



Volunteering for wellbeing

Year 2 Summary Report 2014-2015

Social Return On Investment – Progress Update

www.volunteeringforwellbeing.org.uk



A Heritage Lottery Fund Project delivered by IWM North and Manchester Museum 2013 - 2016



In partnership with the **Museum of Science and Industry**, **People's History Museum**, **National Trust Dunham Massey**, **Manchester City Galleries**, **Ordsall Hall**, **Manchester Jewish Museum** and **Whitworth Art Gallery**.



IWM North



Manchester
Museum

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About IWM North and Manchester Museum

IWM North part of Imperial War Museums and the Manchester Museum have worked in partnership since 2006 when they collaborated on the innovative *In Touch* volunteering programme. In March 2013, IWM North and Manchester Museum were successful in their application to the Heritage Lottery Fund (HLF) to develop and deliver *Inspiring Futures: Volunteering for Wellbeing (if)*.

IWM North

IWM North currently welcomes around 330,000 visitors each year and has established itself as a key cultural player in the North. Essentially a front-end service for Imperial War Museums (IWM), IWM North is not a store or archive in its own right, but draws on the collections, archives and research of IWM as a whole. It is a learning experience where imaginative exhibitions, programmes and projects are combined to promote public understanding of the causes, course and consequence of war and conflict involving the UK and Commonwealth since 1900.

Manchester Museum

The Manchester Museum is dedicated to inspiring visitors of all ages to learn about the natural world and human cultures, past and present. Tracing its roots as far back as 1821, the Museum has grown to become one of the UK's great regional Museums and its largest university Museum.

All of the collections in the Museum, which comprise approximately 4 million items, have been formally 'Designated' by Government for their importance nationally and internationally, and cover the disciplines of botany, entomology, geology, palaeontology, zoology, archaeology, Egyptology, ethnography and numismatics (coins and medals), as well as a live collection of amphibians and reptiles.

About Heritage Lottery Fund

The Heritage Lottery Fund (HLF) sustains and transforms a wide range of heritage through innovative investment in projects with a lasting impact on people and places. As the largest dedicated funder of the UK's heritage, with around £375 million a year to invest in new projects and a considerable body of knowledge, HLF is also a leading advocate for the value of heritage to modern life. From museums, parks and historic places to archaeology, natural environment and cultural traditions, HLF invests in every part of national heritage. Since 1994, HLF has supported over 36,500 projects allocating more than £6 billion across the UK.

HLF is administered by the National Heritage Memorial Fund (NHMF) which was given the responsibility of distributing a share of money raised through the National Lottery for Good Causes, to heritage across the UK, in 1994. HLF is a non-departmental public body accountable to Parliament via the Department for Culture, Media and Sport.

About Envoy, Our Life & Gaby Porter + Associates

Envoy Partnership is an advisor in evidence-based research and evaluation, specialising in measuring and demonstrating the value of social, economic and environmental impacts. Envoy works together with Gaby Porter, a Manchester-based heritage interpretation and activity planning expert, supporting the development of engaging and sustainable heritage around the country; and Our Life, who were previously a Manchester-based *provider of engagement and empowerment services, whose was to improve wellbeing and empower communities*. As a result of policy and resource restraints, Our Life ceased operating in August 2015.

About Social Return on Investment (SROI)

SROI is a form of evaluation that enables a better understanding of an organisation's impact on people, the economy, and the environment. It helps assess whether a project is good *value for money* and can help decision makers decide where to invest to maximise their impact. SROI's development in the UK has been funded by the Cabinet Office and the Scottish Government (through the *SROI Project*). It is aligned with the principles of HM Treasury Green Book and increasingly used to measure value-for-money and is part of the guidance produced by the National Audit Office.

Executive Summary

Inspiring Futures or if: Volunteering for wellbeing is a life-changing social learning programme within museums and galleries. Over the past two years, significant evidence has been collected to demonstrate that museums and galleries can be highly effective settings for addressing social needs and supporting essential services to unlock improvements in public health and wellbeing.

if is training and supporting 225 participants in the Greater Manchester area (75 per year) into heritage volunteering and learning, and away from social and economic isolation. Participant recruitment is aimed at people who are long term unemployed or facing social isolation with a specific focus on young people 16-25, older people 50+ and veterans. It is one of the first ever projects of its kind in Manchester, and draws together multiple venues to collectively achieve improvement, consistency and quality in volunteering practice as a key route to transforming wellbeing.

This evaluation presents interim longitudinal evidence of the dramatic impact of heritage and cultural environments on individual wellbeing. It will demonstrate the changes in mental and emotional capital such as increased confidence, self-worth, reflective practice, creativity, aspiration, life satisfaction and stress reduction. These benefits manifest across a diverse range of abilities and challenging personal circumstances.

160 local people recruited over two years
85% in receipt of a benefit
86% report significant increase in wellbeing
28 people gained employment

The benefit period evidenced through longitudinal data extends to between 2 and 3 years for key outcomes and benefits – in other words by taking part in this programme it will benefit the individual for at least 2-3 years on average after they have completed the programme.

Therefore this evaluation advocates that museums and galleries can be key settings for social prescribing, in order to catalyse improvements in health recovery, cognitive ability, rehabilitation, social integration, reducing isolation, and enhancing a sense of community identity or belonging. Museums and galleries can be designed to be great facilitators of tackling social needs. These include preventing and breaking vicious cycles of low self-belief, isolation, exclusion, demotivation, depression and rejection for many participants.

In addition there have been increased levels of volunteering, entry to further education, employability and gaining work, as well as positive attitudinal change towards opportunities for socialising and project participation in heritage.

“We’ve definitely seen improved mental health and wellbeing from the if clients, including improved self-confidence, and especially around social interaction with other people, some return to work, and the if path can be an experience to support clients work with their health issue; but in a safe and supportive environment.”

Primary Care Mental Health Trust, Manchester

This report is an evaluation of outcomes to date generated by the project at the end of Year 2 going into Year 3. The evaluation process draws on a combination of Social Return On Investment (SROI), National Accounts of Wellbeing research, and Quality Adjusted Life Year (QALY) values used by national health bodies. This blended approach was also trialed and recommended within the Greater Manchester Community Budgets pilot.

SROI is unique in its ability to translate the measurement of social values into economic language. It is a stakeholder-informed cost-benefit analysis that uses a broader understanding of value for money. It can assign values to social and environmental outcomes as well as economic outcomes, as indicators of performance beyond the balance sheet.

We estimate from two years of data and longitudinal tracking of participants' outcomes, that the project has so far generated added social and economic value of approximately £800,000 across the 2 years, or approximately £400,000 per year. Compared to the amount of £270,000 invested so far in the project, this represents *approximately £3 total social and economic return on every £1 invested.*

For every £1 invested, the project generates at least £3 in social and economic worth

A portion of this is impacting on local care services, housing tenure, and central government spending i.e. jobseekers allowance, health. The value generated also includes benefits to partner venues from gaining further well-trained volunteers and an increase in operational capacity for that venue. This has led to improvements in access to collections for more visitors, who otherwise would not have the opportunity to interact with the collections on a more meaningful and human level. The experience of more handling table interactions is likely to have led to visitor recommendations to future visitors.

In total, Manchester venues have gained from an estimated additional 11,500 hours of volunteering to date including a proportion of participants who continue volunteering well into the second year following their placement completions.

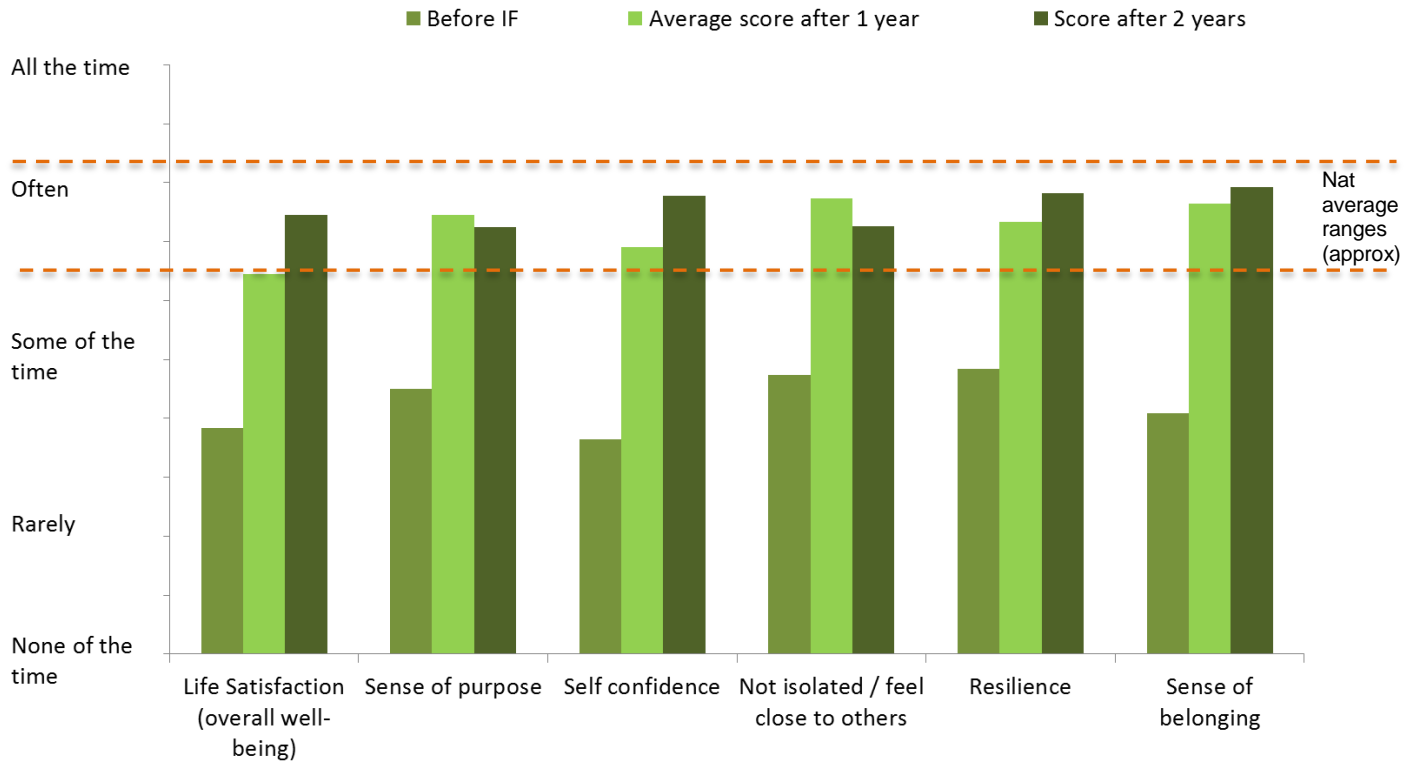
if is a three year project currently funded by the Heritage Lottery Fund, delivered at Imperial War Museum North (IWM North), Manchester Museum, Museum of Science & Industry (MSI), and in partnership with several other partner venues in Manchester. These include Peoples History Museum, Manchester Jewish Museum, National Trust Dunham Massey, Manchester City Galleries (Manchester Art Gallery), the Whitworth and Ordsall Hall.

The heritage and gallery environments are simultaneously engaging and reflective spaces. Combined with a learning group dynamic and technical yet creative training content and delivery style, the ***if volunteering for wellbeing*** project in this setting is clearly having a significant impact in changing many people's lives. This primarily is improving their dynamic state of wellbeing and mental health - in some cases very dramatic in magnitude. This is reflected by neurological evidence from the Salk Institute, demonstrating that cognitive functioning in engaging, creative and dynamic physical environments accelerate the rate at which nerve cells in the brain develop into mature nerve cells, thus improving mental and learning capacity or rehabilitation. This aligns very strongly with the research and evidence of Dr Helen Chatterjee at University College London and Dr Robin Philipps of Bristol Infirmary, demonstrating improvements in wellbeing and recuperation as a result of interaction with heritage objects and heritage settings. This transformation in mental and emotional wellbeing is noticeable in many participants when comparing their starting points before recruitment, to their placement completion and beyond even the following year.

"This course and this place (IWM North) has saved my life. I love working and connecting with the kids too and giving them a real life experience as a real soldier, and overall this is helping me move onwards and forwards".

Paul, if Volunteer

Figure 1. Magnitude of change in *if* volunteer wellbeing **two years** after completing the course



Considering the low average starting points of participants (equivalent to below 4 out of 10 or between “Rarely” and “Some of the time” - compared to national average scores which generally fall in the range of 6.5-7 out of 10, or between “Most of the time” and “Some of the time”) - there are significantly high improvements for volunteers reported across identified outcomes for wellbeing. Albeit that they were carefully selected for this reason, the largest changes evident in the long term were in self-confidence, sense of purpose, and a sense of belonging or acceptance (which aligns with reduced feelings of loneliness and isolation).

For a more in-depth analysis of recent research and literature around the impact of heritage and culture on individual wellbeing and volunteer wellbeing, readers may refer to the previous year’s evaluation “Year 1 Annual Report 2013-2014” (available from www.volunteeringforwellbeing.org.uk or Envoy Partnership).

Overall the project evaluation is clearly demonstrating increased wellbeing in participants and makes a sound argument that volunteering in heritage venues can and should be used to support individuals facing multiple health and wellbeing barriers. This type of programme is unique in its approach in tackling social isolation, it helps people believe in themselves, increases confidence and self-worth and most importantly it provides resilience to help people realise their full potential and to take that next step in supporting their own wellbeing. Financial investment and staff resource is needed but the outcomes can be hugely beneficial to both the museums and resource savings to public purse.

Brian's Case study

Brian worked from the age of 15 for 32 years until he lost his job and became dependant on alcohol. He volunteered at the Creative Living Centre in Prestwich where he was told about the volunteering for wellbeing programme at IWM North. He completed the training programme and embarked on a placement at Manchester Art Gallery.

'I dreamed about working there as a child. I had always done manual jobs, it seemed wasted as I had a really good brain on me. I'd always used my hands and my body but not my brain, my brain was always racing and that's where the alcohol came in. I'd drink to go to sleep.'

(On placement at Manchester Art Gallery) I set up studios for children and adult workshops and when my confidence grew I got into helping out with the sessions like Mindful Marks and playing classical music and drawing. I started setting up, but then helping kids with drawing techniques, it's brought something out in me as well as the kids. It's a magical place to work.

I've gained more confidence, had none before, it all came from alcohol and now the confidence comes from socialising and mixing. I've got some self-esteem for the first time.....I'd been unhappy for 48 years, I've earned good money but never happiness and the joke is I'm working for nothing and found happiness. Giving something back, it just makes a difference.

Brian continued volunteering for a further six months until he found part time employment at a local council. Over the last few months Brian has also secured some casual employment at Manchester Art Gallery as an artist's assistant.

Family and friends have noticed the change. Mother and Father are proud of me for the first time, they're 70 odd. The kids have got respect for me. I think this is it, I've found happiness, this could be my future. I've just to maintain sobriety. I've got to keep my head right and keep off the booze.

I got something out of it as soon as I started doing it. It's not get your money and run like work where you got no self-worth. I used to think working for nothing was mad. My attitude was just give it a try [volunteering] I was never happy anyway, so why not give it a go. It's like karma, its instant you do a good deed and get something back.

'I like volunteering because it gives me a sense of self-worth, increases my confidence and makes me feel a part of the community. I also get a feeling of satisfaction working with something I'm interested in, and it's great to work with so many friendly people.'



1. Evaluation aims and objectives

This evaluation occurs over the three years of the *Inspiring Futures* project. This document reports on two years of the project and going into year three. It continues to build upon previous findings from the highly successful *In Touch volunteer programme*, which, as part of its evaluation highlighted the potential of heritage volunteering to change people's lives.

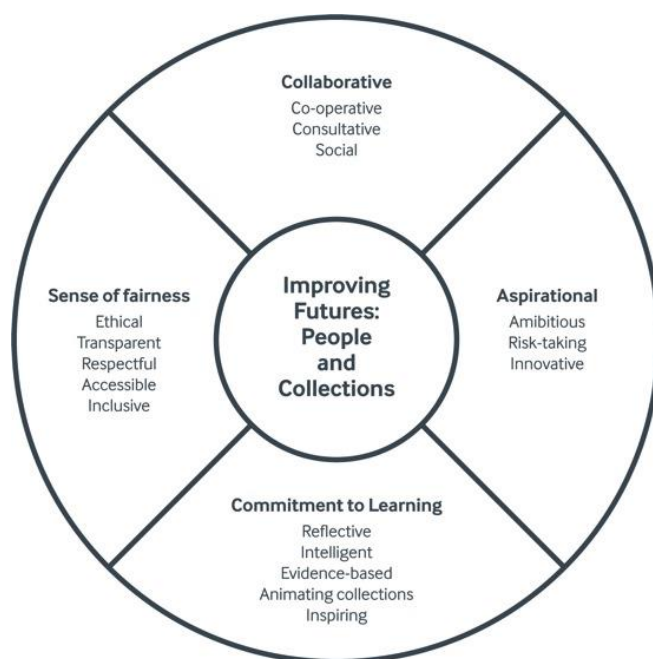
As per the original evaluation brief and previous Year 1 report, IWM North and Manchester Museum want to evidence the effectiveness of socially responsible volunteering practices in Manchester's heritage sector, for improving wellbeing and combating social and economic isolation. They want to understand the wellbeing benefits to the volunteers who take part, and how the programme shapes their journey. The evaluation seeks to find out exactly how the programme contributes to individual socio-economic wellbeing for participants, and to quantify potential value to the wider economy that may result from these outcomes. In addition, IWM North and Manchester Museum want to understand the effect on partner venues from creating and participating in a consistent community of venues' best practice, support and knowledge transfer.

Aims/outcomes of the evaluation process:

- Support **if** team with information and feedback to refine relevant aspects of the delivery model where appropriate, and enhance opportunities for maximising wellbeing and responsible volunteering practice
- Lead and partner organisations, other heritage venues and practitioners to learn from inclusive volunteering and the potential benefits for individuals and organisations
- Policy makers and funders to be provided with robust evidence to support developing good practice, decision-making and policy
- The wider sector to gain a consistent outcomes change-led model for stakeholder-informed evaluation. This can be implemented and used by other heritage/volunteer organisations, in order to optimise quality of life impacts for everyone visiting and/or volunteering in museums and galleries
- Create opportunities for participants to be involved in an inclusive and peer-informed evaluation approach e.g. volunteer graduates co-facilitating stakeholder engagement
- Support participants to reflect on their own experience and wellbeing through the evaluation process, and encourage practice of reflection

Objectives to deliver on the aims:

- Deliver an innovative programme of evaluation that breaks new ground and delivers new insight into the role of heritage volunteering programmes in supporting wellbeing
- Provide understanding as to *how* the project helps individuals gain improved health and wellbeing
- Focus on the longitudinal impact of the project on individuals' health & wellbeing
- Demonstrate wider social return, financial value and economic impact
- Embed evaluation at the project's core
- Be relevant, appropriate and accessible to all our stakeholders
- Encompass Inspiring Futures values (in the figure above) within the evaluation process



'Volunteering has given me so much more confidence! I used to dread the thought of speaking to groups of people but now I support new volunteers with object handling and speaking to visitors. This opportunity has helped me to secure a paid traineeship at IWM North which I am really excited about, without this programme I'd probably still be sat at home with no idea of what I wanted to do in the future'.

Matt (inset)



2. Longitudinal outcomes - case studies and key stakeholders

Please note a full theory of change impact map is provided in an Addendum to this report.

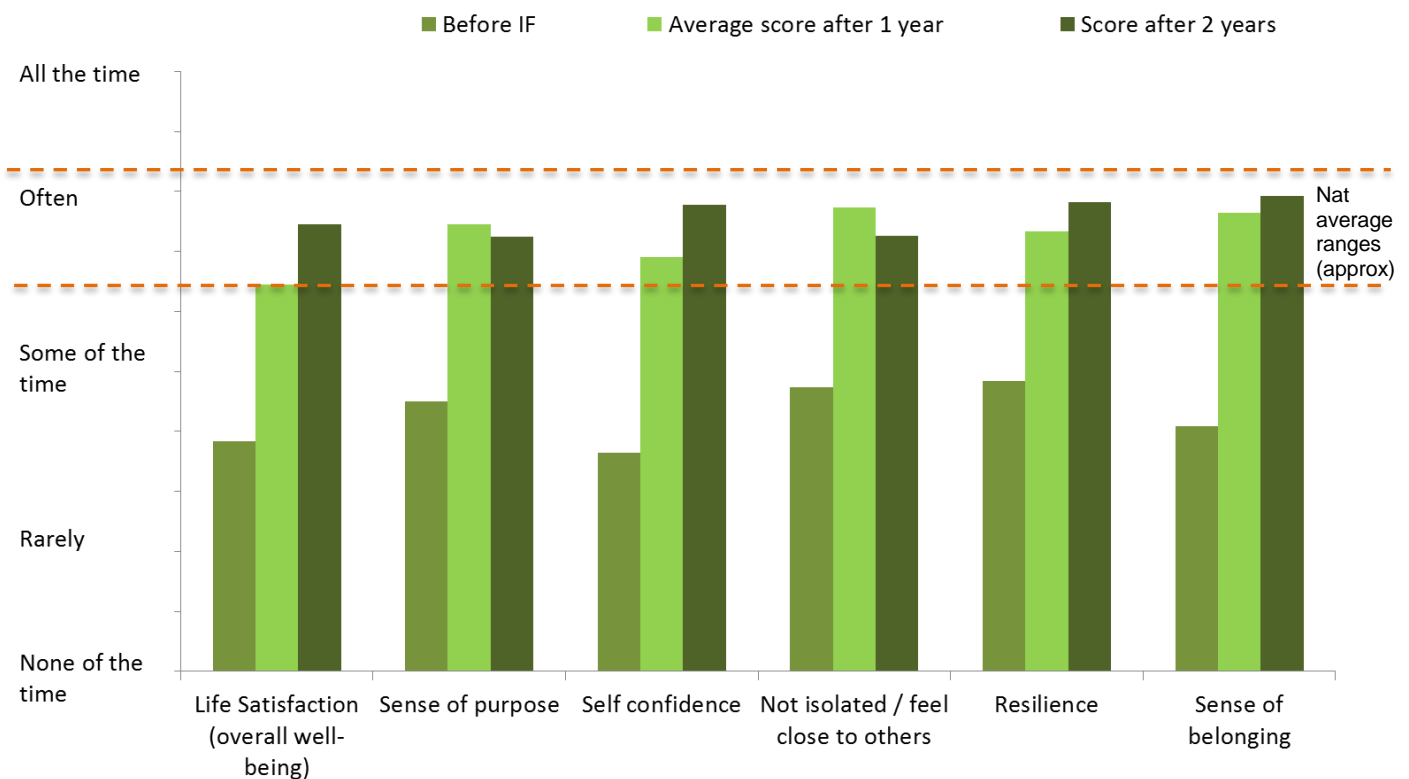
SROI is an intensive and complex evaluation process, drawing together a qualitative evidence base that underpins a quantitative evidence based around magnitude of change and value accrued to stakeholders beyond the conventional 'market place'. In this specific case, there have been significant if not dramatic improvements in participants' state of mental and emotional wellbeing, in addition to other outcomes across skills, attainment and employability.

Having identified the most meaningful outcomes per stakeholder group, and the theory of how changes in those outcomes are brought about by key success factors, the next steps in the methodology are to measure the magnitude of change, and understand how this is valued.

A key part of this evaluation seeks to measure and collect quantitative data through primary research, such as volunteer surveys and venue surveys, (in addition to drawing on secondary data and previous research).

Tracking of *if* volunteers' wellbeing change beyond the project and into the benefit period (2.5 years approx.) can thus be presented below.

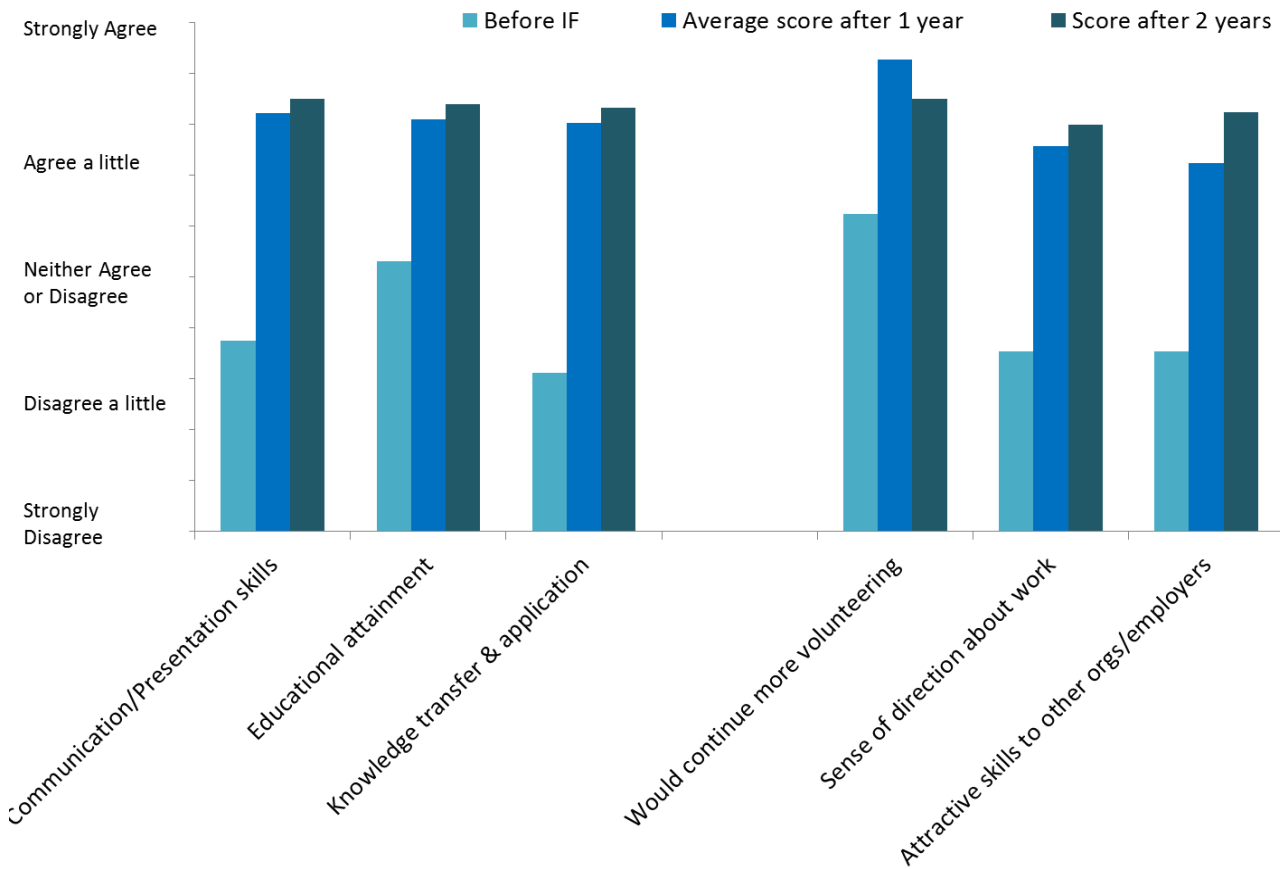
Figure 2. Magnitude of long-term change in *if* volunteering for wellbeing **two years** after completing course



Considering the low starting points of participants (below national average scores- albeit that they were carefully selected for this reason) there are significantly high improvements reported across identified outcomes for wellbeing, with the largest immediate changes in self -confidence, sense of purpose, and a sense of belonging or acceptance (which aligns with reduced feelings of loneliness and isolation).

The evaluation also measured participants' perceptions over 2 years on how far they had learned new skills, knowledge transfer skills and overall employability as a result of participating in *if*. Whilst there are significant improvements for volunteers across indicators of skills and volunteering, it is interesting to note in **Figure 3** that the largest changes are in cognition/the ability to learn and transfer new knowledge, *including to others* - which is further reflected by significant changes to presentation and communication.

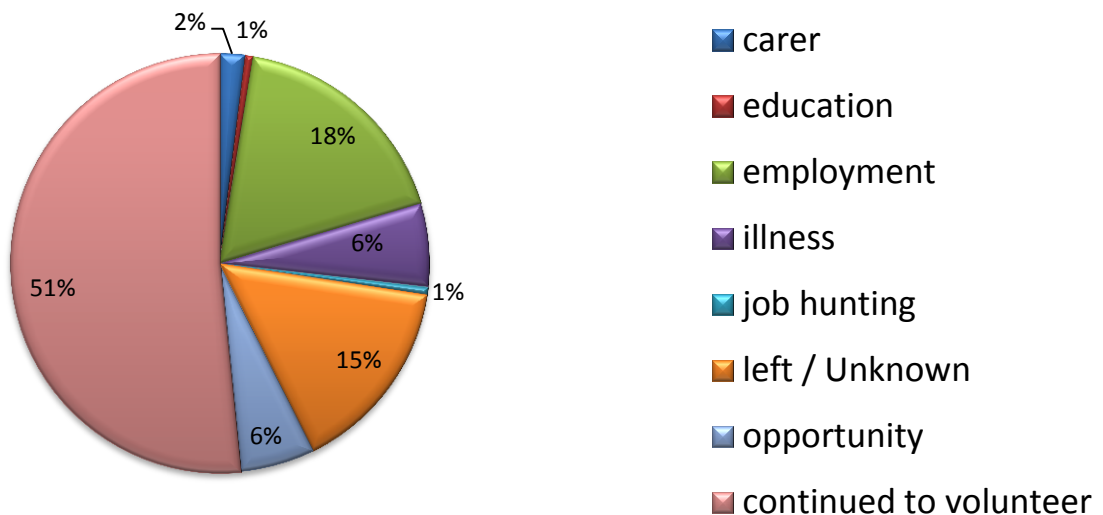
Figure 3. Magnitude of long-term change in *if* volunteer perceptions of their improved skills, knowledge transfer and attainment levels, **two years after completing the course**



Volunteers also gain a real sense of direction and inspiration about the type of work they now see themselves as capable of being productive in. This is supported by training content around application processes and presentation of self to others. Almost all volunteers are inspired to continue volunteering beyond the 16 week training and placement experience.

Through longitudinal tracking, we can therefore present the progression and destination of *if* volunteers post-project. This is presented below in **Figure 4**.

Figure 4. *if* volunteer progression, post-project



Greater Manchester residents experience a high level of economic inactivity, this includes retirement, those unemployed but not seeking work, carers, those in receipt of Disability Allowance and anyone claiming Employment Support Allowance (ESA), previously Incapacity Benefit.

The number of unemployed residents has increased by 55.3% since 2008 to stand at 132,300, with youth and long-term unemployment rising most dramatically. 85% of the *Inspiring Futures* cohort were in receipt of a welfare allowance, of those 40% met the criteria for Disability Living Allowance (DLA) or Employment Support Allowance (ESA) suggesting a number of vulnerabilities. Recent reports demonstrate that due to welfare reforms, people in receipt of these benefits are likely to face the most acute hardships and low income, becoming at risk of debt, homelessness and isolation. Poor mental health is strongly associated with social deprivation, low income, unemployment, poor education, poorer physical health and increased vulnerability. Whilst some claimants will be in receipt of welfare due to health issues, many can expect to experience deterioration in their health due to economic inactivity.

“You don’t realise how lonely you become when you are out of work, didn’t realise until I started the *if* course and got involved in lots of opportunities” *if* volunteer

30% of referrals were made by specialist agencies supporting those deemed as the most vulnerable in the locality (mental health care providers, substance dependency support, disability support services, war veteran’s society; agencies supporting those at risk of offending etc). One of the agencies identified the importance of opportunities for individuals to increase their self-belief as a critical success factors when engaging with people recovering from mental health problems, drug /alcohol misuse, homelessness or offending.

Amongst universal barriers to volunteering such as transport, financial and confidence, it has been suggested that those deemed as having a disability are often put off volunteering by attitudinal barriers. *if* is successfully tackling a culture of uncertainty about a person’s reliability due to their condition, and breaking down misconceptions around how disabled people can contribute successfully to volunteering and to other people’s experience of life.

Paul's Case study

Paul had served in Ireland in a search team 1979, and was diagnosed (eventually) with post-traumatic stress disorder (PTSD) and told he wouldn't be fit for work again. After being discharged from the army, he was suffering a downward spiral of very poor mental health, taking medication and was struggling to find stability and meaning in his life.

"I've seen people and friends killed and blown up... I had constant fears, anxiety, combat stress, paranoia and sometimes I'd carry out old behaviours or processes we were trained in whilst I was serving. I had to have injections in my spine, and undergo treatment to try and help me live with my condition.

So before if, I felt like I was slowly killing myself, smoking weed, drinking, fighting. I was reacting to being told that I would never work again.

During my recovery, when I was referred onto the course by my mental health support advisors, I felt really safe as soon as I walked into the Imperial War Museum. It was something I know really well, my family, cousin's father, grandfather were all armed forces. So the collection and history at IWM North is a big part of me and my history and identity.

I've been trained to speak with visitors, guide them through the exhibition space, I demonstrate a lot of the equipment we used to have to carry - it makes it much more real and shares the story and experience. It's been a great experience talking to people who were so curious to ask me, without judgment, and the whole experience, including training and my volunteer colleagues, helped me open up and talk to people and feel a sense of respect and pride.

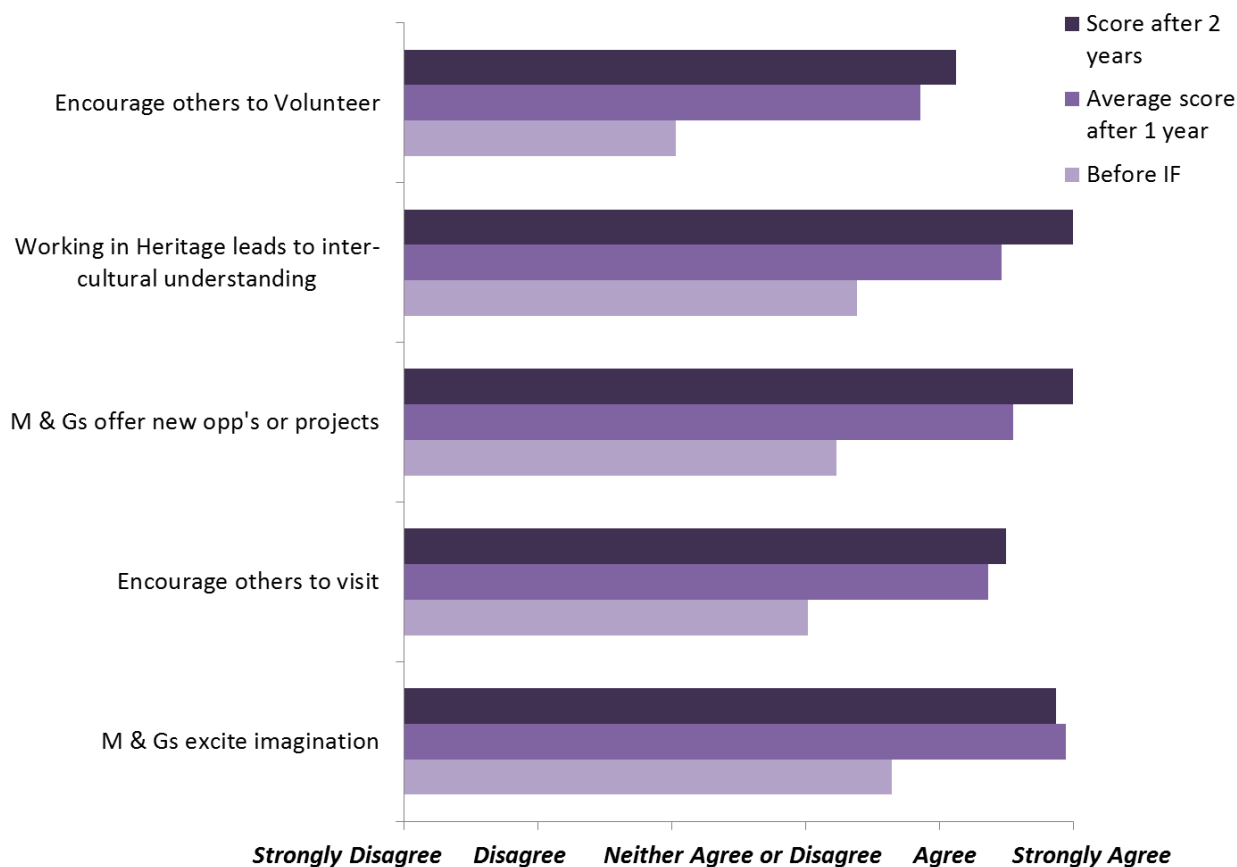
It has taken a lot to face up to my condition. Talking to people helps, and they're willing to help, that acceptance and validation is important. I'm connecting to people much more now than before, I'm more open to people here than anywhere else, I'm more approachable and willing as a person when I'm here volunteering.

I couldn't have done anything else that would have got me this far. It's a shame for other PTSD colleagues I know, who are stuck at a bar, drinking and in tears. I'd probably be with them, or more likely dead or locked up somewhere

This course and this place (IWM North) has saved my life. I love working and connecting with the kids too and giving them a real life experience as a real soldier, and overall this is helping me move onwards and forwards."



Figure 5. Magnitude of change in *if* volunteer perceptions of heritage opportunities two years after completing the course



As reflected in **Figure 5**, it is also encouraging for museums and galleries that overall, volunteer perceptions improve with regards to how to identify and create opportunities in the sector, for work, projects and involvement. Particularly, when looking at starting points before participation, it is positive to see that *if* volunteers go on to be advocates for the sector, and are more active in referring and recommending others e.g. friends, family, to volunteer and visit museums and galleries – *in fact some relatives and friends have stated they wish they could also complete the course too!*

Referrers' perspectives

It is also important to triangulate data and evidence from volunteers with the view of referrers who in many cases have recommended potential participants to the project. The referrer's interviewed were in a strong position to provide insight and feedback about the impact on their clients or service users who had become *if* volunteers.

This has helped to ensure the SROI model is robust in the identification and measurement of the outcomes being achieved, including for helping the resources of local health support services. In particular, referrers identified *if* as a project that can:

- Develop as an alternative response to mental distress
- Address the need for a wider recognition of the influence of social, economic and cultural factors on mental health outcomes across the whole spectrum of disorders
- Improve access to mainstream opportunities for people with long-term mental health problems
- Strengthen psychosocial, life and coping skills of individuals
- Increase social support as a buffer against an individuals' condition or their life events
- Increases access to resources which protect or enhance mental wellbeing

This – and the testimonials below - strongly support the outcomes and objectives of social prescribing, outlined by the former **Care Service Improvement Partnership**, North West Development Centre, in the document, “*Social Prescribing for Mental Health – a guide to Commissioning and Delivery*”.

Community Mental Health team

“Inspiring Futures works towards supporting our clients develop better self-esteem, a sense of contributing to others, a sense of purpose, developing more stability in their lives and hopefully it becomes a key part of getting paid employment.

For example, this was a big step for one of our clients going into voluntary work in the museum sector. As a result there was less need for a support worker, previously they became dependent on having a support worker 10 hours a week, now reducing to 8 hours. The feedback we’ve got is they feel an increased autonomy, feeling safe and comfortable on the course.

Certainly there hasn’t been much that has been able to inspire them to do any voluntary work previously over five years, but this provided a big step change for them. We’ve not seen many things work this quickly, if people find something they really enjoy it usually stimulates and motivates them. Making new connections on different levels inside of the museum has meant our client is more frequently speaking warmly of others. They may be bi-polar, or suffer from mood disorders, but being on the if volunteer programme has been stimulating, they’re really loving it. Otherwise our clients could be frequently in bed through depression. if has in some ways been a lifeline to get through it. In the past the client could have been hospitalised, but this has somehow helped to stem or stop the risk of that.

But we have to be careful, the ‘Have to be there’ pressure might go after finishing placement”

Back on Track

“For a number of our clients, it will be a stepping stone to paid work or further volunteering, but more immediately impacts on their confidence, assuredness, self-belief, capability, awareness of their skills and ability, communication skills, and even something simple like independent travel, punctuality etc.

There’s been an incredible impact, and we’d never have considered this before. Clients get a strong sense of community/belonging, connection to visitors and people more broadly.

And also, having really positive if project staff, like Karen - means I have more confidence in the project because of the great job she/they are doing. Although at some if level won’t be able to help those with very complex needs and high multiple barriers as quickly or for as long a time”

Claire's case study

Before Claire got onto if, she felt really stuck in rut, and really shut off and isolated, with very low confidence...she felt like she had no plan, felt very self-conscious and had few friends.

"I needed to try and interact with people I hadn't met before, and new audiences. if gave me that, I felt trusted and respected, and that I was making a difference to visitors...I carried on volunteering on object handling and then after a few months I successfully applied for a new volunteer role in research (at the Museum of Science and Industry) and helping with the school groups as well.

I know now I can do this on my own, trust my capabilities more as I can see results and they are believable for me personally, so that boosted my self-belief...for example I wouldn't have been able to run that class just now a year ago! I'm really pleased with how that went, I'd do it again". (Claire ran a key training session for the new cohort on the day we interviewed her).

"And without if, I'd be much less clear on my direction. I do part time work as a sales assistant which is good, but I'd say I've been enlightened by the if experience, and discovered something I could do all day and feel really happy throughout. In future, perhaps if I work step by step I can get a paid role but would obviously prefer that to be a at museum or heritage research role, or similar to facilitation / Museum training environment. I just really want to share knowledge, teach and mentor to support other people where I can.

My volunteer work at the museum also involves helping out the volunteer co-ordinator directly (a volunteer role I applied for before I started on the research stuff), which led me to being involved with helping out with the next round of if participants at the museum - I don't think I would have gotten the opportunity to help out with if it wasn't for this role so it's really important. It has also greatly helped my networking skills (for example people in different parts of the museum know my face as well as people from the partner museums such as IWM North and Manchester Museum) which I felt had always been lacking in me.

I'd just like to say, I feel so privileged to have done this, especially given how low things had got before."

Venues' perspectives

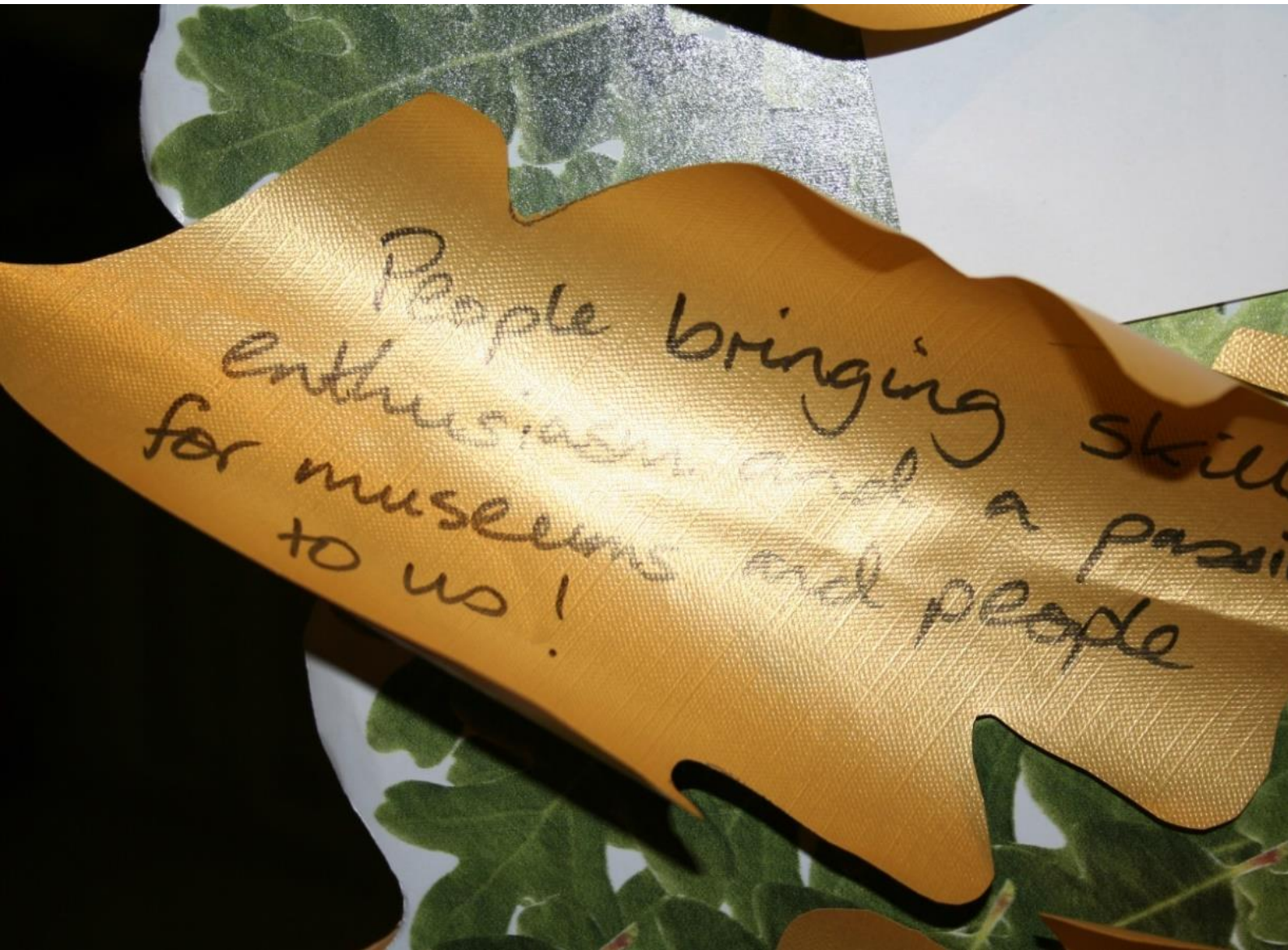
- Partners' responses indicate increasing confidence in working with people with additional needs; and supporting individuals with more challenging needs/ behaviours. They have become more convinced of the value of this programme, particularly to the people who participate as volunteers. *'Of course we can do this! Why haven't we done it before?'*
- Changes such as including visits to partner venues as part of the training are valued by hosts. Some venues observe that participants seem to be more receptive and better prepared for placements; this may have helped.

"Brian from 2nd cohort/ July is still with Family Learning team 'We don't want to lose him! He's regular, reliable, very good at all practical stuff and set up ...brilliant with family groups.'"

- Some venues are more structured than others in setting a baseline and tracking progress . Ordsall Hall (which has the most experience of working with volunteers with additional needs) has initial meeting to set goals/ a mid-term meeting/ a meeting at the end to review learning and progress. It is a helpful approach to encourage self-directed goal-setting. Ordsall Hall creates a six week work plan so that *if* volunteers can understand the different functions and have different duties and focus each week.
- Manchester Art Gallery experimented with new roles in this cohort – roles with Visitor Services team and in Shop – and inducted the managers so they could support the volunteers;
- People's History Museum offered a more specialist role to one volunteer who was particularly interested in the archive department.
- Where venues are able to offer a wider range of roles, volunteers seem to benefit. However, this has to be balanced against managing expectations if a venue is unable to fulfil the expectations of the volunteers for a range of roles, including object handling.

"We would also like the opportunity for 'big feedback' with colleagues and volunteers from other venues ... It would be good to get us all together and learn from each other, good practice. It would be good to hear from other venues – what worked for them?"

- Volunteers are providing an extended service and resource in some venues e.g. additional handling table at MM; at most, they are enhancing existing services and are highly valued in their effectiveness. **IWM North volunteers have collected informal learning figures and have engaged with over 67,000 visitors since the project started.**
- Volunteers seem to have integrated well with other staff and volunteers at most venues - staff rooms, participating in activities and outings etc. Some need a little additional support at the start of their placements to help them settle and build confidence in new setting.
- Only one venue spontaneously reported direct learning/benefits from other partners: People History Museum introduced more formal, professional induction for *if* volunteers and extended this to all volunteers which has made a real difference; they received a handling table from Manchester Museum that they recycled and 'upcycled'; they are also introducing mindfulness programmes similar to the format developed at Manchester Art Gallery.
- The programme has prompted at least one venue to think more generally about how their environment and engagement contributes to wellbeing, and one venue mentioned they would value a 'big feedback' session with other venues.



Visitors' experience

The continuing evaluation research is also producing good evidence of volunteers making a difference to the visitor experience. Evidence is being collected through a combination of observations at a sample of venues - Manchester Museum, IWM North, Manchester Art Gallery (room set up for children's learning/creative activities) and Museum of Science and Industry to date - as well as visitor pulse survey and short visitor interviews after interacting with *if* volunteers.

In the majority of cases, volunteers were welcoming and assured during their interactions, demonstrating good knowledge about the objects and context within the venue's collection, even adeptly signposting visitors to other parts of the collection related to the objects where more information could be encountered.

Visitors' positive reactions were evident in body language (leaning forward, open body language, smiling, eye contact) and also in the questions they were asking. Children were generally more curious and shy, but were often enthralled with handling objects and learning stories related to the objects. *if* volunteers demonstrated abilities to relate to different audiences/visitor types, and some were creative in piquing interest with intriguing opening questions to capture visitors' attention.

In a very small number of cases, and often when the venue was quieter, one or two volunteers were less energised and animated/more distant at first in their initial interaction with a visitor, but soon became animated as the conversations progressed.

Currently, over 90% of visitors surveyed about their interactions strongly agree or agree that

- They felt a sense of connection and welcoming
- They felt engaged by the volunteers
- They learned something new that they will remember for some time to come
- They are more likely to visit again
- They will recommend visiting to families and friends
- **They would have rated their experiences as a lot less stimulating and memorable without interaction with the volunteers and objects**

The general level of positive visitor engagement and *if* volunteer interactions are reflected by the following visitor testimonials who experienced object handling or explaining/story telling about an exhibit:

"It's a really important ability to handle objects, it values learning at different paces and styles. The volunteer and museum facilitated this"

"Very engaging for the children, informative, and the volunteer was very kind, and approachable"

"More of this kind of thing please – we get a good sense of connection, especially for my little one (daughter)"

This is a great asset and feature for venues to offer, not just in order to enhance the visitor experience through heightened interaction, connection and stimulation – but to improve the sense of connection and recognition/self-belief for the volunteers towards their personal development and goals. More visitor data will be collected over Year 3 of the project.

3. Updated SROI calculations from long term wellbeing scores

Drawing together from the impact map and broad range of research and evidence described, this report has drawn on the rate of change identified across key outcomes, as collected from volunteer and venue surveys and checked with statutory services, and then measured with the proxy values identified. The summary of the estimated worth of outcomes **achieved across two years of the if project is presented in Table 1 below, including evidence of longer benefit period of at least 2.5 years per cohort.** This may be reviewed and re-calculated as the ongoing data collection plan progresses into the third and final year of the project.

For each outcome, the valuation model can be summarised as follows:

$$\text{Number reached} \times \text{Rate of change (0-1)} \times \text{Attribution \%} \times (1-\text{deadweight}) \times (1-\text{displacement}) \times \text{Proxy Value per Year}$$

Table 1. Total SROI values per stakeholder outcome category

Stakeholder	Outcomes	Attributed value of outcomes generated: Total over 2 years
Volunteers	Well-being outcomes (<i>non cashable</i>)	£246,000
	Continued Volunteering (<i>non cashable</i>)	£40,000
	Skills & Attainment (<i>non cashable</i>)	£105,000
	Entering Further education (<i>non cashable</i>)	£69,000
	Entering Employment	£168,000
	Other Employability outcomes	£75,000
	TOTAL	£701,000
The State	Avoided JSA cost	£39,000
	Reduced NHS need for mental health / depression	£3,500
	Economic contribution Income Tax & NI from employment	£1,500 (min wage)
	TOTAL	£44,000
Local Authority Adult Social Care	Avoided Adult Social Care cost (slightly reduced need and avoided risk)	£7,500
Venues	Volunteering hours direct value (min wage at half attribution)	£5,800
	Continued volunteering hours	£30,000
	Training cost value to venues	£4,400
	Improved practice through partnership learning (<i>non cashable</i>)	£2,600
	Improved visitor access to collection from recommendations (e.g. influence of handling tables, interactions)	circa £2,000
	TOTAL	£44,800
Family members	Improved wellbeing (<i>non cashable</i>)	£12,000
TOTAL ATTRIBUTED VALUE		Approx £800,000
EXPENDITURE TO DATE		£270,000

These are aggregated totals across the cohort, using the Theory of change (Chart 1) and values per outcome – both described in Table 5 of the Addendum - and in accordance with the valuation model above. Wellbeing value drawing on Quality Adjusted Life Years (QALY) is described in Figure 5 of the Addendum.

Below are two *simplified* examples of the way values can be calculated, e.g. when a volunteer gains employment after completing the programme, this can be calculated as:

No. of volunteers entering work x min. wage salary (Full time equivalent) + total income tax & national insurance + saved Unemployment claim cost x attribution rate MINUS deadweight and displacement

Or for a proportion of volunteers benefitting from reduced need for support worker:

No. of volunteers with reduced need for support worker x no. hours reduction in need per week x hourly unit cost to social care services of total hours saved for support worker to re-allocate to other people (pro-rated to period in the year) x attribution rate MINUS deadweight and displacement

In the calculations, impact is measured for different stakeholders' outcomes, compared with the likely level of that outcome in the absence of the project (known as counter-factual or *deadweight*), and taking into account the contribution of other factors (known as *attribution*), and potential *displacement* (where an outcome comes at the expense of another outcome, for example if an employment programme leads to some people getting jobs at the expense of other people). It is similar to the concept of 'additionality' discussed by HM Treasury in the *Green Book*.

In the case of volunteer outcomes attribution ranged from 60-65% for specific unemployment and wellbeing outcomes, and over 70% for skills and knowledge outcomes.

Based on feedback from Venues and State/statutory level outcomes, attribution assigned to the project was 50%, as more of these outcomes were further driven by a combination of the volunteer, and other support mechanisms/agencies where relevant e.g. support worker, community health project advisor.

Deadweight is approx. 20%, to reflect stakeholder responses, including statutory services, about the unlikely rate of these outcomes occurring without this particular intervention. This is when compared to other similar types of programmes available, and also when compared to the interventions/programmes many participants' had been referred to previously but without the same scale or speed of improvement.

The majority of the benefits rightly accrue to the volunteers. Benefits exclude the value created for the training provider, which is treated in the model as a cost input.

However the SROI estimate will likely increase slightly when upcoming research regarding impacts on visitors and communities is completed, value indicators are updated in 2016 and more longitudinal data becomes available about volunteer destinations in year 3.

Case Study – Clare

I was on the scrapheap. Overweight and miserable, I had been off work for five years. Sitting there in bed, I realised that if I didn't do something and do it quickly then I was in serious trouble - both physically and mentally. But what to do?

I googled volunteer places at MM and was rewarded with the revelation of the if course - Volunteering for Wellbeing could have been made for me. People over 50, long-term out of work and in need of a confidence boost and tools to climb back up into the working world. I completed the form and pressed "Send" and it really did change my life!

Over the next ten weeks we were nurtured and cajoled, guided and presented with all sorts of information about being a volunteer - information that also helps with life in general. We met curators and experts from the museum who were so very friendly and above all human! Not stuffy "highups" but real people who cared about us and our path.

As the weeks progressed, I uncurled and found the real Me who had been hiding away for so long. I found my voice and more importantly I discovered that I LOVE giving presentations - after all, it is just talking to people about the subjects I love.

And where am I now? Having done my six week placement on the Ancient Worlds table, I have stayed on doing this each Monday afternoon. I am also honoured to be volunteering up in the new Study area, a place where I can research my passions alongside amateur members of the public and professionals alike.

Has the course changed my life? Yes and more. It has actually given me back my life, a life seemingly lost to lack of hope and depression. I am the real Me again. I used to manage seven companies and at the same time brought up three children alone. That resourceful and capable Clare is back.

I thank Manchester Museum and the if course for helping me find myself. I hope I can give something back for the future.



4. Brief project background – behind the participant experience

(For a detailed description of key project activities that can be reviewed or drawn upon, please see previous Year 1 report).

Why *if* works

A broad range of factors in the design of the programme has led to its effectiveness for many participants. We have summarised the key drivers so far as to why the project is succeeding and continues to improve in having such a transformational impact on participant wellbeing:

- **Fostering a sense of connection, enrichment, and contribution to other people and their stories** appears to be a **key differentiator** of heritage volunteering. Participants develop a strong connectedness to events and human experience across time. This is enhancing levels of self-awareness, belonging, imagination and ability to narrate and relate better to others, and thus improve social relationships, as well as mental and emotional capital.
- **Encouraging creativity amongst participants and enabling volunteers to re-connect with their creative selves** through story-telling and interpretation, and in some cases design e.g. setting up art workshop spaces/rooms, marketing design
- **Training components unlocking participants' creative and communicative capabilities of storytelling, bringing objects to life and inspiring visitors' imaginations**, thus significantly enhancing visitor experience and collection interpretation
- The setting of museums and galleries as both stimulating and reflective spaces: offers a potential pathway to enhanced mental, cognitive and emotional capital
- **Training components that are experiential and participatory carried out specifically in the museum or gallery environment**, (not just classroom-based). In particular tours, behind the scenes exploration, volunteer buddying, object handling and presentation skills
- **Interactive and interpersonal nature of the training and placement**: equipping participants to interact socially with, and make a difference to, visitors, venue staff and other volunteers
- **Trainers who develop a safe and non-judgmental learning environment**, and are able to encourage participants to support each other and be willing to make allowances for colleagues where needed e.g. recognising people learn at a different pace and style
- Encouragement of **mutual respect, openness and empathy** between participants
- **Dedicated Volunteer Co-ordinators** who are committed to **testing and improving** good practices and solutions in their venue, and fostering support for wellbeing in the workplace
- Developing a **community and platform to unlock good practice, knowledge transfer and support between multiple venues** - creating a cluster effect
- **An effective recruitment process working with key local partner agencies who can target hard to reach individuals or those with challenging personal circumstances**
- Project co-ordinators who **lead on and encourage collaboration** between partner venues
- Project co-ordinators who are **committed to continuous improvement** through learning and feedback, and refining the delivery model where needed

A key differentiator of heritage volunteering, that has been evident in interviews, is that volunteer outcomes are underpinned by gaining a strong sense of connectedness to people and events - not just to visitors - but to people across time. This strong connectedness to events and human experience across time appears to be enhancing the level of self-awareness, belonging, imagination and ability to narrate and relate better to others, and thus improve social relationships.

Exit and transition

On completion of their 6 week placement, staff support individuals to move on. The *if* team conduct short interviews throughout the placement at the beginning, middle and end. Within these conversation participants are supported in establishing and working towards short term and long term goals after the placement has completed. The *if* team will signpost participants to find:

- Further learning
- New volunteering opportunities – At the end of the programme, volunteers may continue to volunteer at their chosen venue, or will be offered further opportunities at organisations across the city
- Employment – Learning new skills and gaining volunteering experience is central to this programme. Participants of previous programmes have secured jobs in both the cultural and non-cultural sector

Top-rated training activities according to volunteers	Volunteer comments as to why
Touring and being quizzed about the venue	<i>Highly engaging to see how to apply learning and practice</i>
Behind the scenes group exploration	<i>Felt privileged, important to be granted insight. Also highly stimulating.</i>
Volunteer buddying	<i>Gave confidence and good guidance, helped improve resilience</i>
Improving presentation skills in front of people	<i>Improved self-belief and could see the results</i>
Object handling	<i>Stimulating and engaging, made the learning and knowledge more tangible and real</i>

“For a long time before I started on the programme, I would often doubt myself, didn’t have enough self-confidence to stand up for myself, and was unsure about everything. I felt like I was missing something, I also felt less able to speak and interact. I had some significant wellbeing issues, I was depressed, isolated and felt alone. I was conscious about my appearance and felt the need to try lots of herbal remedies and all sorts. I’d probably be in therapy – at our own expense, not through NHS.

I ‘ve seen other people on the course come out of their shell, and feel a bit better overall about life in future. Also I’ve made a friend on the course, she’s more confident and comfortable, although our sense of connection with each other was really strong as a group, we formed a good bond.

As a result of doing this, I now trust my own abilities, I’m more mature now, can make my own decisions with less fear. My Mum and Sister have noticed the change, I’m more assured, and they’re less worried - Less baby-ing me, so less pressure on them.

The programme definitely changed my life, it’s transformational, to the point where I’ve gone forward to do a Masters in Humanities with Art History at Open University”

***if* volunteer, Manchester Museum**

Iain's Case study

In the past Iain worked in the local council, and in health and safety-related installations in buildings. However, in the recent times he was out of work for quite a while and also had a terminal illness in the family to care for. Time not being able to work eroded some of his confidence in his abilities to do something productive again, which in turn compounded the challenge of finding work again in future.

Eventually, Iain felt he needed to do something to “build himself up again”, and he jumped at the chance to get on the *if* project. This helped him achieve his objectives to gain a sense of doing good, and do something worthwhile for others, as much as for his family.

“The good thing about being there, you’re actually getting involved in teaching, giving knowledge makes me feel worthwhile...makes me feel good about myself and learn so much from other people... I didn’t believe in myself, I needed to push to get on to if to get my confidence sky-rocketing...in the end we were getting up and presenting in front of people. I would never have done something like that before”

After completing his *if* placement, Iain felt boosted and regained his sense of self belief and competency as he built up new skills and interest in the historic environment. In the following year he received a new job offer (which he took up) as security officer at the prestigious Radisson Edwardian Hotel, one of the most striking historic buildings in Manchester (Free Trade Hall on Peter Street).

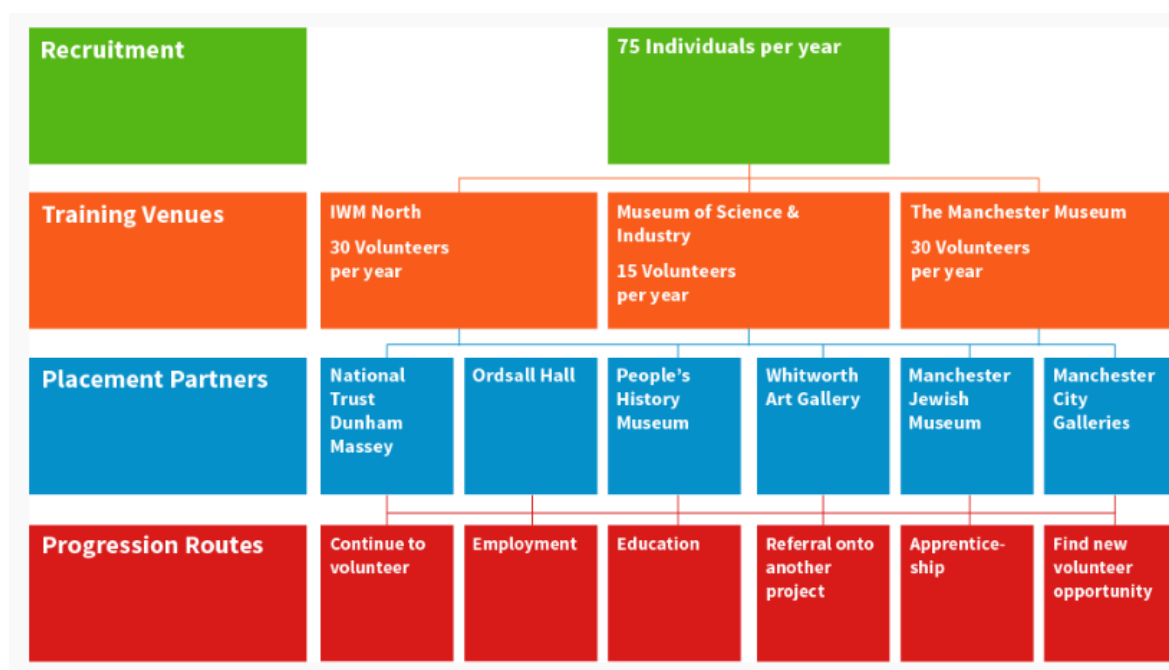
“Without if, to be honest, don’t have a clue what I’d be doing now. Probably do what I was doing before, trawling through jobs not getting anywhere, confidence even lower, stuck in rut still. Would have had a really negative impact on my family...and I’ve Started going to all the other museums again - have been to a few more since; start to notice more details, how things are displayed, makes it more even more enjoyable.”

Iain felt that the connection he found to people whilst on the *if* course was completely different, in that he felt he was with “Kindred spirits”, with whom he has regularly met up to socialise.

“It’s was worth a great deal, it’s more than just the skills. Its fully in depth, it’s so invaluable. Loads of other stuff on top of it: such as connection, contribution, local culture, confidence-building. It’s difficult to pay for that type of access.”

5. Context and changes of Year 2:

The *if* project's implementation and operating framework can be summarised below, across four main categories of activity:



Selection and recruitment

The project is promoted through carefully selected referrers and partner community sector organisations, including community health support services, Job Centre Plus, local volunteering referrers, and organisations supporting old and younger people. It is also advertised on social media. A 'taster session' open day presentation is provided at a training venue with project co-ordinators and existing volunteers; followed a few days later by one-to-one interviews with each potential participant. This facilitates a more in-depth and personal understanding of each individual's potential trajectory and benefit sought, through sharing each person's background, hopes, concerns and objectives. Most participants are chosen on the basis of who would benefit the most from the programme. They are assessed on their availability to attend for the duration of the programme. Many who attend are long term unemployed, registered disabled or retired and are socially isolated and want to do something with their time whilst looking for meaningful employment, training or voluntary opportunities.

Training

Successful applicants are then required to attend an accredited 10 week training course, 6 hours per week at one of the main training museum venues - in this case either IWM North, Manchester Museum or MSI. The course is developed and delivered by The Manchester College and provides in-depth training, experiential group work and technical content. The college tutor uses the rich resources of the museums to deliver a bespoke training package. Individuals learn about the remit of the museums and volunteer roles, whilst gaining the following Open Award units:

1. Customer service skills – (Entry Level 3)
2. Developing Customer Service skills – (Entry Level 3)
3. Communication in the work place – (Level 1)
4. Preparing to volunteer in Cultural & heritage venues (Level 2)
5. Preparation for work experience – (Level 1)
6. Work experience – (Level 1)

Context and challenges from the past year

It should be acknowledged that the project suffered a major setback at the start of the year when the training provider, Manchester College, went through a structural change. The department delivering the course was disbanded and the qualification changed. The college requested that participants must be in receipt of specific benefits to qualify for the qualifications. These changes made it difficult to continue because many people didn't have the benefits required.

After numerous cost-benefit considerations of a range of options, *if* project co-ordinators selected the ASDAN accredited training route as an interim (and potentially long term) solution. This relies on a combination of external verification by ASDAN (of participants' workbook records of attainment), and flexible design to ensure that training remains fit-for-purpose, yet could be delivered by *if*'s project co-ordinators. This did however, result in considerable extra workload in addition to the day-to-day management of the *if* project. It is all the more remarkable therefore – and credit is due to the project - that much of the positive benefit generated still occurred under such challenging circumstances. Individuals now gain the following accreditation:

- Asdan Volunteering Short Course (recognises 60 hours of Volunteering)
- Welcome International customer service training
- Conservation training

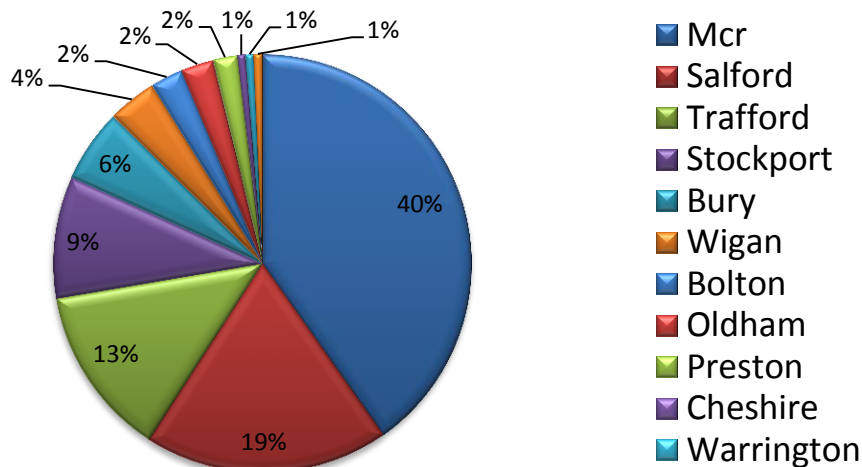
Going into the third and final year, with the new training course now successfully tested, the *if* project have recruited a specialist tutor to deliver the training content to groups of mixed abilities.

In addition, there have been time lags for transition resulting from significant organisational re-structures in some venues, accompanied by personnel changes (especially for replacement of outgoing volunteer co-ordinator at Museum of Science & Industry). However, there was positive news in the return of Ordsall Hall (had to delay their involvement last year due to unforeseen timing/resource circumstances and drop out of a participant) and Whitworth Gallery (undergoing refurbishment and now re-opened) as key partners offering placements.

The *if* project co-ordinators have also taken the time to refine their roster of referrers and external partner relationships to better reach their target profiles (e.g. promoting the project to mental health support services and charities, in addition to making contact, albeit limited so far, with registered social landlords).

As a result, the project is tracking the backgrounds of which parts of the Manchester area volunteers come from. This is presented in **Figure 6** below.

Figure 6: Where *if* volunteers come from



Compared to last year, it was observed that the ethnic background of volunteers is predominantly white, under 10% of participants are from ethnic minority backgrounds, and this **does not** fairly reflect the full ethnic make-up of the Manchester area.

Dropout rate is approximately 10% for individuals who could not complete the training and placement. In most if not all cases, this was due to personal circumstances or that the participant was offered an employed position elsewhere, or in one or two rare cases felt the course was not quite right for their personal goals. This is not particularly bad given the specific set of higher needs and mixed abilities across the cohorts, but efforts should be continued to encourage individuals at risk of dropping out to complete their training accreditation and provide their contribution to the group's journey.

6. Successes and recommendations for Year 3

Co-delivering and social prescribing

In Greater Manchester, local authorities, social housing and sheltered housing providers, health and care support services, including Clinical Commissioning Groups, need to work far more strategically with regards to using existing public assets as part of recovery and rehabilitation pathways for local residents.

Opportunities for catalysing wellbeing improvement through natural and cultural heritage have been missed and will continue to be missed, often to the forfeit of groups who remain marginalised, disadvantaged or suffer from barriers to participation.

Yet it is the responsibility of local authority and statutory services to better optimise ways for public assets to *co-deliver* primary, secondary and tertiary prevention, and innovatively support community wellbeing. Opportunities for volunteering and participation can strengthen provision and choice across a range of health needs and disorders.



There must be systematic co-ordination of these opportunities across statutory services, co-delivering public health and public learning outcomes with heritage assets, as well as other proven settings for wellbeing improvement, (such as the natural environment, arts and creativity, and bibliotherapy).

There is now extra impetus and a major policy drive to achieve this, as a result of the Government's Devolution Agreement (2014), whereby Greater Manchester is to get its own powers over transport, housing, planning, care and policing. This is a major initiative in the Chancellor's plan to create a "Northern Powerhouse" to maximise the economic potential of the north. The proposals include devolving further powers to the Greater Manchester Combined Authority (GMCA) to develop ways of directly supporting the joining up of health and social care.

NHS England's 2013 GP patient survey demonstrated the prevalence of depression and anxiety reported at GP clinics in NHS North Manchester (18.7%), Central Manchester (15.4%), South Manchester (15%), and NHS Salford (16.7%), far exceed national average in England (12%).

Nationally, 971,104 people were in contact with mental health or learning disabilities services, from which 23,815 people (2.5%) were inpatients in hospital (Health and Social Care Information Centre 2014).

And according to an online survey by the Mental Health Foundation, of those visiting their GP with depression, 60% were prescribed anti-depressants, 42% were offered counseling and 2% were offered exercise therapy. Approximately 30% of all GP consultations were related to a mental health problem.

About 90% of people with mental health problems receive all their treatment from primary care services (as opposed to specialist mental health services). **On average, a person with severe mental health problems has 13 to 14 consultations per year with their GP.**

As a result of the research, The Mental Health Foundation calls for:

“...all local authorities should have a local strategy to prevent mental ill- health and for early intervention. It’s vital for the future mental health of the nation that local solutions are commissioned that help people deal with major stresses and trauma.

The earlier interventions happen the more likely it is that people can be resilient at difficult times in their lives” (October 2014).¹

Whilst some of this data is yet to be updated from 2007, and inferences should be treated cautiously, this remains a reflection of the depth of mental health issues and interventions that local health commissioning authorities should seriously consider and develop innovative alternatives at a time of strapped resources.

In this context, the *if* project is demonstrating that heritage spaces can be highly effective settings for tackling social needs and supporting essential services to unlock improvements in public health and wellbeing. Over the past two years, it is clear that the *if* project is catalysing such improvements in the health and wellbeing for the majority of 150 participants to date – and **that these impacts are sustained over 2-3 years for this majority**, after they complete their placements and progress onwards.

The *if* project’s significant results and transformational outcomes has had such an impact that it has already been nominated for the **Spirit of Manchester Award** for 2015 and in addition was invited to share learning and best practice at the annual GEM (Groups for Education in Museums) Conference, Museums Development North West Conference and the Museum Association Conference in 2015 to numerous museum and learning practitioners from around the country.

One major driver behind the outcomes being achieved is that heritage and gallery environments are simultaneously engaging, stimulating and reflective spaces. Combined with a learning group dynamic and technical yet creative training content and delivery style, the *if* project in this setting is having a significant impact in changing many people’s lives. This improves their dynamic state of wellbeing and mental health - in some cases dramatically in magnitude.

A key **differentiator** of heritage volunteering is that participant outcomes are underpinned by gaining a strong sense of connectedness to people (visitors and colleagues), objects, ideas and events across time. This strong connectedness also enhances levels of self-awareness, mental stimulation, belonging, imagination and ability to relate better to others, and thus improve social relationships. **Crucially, *if* is preventing and breaking vicious cycles of low self-belief, isolation, exclusion, demotivation, depression and rejection for many participants. This has had a clear resource impact on local health and care support services, as described by referrers to the programme from both statutory services and non-statutory services.**

For a proportion of *if* participants, benefits described by health and care support services working with *if* include:

- **Less need for support workers, equivalent to around 10-20% in terms of reduced time**
- **Reduced future dependence on needing to have a support worker**
- **Reduced levels of depression**
- **Reduced risk of hospitalisation**

- **Faster rates of recovery and recuperation from traumatic experiences**
- **In some cases reduced need for medication**

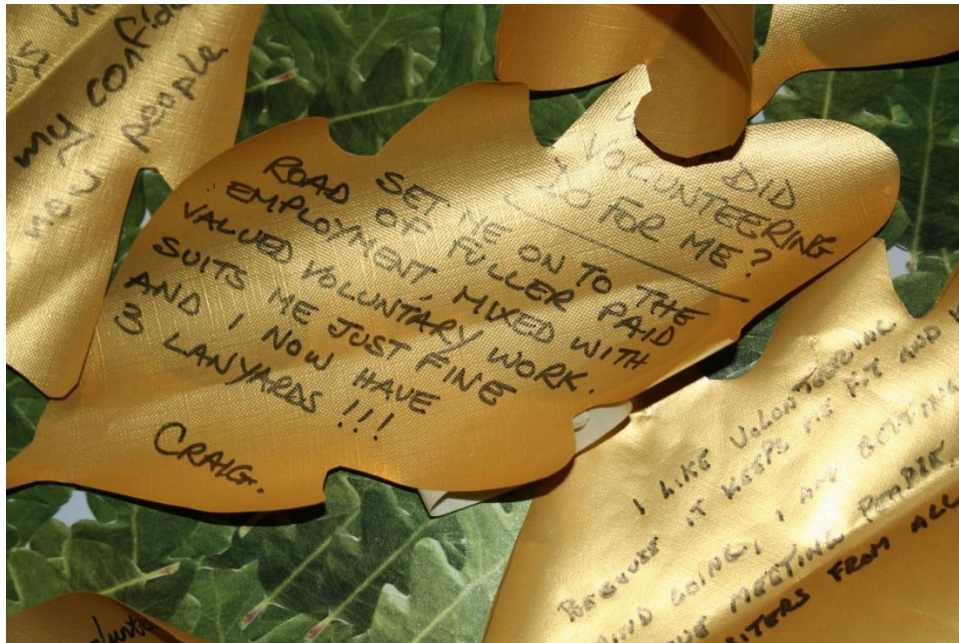
These are outcomes aligned with the objectives of statutory services in health and care provision, and fully dispel any outdated perspectives of museums and galleries as static, stationary, dusty spaces. *if* is well placed to link in and co-deliver on social prescribing guidelines and framework set out by the former Care Service Improvement Partnership, North West Development Centre (“Social Prescribing for Mental Health – a guide to Commissioning and Delivery”). By revitalising or refining the existing principles and guidelines in this document, Manchester has a ready-made social prescribing delivery framework to build on, which has already been backed by previous health authorities in the North West including Stockport and Lancashire. It should be utilised sooner, than later, for the benefit of those severely in need of its successful implementation.

This will need systematic co-ordination and integration between CCGs, local authorities and heritage organisations. Whilst some statutory services in Manchester have some experience of partnership working, there will be massive pressure in future years to do more in an era of continuing government cuts and a devolved budget for Manchester.

Nevertheless, there is no question that there needs to be a significant stepping up throughout statutory services, as well as across heritage organisations, in improving their skills and mindsets that are required for integrated, joined-up working and knowledge transfer, beyond partnerships and into integration of the whole complex-system.

Learning could be drawn on from Bromley-by-Bow’s model which is based on the conclusions of the 2010 Marmot Review, which found that around 70% of health outcomes are determined by social factors, and just 30% by clinical interventions. The Council has a dedicated social prescribing team which receives referrals directly from six local practices – and the CCG wants to expand the scheme to cover the whole of Tower Hamlets borough’s 250,000 population. GPs have a single referral form on their computer system, from which they prescribe services such as health training, debt or legal advice, or a direct referral to a social prescribing coordinator who will either make an onward referral to an appropriate service, or meet the patient to get a better understanding of their needs.

The service has access to 1,100 voluntary sector organisations in the borough to which it can refer. This has opened up a whole raft of support to GPs and the voluntary sector gets referrals without the costs of marketing its services. This has also helped to divert patients away from waiting lists and eased resources and time pressures for surgeries and clinics.



Additional recommendations

- Success of *if* is reliant on teaching style of tutors and the ‘feel’ of the learning environment in which training takes place. Tutors should be selected where they have experience enabling all participants to achieve, yet without individuals feeling allowances are being made for them, even though there are inherently mixed abilities and needs in the group.
- The balance between classroom and museum-floor based training in year 2 has been positively received as ‘just right’ overall by all cohorts. This is a positive improvement compared to last year’s findings, and should be maintained in general. It should be noted however that the theme and content of the museum as a venue may have a minor effect on general learning experience during training e.g. Modernist art is very different in feel to the seriousness of War, Industrial and Scientific objects are very different in feel to Natural world collections.
- All partner venues should improve and continue practices that nurture willingness for all venues to learn from each other and transfer knowledge on a regular basis, thereby enhancing best practice and operating effectiveness within venues. Without this, venues miss out on the value of collective practitioner learning for the operational benefit their organisation.
- As a leading project and leading partnership of cultural heritage venues, there is still a need for the project overall to work harder on increasing engagement/reducing local barriers and participation for individuals from ethnic minorities. In particular participants from Black African or Caribbean, Asian, and Middle Eastern backgrounds. This is in order to better reflect and represent the diverse communities and cultures in the Greater Manchester area.
- In addition, women in the +50s age group should be better represented in the volunteer pool, especially where *if* can work in partnership with local non-statutory age awareness/support services and reach older women who are isolated or are struggling with barriers to participation or opportunities for social interaction.
- We would recommend that promoting well-being outcomes beyond the project, and improving longitudinal outcomes can be better achieved by fostering more regular ‘alumni’ events with new cohorts, to create a strong volunteer community, and opportunities to share new mini-

projects/social events or opportunities for progression/attainment in the sector e.g. a diploma, or RSPH training in public health.

- Related to this we would recommend that the project considers introducing a “Wellbeing Champion” role, for a volunteer to be selected by their peers and staff, specifically for tasks such as signposting other volunteers/staff to good wellbeing-related projects, or practices occurring in other areas of the venue’s work, or indeed encouraging visitors to reflect on their sense of wellbeing during their visits (for example taking one of the Five Ways to Wellbeing as a theme each week). This role could develop into a community outreach and ambassadorial function in that volunteer’s neighbourhood.
- We recommend the *if* project shares evidence, delivery framework, and information sharing processes with local volunteer bodies and public health commissioning authorities, and particularly Clinical Commissioning Groups, in order to promote proper planning of integrated, joined-up pathway opportunities between public health and cultural (and natural) heritage assets.
- The project should also share evidence and delivery framework with national bodies involved in volunteering and wellbeing, such as NCVO; ACEVO; the National Alliance for Museums, Health and Wellbeing; Arts Council; Royal Society for Arts; Heritage Lottery Fund; National Trust; DCMS; English Heritage; and other national museum/gallery bodies.
- We recommend the project approach ASDAN to formally explore if the newly developed 10 week training course can be formalised as a nationally recognised qualification
- Compared with the general population, people with mental health conditions are one and a half times more likely to live in rented housing. Mental ill health is frequently cited as a reason for tenancy breakdown and housing problems are often given as a reason for a person being admitted, or readmitted, to inpatient care. (Mind Factsheet, 2014). Therefore registered social landlords and social housing providers should be a key partner for the project, helping to develop opportunities for wellbeing rehabilitation.

Coop's Case study

"I spent quite some time in DMRC - Defence Military Rehab Centre. I was blown up in Afghanistan, lost both limbs and digits on my hands.

After I came out, I told my Occupational Therapist, "I need to do something otherwise I'm just in a rut and getting down. I had done some volunteering here before a year ago, but this (if) looked like I could get more out of it.

With the training and experience I received, what I do here when I volunteer can mean something on a personal level to the visitors. It gives me meaning and significance, which is important – it's quite a big deal to me, in my situation.

I wanted my self-confidence back, otherwise I'll be down in a gutter and proper low. But when I volunteer, people speak to me more, I speak to them more – it's made me outgoing now, more willing to talk to people, and built up my resilience. It's a long process but it's really brought me out of my shell...and it's helped that we're always encouraged, it's a safe environment.

My sense of wellbeing improved a great deal, and part of that is being to share experiences and understand things happen for a reason, even though they're really real and up front problems. It's good to connect to people more, connect to stories and experiences from other times. And the camaraderie is different here, people look out for me, ask me what's up, like proper friends.

Otherwise I'd be sat and stuck at home, bored, getting depressed. Being here in the museum gives me a strong sense of purpose. And I connected to the older veterans today, his attitude was very mellow, and you can learn more from those types of veterans.

if is a winning programme - it will help build something towards your life - I want to be an inspirational speaker, for example to schools."



ADDENDUM TO REPORT: Methodology notes

It is important that the evaluation approach is designed to deliver on the objectives set out above in Section 1. Static reporting frameworks, no matter how sophisticated, often risk providing only narrow evidence on which to base decisions, rather than demonstrating the dynamic flows of value *between* different functions and outcomes, over the short and long term.

The project involves a wide range of stakeholders and participants including heritage venues, training providers, museum staff, signposting and referral agencies, young people, older people, ex-service personnel and museum visitors. Therefore the *if* team sought to use SROI in combination with wellbeing change measurement. This provides an innovative holistic approach that would match the aspiration and ambition of the programme. The approach integrates the voice of all key stakeholders throughout the programme (qualitative information), enables stakeholders to define which outcomes mattered to them most, identifies the process and drivers of how changes in outcomes are brought about, and quantifies the magnitude and value of this change over time (quantitative data, linked to the qualitative).

In summary the methodological approach includes the following:

- quantification of Social Return on Investment (SROI)
- measurement of wellbeing change
- stakeholder engagement
- observed participant behaviour
- qualitative depth interviews
- ongoing tracking of selected case studies
- quantitative data and annual surveys of a broad sample of the learners to record change at different points in their journey

The engagement and data collection plan from year 1 is illustrated below for reference.

Table 1. Evaluation engagement and data collection summary to date

Qualitative research & Stakeholder engagement (SROI Stage 1 & 2)
Depth interviews with 7 Venues' key co-ordinators or managers
Depth interviews with 3 referrers and critical friends in the community
Depth interviews with 3 relevant strategic stakeholders e.g. local authority, housing providers, health agencies
Depth interviews with 40 volunteers across all training venues
Group consultations with 45 Volunteers across all training venues in Week 1 and Week 10 training
Observed participant behaviour at 4 venues
Providing 3 volunteers with support and opportunities to develop their facilitation skills
Outcomes survey from 6 venues
Outcomes survey from 55 volunteers
Post placement / post programme group consultations with 10-15 Graduate Volunteers will take place going into year 2
Visitor survey data

SROI is unique in its ability to translate the measurement of social values into economic language. It is a stakeholder-informed cost-benefit analysis that uses a broader understanding of value for money. The process assigns values to social and environmental outcomes as well as economic outcomes. Its development in the UK has been driven by organisations such as the *new economics foundation* and the *SROI Network*, and has been funded by the Cabinet Office (through the old UK Office for the Third Sector) and the Scottish Government (through the *SROI Project*).ⁱⁱ It is increasingly used to measure value-for-money and is recommended by the National Audit Officeⁱⁱⁱ, and aligned to the principles set out in HM Treasury Green Book. A summary of the methodological steps followed is illustrated below, and described in detail throughout this report.

SROI's successful application to strategic decision-making across a wide range of investment and policy areas, including apprenticeships and employment, regeneration, social housing services and adaptations, crime, and health services. The process focuses on the capture and measurement of stakeholder-informed **outcomes e.g. change in individual health or quality of life**, and not just outputs e.g. number of people participating.

Understanding social outcomes has become increasingly important in recent years. The National Audit Office's guidance on *Value for money and TSOs* (Third Sector Organisations) within the *Successful Commissioning Toolkit* states:

*“Make sure your programme is really focused on outcomes, the impact on service users and communities that you are seeking to achieve, and not just on outputs, process or inputs. Not all outcomes will be obvious, direct or easily valued. You and/or providers may need to use evaluations and techniques such as Social Return on Investment (SROI) to establish the full impact of a programme and its worth”.*¹

¹ <http://www.nao.org.uk/successful-commissioning/general-principles/value-for-money/value-for-money-and-csos/>

if is one of the few examples of where an organisation has committed to understanding and evidencing whether its activities have a sustainable impact that provides a social return over time. The data collection is therefore an ongoing exercise, and will only be fully completed in year 3 (2016). Having defined above how *if* is implemented, described the evaluation process being followed, and with consideration to the findings and viewpoints from other secondary literature, this section identifies key material stakeholders of the project, the main project activities related to them, and the scope of our analysis.

In listing material stakeholders below in Table 3, we are considering those who are affected by, or affect, the project's activities and objectives, in ways that bear a significant influence on their decision-making, actions, performance or benefits experienced. Including stakeholders' testimonial means that the SROI analysis is best positioned to measure and value the outcomes that matter most to groups.

Table 3. Stakeholder list and audit trail

Stakeholder	Method of engagement	Total Number engaged	Analysed within model	Considerations for decision
<i>if</i> Volunteers	5 x Group consultation pre- and post training	55	Yes	Direct beneficiary
	One-to-one interviews (in situ or telephone)	40		
Partner placement venues	Group consultation & one-to-one interviews pre- and post-placements	7 (venues)	Yes	Direct beneficiary
Local Authority / Government	One-to-one interviews	3	Yes	There are some limited but direct impacts on resources depending on beneficiary outcomes
Local health care / public health services and agencies	One-to-one interviews	3	Yes	There are some limited but direct impacts on resources depending on beneficiary outcomes
Visitors	Secondary research (Red) and short interviews in situ	TBC in upcoming research	Yes	Their experience and actions are in part determined by the volunteers' performance
Family / Relations of volunteers	One-to-one interviews	6	Yes	Whilst they should not influence the project's implementation, there are some material outcomes dependent on beneficiary outcomes
Other venues / the heritage Sector	One-to-one interviews	2	Not yet, except for counter-factual (deadweight) analysis	This will be better informed later in the project using longitudinal findings

This list accounts for the relevance of the stakeholder groups, and of the outcomes arising for them. This means that we have assessed whether a sufficient magnitude of social value has been created for that group, as a proportion of the whole, to warrant inclusion in the calculation. This is in order to focus the theory of how change arises towards the most meaningful outcomes, whereby the exclusion

of these outcomes would significantly influence the project or stakeholder's decision-making.

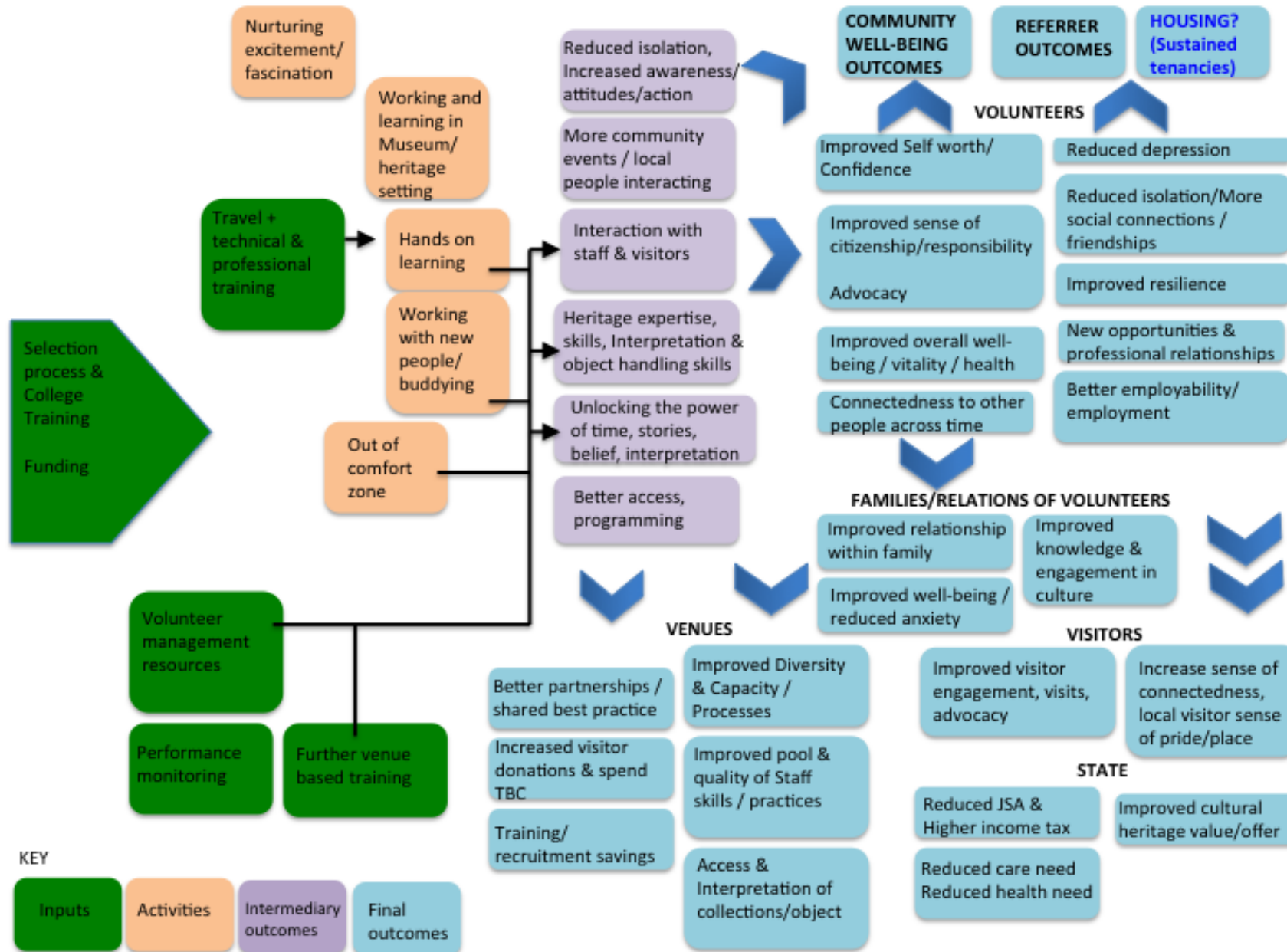
Whilst we have spoken to and drawn on the experience of the project co-ordinators, this analysis identifies between stakeholders that are material to the organisation's inputs (e.g. funders and staff) and those that are material in terms of outcomes (e.g. volunteers).



Provisional Impact Map and Theory of Change

The process and outcomes identified has been translated to fully detailed impact map (see Addendum) but can also be summarised into a theory of change, describing the process of how change is manifested by the *if* project. This theory of change is represented in the Chart 1 below.

Chart 1. Theory of Change



The material changes or outcomes described by stakeholders during the engagement process are presented in the provisional Impact Map below - Table 4. Other changes of material importance were also evident during participant observation and informal interviews. (Final outcomes in **bold**)

Table 4. Provisional Impact Map summary

Stakeholder	Activity	Output	Outcome
Volunteers	Selection process	Number of volunteers completing training	- Overall wellbeing / life optimism
	Induction		- Reduced depression
	Training	Number of volunteers completing placement	- Self belief / self worth
	Group work		- Resilience / coping skills
	Interaction with existing volunteers & staff	Number reporting improved outcomes	- Improved social relationships/relationship skills
	Placement/work experience		- Sense of purpose / contribution from citizenship/stewardship
	Feedback processes	Number seeking employment & gaining employment or entering further education/training	- Sense of independence / autonomy
Travel and associated costs		- Employability/skills	
			- Improved literacy / attainment
			- Improved knowledge of heritage and museums
			- Reduced isolation
			- Imagination, creativity, innovation (mindfulness)
			- Sharing personal expertise / experiences
			<i>Potential negative considerations</i>
			Potential to be placed in a venue where wellbeing at work is not provisioned for by leadership or between staff or within organisation's culture
			Potential mismanagement of post-placement expectations / relationship with venue
Venues	Management and mentoring time	Improved diversity	- Valued by community
	Induction at venue		- Improved collections handling skills
	Planning	Staff skills improvement / learning	- Improved visitor experience /customer care
	Performance monitoring		- Time value of labour / work
	Collections handling/management	Number of hours spent on management/mentoring and induction	- Well-being at work
	Buddying/use of existing volunteers		- Growing long term volunteer and skills pool
	Management hours		- Improved internal processes / efficiencies
			- Organisational development / learning
			- Improved access and interpretation of collection

Improved visitor footfall / satisfaction

Improved number of objects on display and cared for

Improved resource management

- Cement strategic alliance with other Manchester museums / pool processes & economies of scale through a central selection, training and brokerage system

- Engage new partnerships and equip them for receiving more vols

Potential negative considerations

Potential dividing lines between existing volunteers and recruitment practices

Potential to create unintended conflicts and resource challenges from inadequate wellbeing at work practices / culture

Referrers

Job Centre Plus

Administration resources
Time / building knowledge
Monitoring

No. of people not being productive/contributing to society

(See outcomes for Government)

No. of people unemployed / claiming JSA

No. of people work ready / employable

Charities / Volunteer support organisations

Administration resources
Time / building knowledge
Monitoring

No. of service users / disabled people not being integrated into to society

(Less material to the study)

- Helps charity's capacity to help them find work
- Clients less isolated/depressed
- Positive organisational reputation

No. of service users / disabled people unemployed

No. of service users / disabled people work ready / employable

Potential referrers / stakeholder?

Housing associations/Social Housing (RSLs)

Administration resources
Time / building knowledge

Increased number of tenants volunteering

- Sustained tenancies
- Happier tenants

Increased number of tenants in employment / employable

- Engaged tenants / citizenship
- Reduced arrears if finding employment

Increased number of tenants participating

	Monitoring	/ engaged on estates Increased number of tenants with better wellbeing Reduced likelihood of arrears / voids	
Local Authority / Government	Job centre plus support Cultural investment and promotion Health and Social care support	Increased number of people volunteering Increased cultural heritage offer More visitor expenditure from enhanced cultural heritage programme Increased income tax if entering employment Number of cross-sector local partnerships	- Increased quality of destination profile / cultural destination (more visitor expenditure in area, incl transport, complimentary products) - Economies of scale from partnership working - Reduced JSA - Higher income tax if entering employment / project work opportunities - Reduced need/costs for adult social service/care support
Local health care services	None (except for potential referral administration cost)	Improved numbers of people reporting better health and wellbeing Reduced visits/need for GP Reduced need for medication	- GP cost resource savings - Medical cost resource savings (e.g. for depression medication)
Visitors	Donations Time interacting with volunteers Promotion of volunteers' activities to visitors	Increased no. interactions w/ volunteers Increased length of visit time at venue Increased visitor satisfaction Increased donations? Increased number of objects / collections available for access or interpretation Increased number of visits, especially from key groups e.g. schools	- Improved overall mental wellbeing - Improved sense of connection with place / venue - Improved levels of advocacy / recommendation - Visitors improve own volunteering / interest in volunteering - Improved sense of enthusiasm / excitement - Improved knowledge
Family / Relations of volunteers	Support, encouragement	Increased visits to venue/s	- Improved relationship within family - Reduced stress/anxiety

	Travel time / cost if accompanying to venue	Number of family members per volunteer household experiencing change	<ul style="list-style-type: none"> - Sense of pride - Improved knowledge about museum and cultural heritage
Other venues / the sector	<ul style="list-style-type: none"> Recruitment and training Use of existing volunteers and staff Monitoring 	<ul style="list-style-type: none"> Increased number of effective volunteers Increased number of people with relevant skills and knowledge 	<ul style="list-style-type: none"> - Improved volunteering best practice/shared learning - Improved skills pool (i.e. recruiting volunteers / staff with experience in the sector) - Reduced training costs (e.g customer care, handling)
Local communities	<ul style="list-style-type: none"> Promotion to local residents (e.g. leaflets) Hosting local events Admin costs 	<ul style="list-style-type: none"> Increased community events Increased local interactions Increased visitor numbers Reduced population turnover (less likely to leave area) 	<ul style="list-style-type: none"> - Sense of belonging / pride - Improved advocacy - Reduced isolation - Improved citizenship / participation - Improved knowledge of heritage and museums

Throughout interviews with volunteers, there have been consistent and significant outcomes identified and experienced across underlying sub-components of mental and emotional wellbeing, in addition to gaining new knowledge, skills and work experience. These aspects tend to relate to reduced levels of isolation, self confidence, improved cognitive and emotional capabilities to operate and perform, in addition to gaining a sense of purpose and self awareness through contributing to local history and local people.

What appears to be a key link and differentiator for volunteers is gaining a very deep sense of 'connectedness' to people, ideas, creative concepts and events across time in a museum or gallery setting, helping to contextualise and add meaning - and often sparks of inspiration - to their experience of their lives today. We would also refer to the Salk Institute's evidence in supporting the effect of engaging physical environments on neurological improvement (i.e. that brain nerve cells can be stimulated and accelerated in their growth through engaging physical environment). In this case it might not be unreasonable to view the multi-faceted "*if* volunteer experience", the role of the engaging museum/gallery environment and collections, the learning process, in combination with the socially interactive nature of the role, as significant combination of factors in potentially improving the neurological state.

Almost all volunteers stated they agreed that their placement venues and colleagues (staff or fellow volunteers) provided the right level of organisational support to nurture their wellbeing in the venue as a 'workplace' (see Table 5). This is largely down to the venues' internal culture and practices, but also the shared best practice learned through the *if* project partnership and group communications to share knowledge on the issue.

Giving outcomes a value

(PLEASE NOTE A FULL LIST OF VALUES & INDICATORS ARE AVAILABLE FROM PREVIOUS YEAR 1 REPORT. THESE HAVE BEEN UPDATED OR LINKED TO INFLATION WHERE REQUIRED/APPROPRIATE)

Many of the benefits for participants will be social and in some cases economic. One of the key differences between SROI and traditional Cost-Benefit Analysis (CBA) is that social outcomes (such as wellbeing) need to be measured and valued. *if* Volunteers, and relatives', outcomes such as wellbeing and emotional resilience are important not only because it is at the heart of the project, but also because there is a wealth of evidence demonstrating that high wellbeing leads to better productivity, life performance, and capacity to solve challenges and tasks in life, in learning, and in the workplace. Additionally, avoiding a decrease in health and wellbeing from being in training, volunteering, education or employment can accrue to the individual, and also potentially to the health care system, from avoided need.

Therefore, the purpose of the data collection includes:

- Selecting the most appropriate survey questions, especially around wellbeing, built on a wellbeing measurement framework that is tried and tested in Manchester (see Addendum Methodology note)
- The question design and values should be conceptually and theoretically consistent with the key outcome, and values informed by the stakeholders views on what type of value to assign
- Collecting evidence as to how much change is created for each material outcome identified
- Collecting evidence as to the value to the stakeholder of each material outcome from the project

Below is a list of some of the main outcomes values and proxy financial indicators of worth per material outcome (during 2014-15).

Table 5. Valuations - List of proxy values and underlying estimates (2013-15 metrics)

Stakeholder	Outcome	Financial Proxy	Value (£) NB proxy values are reduced to reflect proportion of magnitude of outcome change	Rationale
Volunteers x 150	Overall Well-being / Vitality	Assigned proportion of a QALY value for overall mental & emotional well-being (under personal well-being)	1584	QALYs are publicly validated and used by governments and academics as a threshold measure to value the worth of achieving one extra year of improved quality of health and life; also reflects how our mental and emotional well-being is valued, without resorting to market traded prices
	Reduced isolation	Assigned proportion of a QALY value for other non-family social relationships (under social well-being)	1760	QALYs are publicly validated and used by governments and academics as a threshold measure to value the worth of achieving one extra year of improved quality of health and life; also reflects how our mental and emotional well-being is valued, without resorting to market traded prices
	Resilience / self-reliance	Assigned proportion of a QALY value for resilience and confidence (under personal well-being)	528	QALYs are publicly validated and used by governments and academics as a threshold measure to value the worth of achieving one extra year of improved quality of health and life; also reflects how our mental and emotional well-being is valued, without resorting to market traded prices
	Self-efficacy / self belief	Assigned proportion of a QALY value for resilience and confidence (under personal well-being)	528	QALYs are publicly validated and used by governments and academics as a threshold measure to value the worth of achieving one extra year of improved quality of health and life; also reflects how our mental and emotional well-being is valued, without resorting to market traded prices
	Sense of purpose / independence	Assigned proportion of a QALY value for independence (under personal well-being)	528	QALYs are publicly validated and used by governments and academics as a threshold measure to value the worth of achieving one extra year of improved quality of health and life; also reflects how our mental and emotional well-being is valued, without resorting to market traded prices
	Sense of belonging	Assigned proportion of a QALY	1760	QALYs are publicly validated and used by governments and

		value for sense of belonging and identity (under social well-being)		academics as a threshold measure to value the worth of achieving one extra year of improved quality of health and life; also reflects how our mental and emotional well-being is valued, without resorting to market traded prices
	Improved communication/presentation skills for workplace	Employability skills course	585	Reflective of the value in attaining effective work presentation skills
	Further volunteering	Value to individual of volunteering	1064	Stated preference value to individual based on function of income and household behaviours (i.e. willingness to pay/forego/time), 25-49 yrs range as mid-point, "Regular attendance" London
	Paid work FTE	Minimum wage salary as conservative estimate	11,574	Reflects value of financial gain accepted from salaried work (conservative)
	Improved attainment level i.e. in further training or education	50% of college education salary differential. Different to proxy for general Life Skills OR Accredited Qualifications outside of college	1191	Provides an indication of value to the individual in terms of likely future salary differential
	Transferring knowledge to others	Cost of paying for a technical museum training school skills programme, including some travel cost	955	Provides an indication of value to the individual in terms of what they are likely to pay to attain a related technical accreditation
	Sense of direction/control about work	Assigned proportion of a QALY value for autonomy and control (under personal well-being)	792	QALYs are publicly validated and used by governments and academics as a threshold measure to value the worth of achieving one extra year of improved quality of health and life; also reflects how our mental and emotional well-being is valued, without resorting to market traded prices
	Retaining skills attractive for other organisations/ / companies	Reduced likelihood of wage penalty for 3 years	1686	Value to the individual of not losing skills through non-productive long-term unemployment, relevant for the labour market
	Entering Further Education at post-grad level	Differential amount in future wages: degree vs non degree holder	9525	Provides an indication of value to the individual in terms of likely future salary differential from holding graduate degree level qualification
Families	Overall Well-being /	Assigned proportion of a QALY	1584	QALYs are publicly validated and used by governments and

	Vitality (excluding number avoiding diabetes for double-counting reasons)	value for overall mental & emotional well-being (under personal well-being)		academics as a threshold measure to value the worth of achieving one extra year of improved quality of health and life; also reflects how our mental and emotional well-being is valued, without resorting to market traded prices
	Improved relationships with family	Proportion of a QALY value for personal family relationships (under social well-being)	1760	QALYs are publicly validated and used by governments and academics as a threshold measure to value the worth of achieving one extra year of improved quality of health and life; also reflects how our mental and emotional well-being is valued, without resorting to market traded prices
Local Authority	Reduced Adult social care need from Mental Health and isolation issues	Average weekly hour visit cost of social worker support for 3 months	1422	Evidence of direct cost to local authority, <i>NB assumption of 3 month programme of hour per week visitation was thought to be reasonable for those at risk of moving from Level 2 to Level 3 severity</i>
Government & Public services	Overall improved health from reduced depression need	NHS spend per person on package of mental health admission, one case of community based contact and one case of outpatient treatment	824	Evidence of direct cost to the state, <i>NB assumption that long-term care is not an appropriate outcome for movement from Level 2 to Level 3 severity</i>
	Individual Income tax & National Insurance on minimum wage	Calculation using government tax and NI rates	749	Evidence of direct cost
	Reduced Job Seekers Allowance (JSA) including from future Unemployment penalty	Annual cost of weekly JSA claim (over 25 years old)	3878	Direct unit cost to government (Excluding administration cost)
Social Landlord (<i>NB not included in final calculation, but described here for future posterity</i>)	Sustained tenancies	Cost to public authority of tenancy failure, as a function of reported well-being change	TBC	Reflects direct cost to the State of eviction and tenancy failure
Venues	Volunteering hours direct value at minimum wage (during placement and post placement)	Value to venue of hiring time at minimum wage	6.31	Hourly rate minimum wage (multiplied by total number of hours in model)

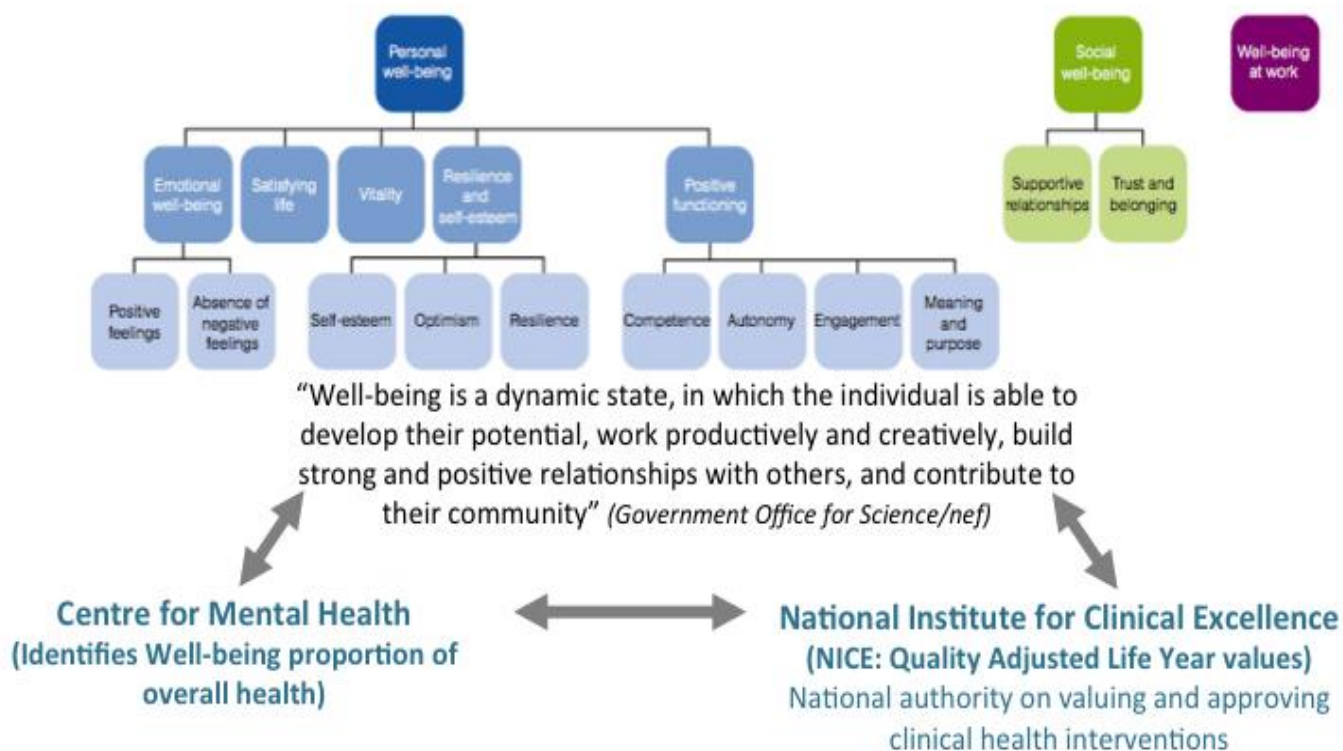
	Training course cost value per person at venue paying for training anyway	Cost of training reported by venues providing training anyway	70.62	Direct cost saving - weak indicator, only 2 venues
	Increased visitor access to collection	Number of visitors newly reached, using rate of visitor flow per hour to new volunteers. NB this is combined with the national 30% proportion of visits to a museum as a result of recommendation from friends	2.50	Conservative estimate of average spend per visitor across all venues
	Improved practices through partnership	Volunteer management 9 course series for co-ordinators	298.80	Direct short-term cost to venue of improving volunteer management capabilities for co-ordinators

The social outcomes are generally harder to measure, and this evaluation draws on existing measurement methods such as nef's *National Accounts of Well-being*^{iv} (NAWB) combined with Quality Adjusted Life Years (used by health bodies). The National Accounts of Well-being is a framework for understanding and measuring the different components of wellbeing, and it contains useful questions used in the surveys and at national level. It is useful in SROI for a number of reasons:

- It provides a breakdown to isolate different components driving mental, social (and physical) wellbeing (see Figure 5 below), and helps inform us what to measure
- It provides a set of questions and statistical analysis that has been academically tested, enabling high quality wellbeing measurement consistent with public health audiences
- It has been tested in previous SROI analyses focusing on wellbeing outcomes, and in Manchester Community Budget pilots
- It can help with the *valuation* of outcomes through the use of healthcare economics and Quality Adjusted Life Years or 'QALYs'.

This provides a sound evidence-based framework with which to measure and value the magnitude of change in wellbeing identified in the stakeholder engagement and survey stage. The proportional split of wellbeing outcomes is then valued in conjunction with the *National Accounts of Well-being* sub-components outlined below in Figure 5. In terms of QALY values for each component underpinning wellbeing, these are matched with the measure of change in the surveys.

Figure 5: Well-being valuation framework, drawing on National Accounts of Well-being



Whilst no one method of valuing wellbeing is perfect, we would argue that this approach reflects what the collective population is willing to accept as a threshold annual value gaining one year of health and wellbeing. Additionally, it is unlikely that one person would not wish another person to be without that threshold value as an applied minimum.

In addition to the use of QALYS to value wellbeing outcomes, a range of tried and tested proxy values, wellbeing valuation measures, and public services unit costs were utilised to quantify the

worth of the outcomes to local authority (e.g. adult social care) and public services (e.g. health care). **These are described more fully in the Appendices section of the previous Year 1 evaluation report.**

Where there are gaps in values, we have drawn on some proxy values provided by DCMS/Fujiwara explored in the literature review, although some may view this as a little broad in terms of valuing different component drivers between mental, physical and social health and wellbeing, it does provide robust estimates where others are lacking.

Establishing 'impact'

'Impact' is a measure of the difference that a project, organisation or programme has made. In this SROI analysis, impact is measured for different stakeholders' outcomes, compared with the likely level of that outcome in the absence of the project (known as counter-factual or *deadweight*), and taking into account the contribution of other factors (known as *attribution*), and any *displacement* (where an outcome comes at the expense of another outcome, for example if an employment programme leads to some people getting jobs at the expense of other people). It is similar to the concept of 'additionality' discussed by HM Treasury in the *Green Book*.

This SROI analysis measures these adjustments by triangulating a number of different primary i.e. survey and interviews, and secondary research elements to help establish impact credibly. **These are described in Appendix D of previous Year 1 report.**

Benefit periods will be explored further during longitudinal study over the upcoming next 2 years, as will therefore the related drop off rates for any longer term impact.

In summary, as the project enters its third year, and after discounting for a variety of factors, the evaluation research has demonstrated attributable and sustained improvements in participant wellbeing, mental and emotional health, and life opportunities. The project can be deeply inspiring and motivating, and creates a safe environment for catalysing mental stimulation, reflection and self-development/self-rehabilitation, to an enhanced level when compared to other conventional public health interventions. Additionally, it is improving practice and 'ownership' amongst the partner heritage venues, in developing their spaces as settings for providing the right support mechanisms for local communities' wellbeing needs.

All the above considerations will be reviewed longitudinally over the evaluation timeframe, and our research will continue to track longitudinal outcomes for participants, venues, local residents, and local services. A summary of Year 3 evaluation plan is provided below.

EVALUATION ACTIVITY PLAN: Year 3 - 2015-2016	Approx timings
Qualitative research & Stakeholder engagement (SROI Stage 1 & 2)	Oct-March
Depth interviews with IWMN staff and Project steering group	
Depth interviews with all Venues' key co-ordinators or managers	
Literature update	
Depth interviews with 4-5 relevant statutory stakeholders e.g. local authority, police, health/social service	
Depth interviews with total 40-60 volunteers all cohorts	
Group consultations with Volunteers c. 30 across year 3 cohort	
Observed participant behaviour visit at each venue	
Post placement / post programme group consultation per previous cohorts	
Analysis of qualitative data, Impact Map, and process effectiveness	
Quantitative Research (SROI stage 3 & 4)	Jan-August
Surveys - Volunteers 170 sample baseline during placement	
Surveys - Volunteers 80 sample longitudinal	
Surveys - Venue co-ordinators	
Visitor surveys & short interviews	
Analysis of quantitative data	
Social & Economic impact measurement (SROI stage 4 & 5)	May to September
Integration of qualitative and quantitative data analysis	
Impact analysis (e.g. counter-factual, additionality, benefit period)	56
Cost-Benefit analysis and social value calculations for SROI	
Approx 60 tracked case studies (Volunteers) - total across 3 yrs	
Final report end 2016	Q4, 2016

Budget expenditure

Given the significant challenges in Year 2 described above related to change in training provider, and the extra work taken on by the project management team, budgetary management can be commended as it has been stable and highly effective. A buffer contingency in addition to efficient resource spending has generated opportunity for under-spending compared to original forecast, with a possibility of running one additional extra group over Q3-Q4 of 2016.

A summary of spending distribution is presented below, which will be of extra benefit for readers who are considering introducing similar approach/project in their local area.

Budget summary: To date vs Forecast - From July 2013- July 2015

Cost heading	HLF Budget	Total to date (2013-2015)
Repair & Conservation work	£3,000.00	£863.00
Equipment & materials	£29,000.00	£13,617.00
other	£13,000.00	£9,666.00
Activity Costs		
Staff costs	£178,228.00	£119,857.00
Training for volunteers & staff	£75,960.00	£34,133.00
Travel	£60,800.00	£30,607.00
Expenses for Volunteers	£20,475.00	£7,689.00
Materials & Equipment	£11,500.00	£3,868.00
Other	£67,300.00	£21,465.00
Professional fees	£2,100.00	£985.00
Recruitment, Evaluation, Promotion (inflation adjusted)	£70,256.00	£27,858.00
Total	£531,619.00	£270,608.00
Total (less 5% cash contributions)		£230,816.00
Cash contribution 5%	£18,500.00	
Match funding	£10,000.00	
HLF Grant	£528,700.00	
Total Income	£557,200.00	



Volunteers from IWM North, Manchester Museum and Museum of Science and Industry with their ASDAN Certificates

For more information about *if: Volunteering for Wellbeing and previous years' reporting/appendices*, please visit the project website www.volunteeringforwellbeing.org.uk Or get in touch using the contact details below:

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ⁱ <http://www.mentalhealth.org.uk/our-news/news-archive/2014/14-10-28-local-authorities-mental-health/?view=Standard>

ⁱⁱ <http://www.socialimpactscotland.org.uk/about-/sroi-project-.aspx>

ⁱⁱⁱ See:

www.nao.org.uk/sectors/civil_society/successful_commissioning/successful_commissioning/general_principles/value_for_money/vfm_and_tsos.aspx

^{iv} New Economics Foundation (2009), National Accounts of Well-being. www.nationalaccountsowellbeing.org