all very social, it make you feel less isolated and alone, that if you're sitting around at home, where you're the only person sitting around in a chair. This is a huge pull. **Keryn, Walk On participant,***

*I think psychologically it's put me in a much better place. I am now much more positive. I have a sense of achievement. It's got me out of the house. Previously I was sitting at home watching 'Ellen' and 'Oprah' with no sense of purpose. This is my 'work – I'm doing something, being with others. It's not only the physically aspect of it: I always like to get involved in a few social activities. **Carol, Walk On participant***

*The Walk On staff make you feel really great, there are always positive vibes around the room. There is always a bit of a laugh and a lot of fun. **Helen, Walk On participant***

*There's a couple of women there, one of similar age to myself. Just having a coffee afterwards was really good: you take notes with one another and chat about your daily life. Her situation was very similar to mine. **Haley, Walk On participant***

*It's different here, when you meet people in wheelchairs, they can have a range of feelings, and can be negative and angry. Here at walk on, people are positive and proactive, and people always leave here with a sense of achievement. **Simon, Walk On participant***

*I've gone other places and met people in chairs - you get the full range of people. People can be negative and angry. Here people are positive and proactive. people leave with a sense of achievement. Seeing other people is motivating. You talk to each other, and you motivate each other. **Steve, Walk On participant***

*If I were to go to a gym and have similar amounts of social interaction, the gym would still not have the atmosphere. I would be willing to pay about \$200 a week for that, even though the gym would only be \$100 a week. **Angie, Walk On participant***

*The staff are unbelievably fantastic. In Hospital I saw some very depressed spinal cord patients. They are not living, they're only existing. **Col, Walk On participant***

It has helped my husband's confidence and self-esteem so much. He's lost weight. He looks perfectly normal now! When you see the figure change you feel better.' **Tina, wife of Walk On participant**

'I find it stressful watching [her son] struggle. He's stronger, able to go on computer, lift his plate on the bench. Little things are better. He is not calling me for every little thing. Makes him feel a little better.' **Joan, mother of Walk On participant**

'In hospital, everyone said his life is over. I couldn't let my husband disappear. I know good physical therapy means good mental progress. I see this in [her husband]. This is what I want to see.' **Tina, wife of Walk On participant**

'He doesn't like to integrate too much with old community. Found a new community. You have a subject in common with everyone. We enjoy them better than old community.' **Tina, wife of Walk On participant**

APPENDIX 2.0 – Example Interview Template for Clients

The following is an example of the kinds of questions asked in the interviews with stakeholders. The example below is for an interview with a participant in SCIA's Walk On program. The interviews were conducted in a conversational manner, with open-ended questions, in order not to lead the interviewee to a particular answer. The interview structure and question form was very similar for interviews with other stakeholders also.

History with Walk On	How did you hear about, and get involved in the Walk On program?
Objectives	Why did you join the program?
	What were you hoping to get out of the program?
Input	What do you currently invest in/contribute to the Walk On program?
Activities	What do you currently do as part of the program?
Outcomes	What has changed for you as a result of your involvement with the Walk On program?
	How do you know these changes have happened?
	How significant are these changes for you?
	Are there any negative factors arising from your involvement?
Social Value	How would you value the changes you have experienced?
Deadweight	What would have happened without the Walk On program?
Attribution	What other organisations or people, if any, played a role in helping to achieve the changes you have described?
Duration + drop-off	How long are the changes likely to continue for you if the Walk On program were to discontinue operations?

Table A1.1 – Interview template: Participants in Walk On Program

APPENDIX 3.0 – Survey Questions for Participants

On the following pages, we have provided the survey sent to Participants in Walk On. These surveys were conducted online, with clients responding to an email sent to them by Social Ventures Australia.

1. Section 1

This survey will help us understand how the Walk On program is benefiting its participants. It should take no longer than 20 minutes to fill out.

For the purpose of this survey, we would like you to reflect on your last three months, or since you started (if you've been in the Walk On program for less than 3 months).

You can choose at the end of this survey whether you wish for your responses to remain anonymous, or whether you are happy for us to put your first name against quotes, an alternative name or to not use your quotes at all.

We really appreciate your honesty and thank you for your cooperation.

*1. What is your name?

First Name

Last Name

*2. What are your goals for the future that you have through participating in Walk On?

1:

2:

3:

*3. Please answer each of the following.

	Not at all	Not much	Somewhat	A lot	Hugely
How much do you feel you have been personally progressing towards these goals?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you think you can achieve these goals, through Walk On?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How much do these goals matter to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*4. What role has Walk On played in increasing your hopes and goals for the future?

*5. How has Walk On helped you become more independent over the last 3 months?



2. Section 2 - Self confidence

6. While reflecting on your typical state over the last three months, please answer each of the following.

	Not at all	Not much	Somewhat	A lot	Hugely
How much do you enjoy life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To what extent do you feel your life to be meaningful?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How satisfied are you with your happiness in general?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have negative feelings such as blue mood, despair, anxiety, depression?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How much has your self-confidence changed over the last 3 months, due to Walk On? [skip if you have not yet participated in the program]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. How has your self-confidence changed, over the last 3 months, due to Walk On?

8. How has your happiness changed, over the last 3 months, due to Walk On?

3. Section 3 - Belonging to a community

9. Please answer each of the following.

	Not at all	Not much	Somewhat	A lot	Hugely
How much do you value being part of a community at Walk On?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you made friends at Walk On that you think you will keep after the program?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How much does talking and sharing experiences with others at Walk On help you in your day-to-day life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have strong social networks outside of Walk On?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. In what ways do you value the community at Walk On?



4. Section 4 - Hospitalisation

11. Which of the following have you experienced in the last three months?

	Yes	No
Deep Venous Thrombosis (DVT) Days spent in hospital _____	<input type="radio"/>	<input type="radio"/>
Embolism (PE) Days spent in hospital _____	<input type="radio"/>	<input type="radio"/>
Urinary tract infection (UTI) Days spent in hospital _____	<input type="radio"/>	<input type="radio"/>
Pneumonia (or respiratory distress) Days spent in hospital _____	<input type="radio"/>	<input type="radio"/>
Pressure Ulcers Days spent in hospital _____	<input type="radio"/>	<input type="radio"/>

12. Did you experience any other health issues that resulted in hospitalisation?

What were those ailments? _____

How many days did you spend in hospital? _____

*13. If you are on medication - has your use of medication changed, due to participation in Walk On? If so, please describe how.

- Not applicable
- No, hasn't changed
- Yes (please describe how)



5. Section 5 - Paid care

***14. For paid care, how many hours are you allocated each week?**

None (0hrs/wk or N/A)	0-5hrs/wk	5-10hrs/wk	10-20hrs/wk	20-30hrs/wk	30-40hrs/wk	40-50hrs/wk	more that 50hrs/wk
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

***15. For paid care, how many hours are you actually using each week?**

None (0hrs/wk or N/A)	0-5hrs/wk	5-10hrs/wk	10-20hrs/wk	20-30hrs/wk	30-40hrs/wk	40-50hrs/wk	more that 50hrs/wk
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. How much have your paid care needs each week lessened in the last 3 months, due to participation in Walk On?

Not at all	0-1 hrs/week	1-3 hrs/week	3-5 hrs/week	5+ hrs/week
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If they have lessened, please explain why.

17. Are you using your hours of paid care differently now, compared to 3 months ago? If so, how? (e.g. I used to use my hours of paid care for domestic duties, now I use it for transport)



6. Section 6 - Unpaid care

*18. For unpaid care (e.g. care provided to you by family or friends),

How many hours of unpaid care do you estimate you use each week?

*19. How much have your unpaid care needs each week lessened in the last 3 months, due to participation in Walk On?

Not at all

0-1 hrs/week

1-3 hrs/week

3-5 hrs/week

5+ hrs/week

If they have lessened, please explain why.

*20. Are you using your hours of unpaid care differently now, since joining Walk On? If so, how? (e.g. I used to use my hours of care for domestic duties, now I use it for transport)



7. Section 7 - Employment

***21. Has your participation in Walk On helped you to return to, or stay in, the workforce or study?**

Yes

No

If yes, in what way?

***22. If not, do you have aspirations to return to the workforce or study?**

Yes

No

Not applicable

***23. Do you think your participation in Walk On would help you to achieve your aim of returning to the work force or study?**

Yes

No

Not applicable

***24. In relation to the questions above (Questions 20 - 22), do your responses refer to the workforce or study?**

The workforce

Study

***25. Do you give us permission to quote your responses?**

Yes, with my first name against them

Yes, with an alternative name against them

No, I would prefer not to be quoted at all

Thank you for having taken the time to complete this survey.

