

ESCAPE

a Social Return on Investment (SROI) analysis of a Family Action mental health project

This report has been approved by the independent assurance assessment carried
out by the SROI Network





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Executive summary

ESCAPE is an allotment project working with adults with mental health problems and children at risk of social exclusion. The project has been running since 2010 and has been supported with funding from BIG Lottery's Ecominds programme.

Family Action, the independent national charity which administers the project, commissioned RM Insight to conduct an evaluative Social Return on Investment (SROI) analysis in order to quantify the social value created by ESCAPE for the 2011/12 period. Dr Roland Marden conducted the evaluation on behalf of RM Insight.

Extensive primary research was undertaken with key stakeholders to identify the material outcomes that resulted from the project. Key outcomes included:

- Significant psychological improvements for participants
- Improved social networks and physical health for participants
- Reduced caring responsibilities for families of participants
- Improved school attainment for school children participants
- Reduced mental health care costs for participants

Research indicated that therapeutic benefits for adult participants were accumulative as individuals settled into the group and began to feel part of a wider community. Benefits were produced through a process of making friends, developing social confidence and reducing anxiety, and gradually developing more personal resilience. Similar psychological benefits were generated for school children as a result of the nurturing environment. For school children higher levels of self confidence and an improved aptitude towards school led to higher attainment.

The health outcomes experienced by adult and child participants were likely to contribute to NHS public health outcomes via the indicators 'Self-reported wellbeing', 'Pupil absence', '16-18 year old NEETs', 'Employment for those with a long-term health condition' 'Utilisation of green space for exercise/health reasons' and 'Social connectedness'.

The total value of benefits generated by the ESCAPE project for the October 2011 to September 2012 period was estimated to be £78,000. This was value created directly for 34 adult participants, 30 children participants and 13 volunteers as well as value created to a number of secondary stakeholders that had an interest in these outcomes.

Given input costs of close to £40,000, this translated into an overall social return on investment of £1 : £1.94.

The changes experienced by adult participants as a result of the project were estimated to have led to £10,000 worth of benefits for Mental Health providers. Participants who developed social confidence and experienced less anxiety required less well being support and were less prone to personal crises requiring acute intervention care.

The project also produced significant educational value for the primary school children involved in the project. The improved achievement experienced by the child participants

was forecast to lead to £17,000 worth of benefits to the children themselves and achieved £11,000 worth of benefits to their school as a result of savings in remedial support.

The project benefited from a large amount of support from volunteers and donations. Volunteers were estimated to have contributed a third of the value of total inputs and in-kind support from other organisations a further 10%. This means that the ratio of grant input to value generated was significantly higher than the overall SROI. For every £1 of Ecominds grant support ESCAPE was estimated to have created a return of £3.30.

Case studies

John's story (name changed)

35 years old and living at home John was experiencing a number of problems and was at somewhat of a dead end in his life. He found it difficult to control his anger which made social relations difficult. He had few friends as a result. He had been unemployed for many years and his low self-esteem meant that his prospects for finding a job were very low. He spent most of his time at home on his own watching TV. A mutual friend introduced him to Julie, one of the volunteers at ESCAPE, who told him about the project. Hearing that John had been a keen gardener, Julie persuaded him to try a session at the allotment. John thrived in the allotment environment. He was able to use his gardening knowledge to help on collaborative projects as well as tend to his own vegetable plot. He took great pride in helping the ESCAPE allotment get established through constructing raised beds and clearing pathways. He also got involved in management decisions at the allotment. John developed considerable self-confidence as a result of his involvement and felt able to apply for jobs. Six months after joining ESCAPE he got a full time job at a large gardening and hardware shop. He was offered promotion a few months after starting work but refused the opportunity preferring to remain working in the gardening department.

Steve's story (name changed)

Steve had suffered a serious breakdown in reaction to the death of his parents. He had spent a long period in hospital and needed constant care when he moved in with his sister. He was physically weak, emotionally very fragile and found social situations very challenging. Steve attended Family Action's WellBeing group and the ESCAPE coordinator phoned him to invite him to join. Joining in March 2011 Steve relished the challenge of working on the allotment. "Blimey! I remember thinking. The size of the site is quite a challenge!" Steve became fully committed to getting the allotment into shape – clearing pathways, building raised beds, etc. He loved working alongside others and found it a great way of making friends and feeling good about himself. "I felt I was really achieving something," he reported. A year and half on, Steve is an integral part of the ESCAPE allotment and takes great pride in his activities there.

"It's dear to my heart" he says. He has recently become an official volunteer on the project- the first beneficiary to do so. Steve's sister reports how his involvement has dramatically improved his psychological condition. Comfortable with himself he is now emotionally stable. His sister insists that ESCAPE has given Steve a new lease on life and dramatically eased the burden on her as a result.

1. Introduction

ESCAPE is a community allotment project based in Swaffham, Norfolk run by the charity Family Action. Founded in September 2010 with a grant from the BIG Lottery's Ecominds programme, the ESCAPE project works primarily with people experiencing mental health problems.

Family Action provides services to disadvantaged and socially isolated individuals and families across England through a wide range of services including family support and a range of dedicated mental health services. Family Action services are based in a variety of community settings including family centres, schools, GP surgeries and health centres. The charity is well established in Swaffham where they offer a 'Well Family' service based at the Swaffham Community Hospital which supports members of vulnerable families living in the area. Around three quarters of current service users have some form of mental distress. One of the popular activities offered is a Well Being group that is focused on social group activities like crafts, education and physical exercise.

The idea to start a mental health-focused allotment project in Swaffham originated in response to Mind's well received 'Ecotherapy' report (Mind, 2007). The report's headline contention regarding the mental health benefits of 'green' activities inspired a volunteer for the Well Being service to undertake some local scoping for a potential project in July 2009. This research found that there was no community garden project in the area, identified serious local issues of rural isolation and deprivation and found strong support for a project where people with mental ill-health could work alongside others in the wider community. Family Action then drew up a detailed proposal for the project aiming for it to complement and extend the support it offered people suffering from poor mental health via the Well Family service. The project was awarded funding by Ecominds in July 2010 and properly got underway in September of that year.

The project has developed strong links with the local community and has benefitted from numerous donations of materials from individuals and local businesses. It works closely with local mental health organisations and services to ensure that it serves people who are most likely to benefit. The project admits self-referrals as well as referrals from mental health services and counsellors at Swaffham Mind and Swaffham Family Action. Adult participants are allowed to attend when they like and can remain involved in the project as long as they wish.

The project uses gardening and horticultural activities as a non-clinical intervention to improve well being and reduce social isolation. Under the supervision of a paid coordinator and volunteers, participants work on group or individual allotment activities and take part in cooking workshops and open days. The project creates a supportive and empathetic environment in which participants are free to work on their own or collaborate on group projects. Allotment sessions are characterised by an open and non-pressured atmosphere in which individuals can discuss issues freely.

The project also runs activities for a local primary school. Structured sessions led by the project coordinator are delivered to groups of school children who are accompanied by teachers. The children attending the project are selected by the school and are typically those experiencing difficulties learning or considered at risk of social exclusion.

The project offers a range of activities and resources for participants and the wider community, including:

- Supervised gardening activities
- 'Meet & Eat' Cooking sessions where produce grown from the allotment is cooked and eaten communally.
- Craftmaking sessions
- Training in gardening skills including food-growing workshops run by Garden Organic Master Gardener volunteers.
- Allotment produce to take home and eat.
- Toolbank for borrowing tools
- Compost toilet
- Community outreach providing vegetables to a local community cafe, open days, local presentations on growing and cooking food.

2. Establishing scope and identifying stakeholders

The purpose of the SROI study was to evaluate the performance of the project for the purpose of improving understanding of the social value it generates. Family Action intended to use the findings to inform project development and use as an evidence base to support funding applications. With these objectives in mind it was agreed that the SROI analysis cover as recent a time period as possible. October 2011 to September 2012 was chosen as the period of study with research being undertaken in October and November 2012. It was important to analyse a full calendar year to capture the seasonal variation of participation.

The SROI study was primarily evaluative focusing on outcomes experienced as a result of participation in the 2011-2012 period. Data from participants who had been involved in ESCAPE for longer than this period provided evidence for estimates of duration and drop off of outcomes.

Identifying stakeholders

A number of key stakeholders were consulted to identify people and organisations who effect or were affected by the work of the ESCAPE project. These stakeholders were encouraged to consider people and organisations that experienced positive or negative or intended or unintended change.

- Participants- adults and children
- Volunteers
- Families of participants
- Swaffham Family Action
- Swaffham Mind
- Flagship Housing Trust
- NHS Community Mental Health Team
- Local GPs
- Family Intervention Team
- Swaffham Junior School
- Local people
- Garden Science Trust
- Garden Organic (Master Gardener Programme)
- Funders (EcoMinds)
- Local businesses
- environment

The stakeholders above were then assessed and only those who were identified as experiencing 'significant and measurable change' as a result of the activities of the ESCAPE project were included in the scope of the study.

Stakeholder	Changes experienced	Included or excluded in the analysis?
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Adult Participants	Improved mental and physical health, improved diet	Included. Key beneficiaries of project.
Children Participants	Improved self-confidence	Included. Key beneficiaries of project
Volunteers	Improved mental health, job skills	Included.
Families/carers of participants	Reduced caring responsibilities	Included.
Swaffham Family Action	Better support provided to clients	Included
Swaffham Mind	Better support provided to clients	Included
Flagship Housing Trust	Improved provision of service to vulnerable housing tenants	Included
NHS Community Mental Health services	Better service to other clients due to improved mental health of ESCAPE participants	Included.
Local GPs	Reduced burden on services due to better mental health of participants	Excluded: part of larger NHS provision and included as 'NHS Community Mental Health services' stakeholder
Early Intervention Team	Referred two clients to project	Excluded: small number of referrals and overlap in outcomes gained with mental health services.
Swaffham Junior School	Improved academic performance of children - less remedial support needed	Included.
Local people (visitors)	Enjoyment of outdoor space/garden	Excluded: many other outdoor recreational opportunities available in area.
Garden Science Trust	Contribution to wider remit to promote to education in gardens	Included.
Garden Organic	Contribution to volunteer training programme	Included.
Funders (EcoMinds)	No significant change	Excluded.
Local businesses	Loss of sales because of use of allotment produce by participants.	Excluded. Impact likely to be negligible.
environment	Reduced carbon footprint by participants	Excluded: impact likely to be small and difficult

	purchasing less veg, composting and reusing things.	to measure.
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3. Mapping outcomes and research methodology

Stakeholder engagement is the preliminary stage of research and is conducted to establish the theory of change for the intervention. This is a theoretical account of how inputs are used to deliver activities that, in turn, result in changes (outcomes) for stakeholders. Qualitative research with stakeholders in the stakeholder engagement stage ensures that the SROI study measures and values the outcomes that are material and are most important to those directly experiencing the change.

The qualitative research undertaken in stakeholder engagement was used to identify the key outcomes that would form the focus of the second stage of research, quantitative data gathering. Stakeholder engagement consisted of open-ended interviews with stakeholders gathering information on what, if anything, had changed for them as a result of the project (Initial Stakeholder Engagement Interview – Appendix 1). The interviews solicited feedback on all changes experienced by the stakeholder, including consideration of positive, negative, intended and unintended outcomes. Interviews were undertaken with the appropriate representatives from each organisation included in the analysis. Where stakeholders consisted of individuals, interviews were continued until ‘saturation’ was reached, the point at which new issues were no longer raised by interviewees and therefore it could be reasonably assumed that all material outcomes had been identified.

Analysis of the results of the interviews then informed the design of the quantitative data gathering. This research was conducted using paper or online surveys for adult participants and volunteers – and further interviews for the other stakeholders. Research was designed to gather quantifiable information on the extent to which outcomes identified had been experienced prior to and after the intervention, their duration, drop-off and approximate weightings and valuations (Participant Survey, Volunteer Survey - Appendix 2,3).

As we were only able to undertake research at the end of the time period being studied we established benchmark data by asking respondents to estimate levels of each outcome retrospectively. Using a 5 point scale, respondents were asked to judge outcomes at the start of their involvement, stating when they had started. They were then asked to judge the current state (October 2012) of these personal outcomes. All respondents had been involved for at least a year but as some had been involved for longer it was important to analyse responses to see whether longer involvement had any impact on the extent of outcomes. Analysis found that there was no discernible relationship between longer involvement and the experience of outcomes. Therefore for the purposes of analysis respondents were treated as being similarly subject to the 2011/12 ESCAPE intervention.

Questions in the adult participant survey were simply worded to ensure understanding by respondents with mental health issues. The two surveys received a sufficiently large number of respondents to ensure reasonable statistical validity for findings (see Table 3.1).

Because of the difficulty in gathering information on outcomes from young children, we adopted an alternative approach regarding participants from Swaffham Junior School. Stakeholder engagement was undertaken using focus groups to investigate generally how the children had responded to involvement in the project. Quantitative data gathering was undertaken using their teacher as a proxy. A detailed interview with the teacher gave insight into whether and how involvement had affected the children including considering behavioural issues and achievement.

Further details on the research methods used for each stakeholder group are given below.

Population and sample size details of stakeholder engagement and data collection with key participant groups are provided in Table 3.1 below.

Table 3.1 Stakeholder engagement and Data collection sample sizes

Stakeholder	Research Method	Number engaged	Population size	Confidence level	Confidence interval
Adult Participants A	Interviews	11	26	95%	23
	Survey	17	26	95%	14
Adult Participants B	Interviews	4	8	95%	37
	Survey	5	8	95%	29
Children Participants	Focus group	12	30	95%	22
	Interview with teacher	1	N/A	N/A	N/A
Volunteers	Interviews	7	13	95%	26
	Survey	9	13	95%	19

Stakeholder Research methods

Stakeholder	Engagement	Data collection
Adult participants	Interviews	Participant survey
Children participants	Focus group	Interview with teacher
Volunteers	Interviews	Volunteer survey
Families/carers of participants	Interviews	Interviews
Health and Mental Health services	Interviews	Interviews
Flagship Housing Trust	Interview	Interview
Swaffham Junior School	Interview with teacher	Interview with teacher
Garden Science Trust	Interview	Interview
Garden Organic	Interview	Interview

4. Theory of change

Using stakeholder engagement and a literature review of academic studies in the area we developed a theory of change to explain the relationship between the project's inputs, outputs and outcomes. A theory of change offers a provisional explanation for how an intervention is related to observed outcomes. This theory helps to guide data collection and analysis to ensure that causal relationships are rigorously researched and lead to compelling findings.

Findings from stakeholder engagement echoed some of the key findings from academic studies on mental health allotment projects. Like other allotment projects working with people with mental health issues, the supportive and nurturing environment provided by ESCAPE was strongly linked to therapeutic outcomes for participants. As Fieldhouse (2003) and Sempik (2005) highlight, psychological improvement is correlated to an environment of mutual support and collaboration on a valued activity. Participants work alongside each other and make a contribution to a meaningful and productive activity. Their engagement with others helps them to gain social confidence and eases anxiety. Their productive activity leading to fruit and vegetables they take home and eat encourages feelings of self-esteem and empowerment. The combination of peer support and participation in a valued activity makes for a particularly nurturing environment for people with mental health issues.

As this account suggests the changes experienced by participants were usually gradual. Therapeutic benefits were not immediate when an individual first attended the project. Typically an individual would develop friendships over initial weeks as he or she worked alongside other participants. As an individual became integrated into the group over time and felt part of a supportive network they would develop social confidence and reduce levels of anxiety. This process of psychological improvement would occur for most participants but not all. However, these improvements would only be maintained if they continued to attend and felt they were part of the allotment community.

A quarter of participants, generally those with less severe mental health problems, did not gain significant psychological benefits despite reporting enjoying the experience. These participants did not demonstrate either improved social confidence or reduced anxiety and stress but, like the other participants, did demonstrate improved social networks and physical health.

To help clarify the different patterns of change experienced by participants with different levels of mental ill health, participants have been divided into two groups: Participants A (those who experienced mental health improvement) and Participants B (those who did not experience this outcome).

Interviews with participants suggested that wider psychological benefits were strongly related to feeling part of the supportive network created by the allotment group. Research has suggested that the peer support of allotment groups functions as an affirming social milieu in which individuals gain confidence about themselves. Surrounded by others that share their condition and are empathetic to their situation, individuals interact as they work sharing common issues and gaining confidence as they do so (Rebeiro 2001).

Table 4.1 ESCAPE impact map

Stakeholder	Activity	Initial changes	Medium-term changes	Long-term changes
Adult Participant A	Regularly attend allotment	<ul style="list-style-type: none"> ▪ Improved social confidence ▪ Reduced anxiety and stress 	<ul style="list-style-type: none"> ▪ Improved social confidence ▪ Reduced anxiety and stress ▪ Improved social networks/friendships ▪ Better physical health 	<ul style="list-style-type: none"> ▪ More resilient mental health ▪ Stronger social networks ▪ Improved physical health
Adult Participant B	Regularly attend allotment	<ul style="list-style-type: none"> ▪ Improved social networks/friendships 	<ul style="list-style-type: none"> ▪ Improved social networks/friendships ▪ Better physical health 	<ul style="list-style-type: none"> ▪ Stronger social networks
Child Participant	Weekly visit to allotment during term time	<ul style="list-style-type: none"> ▪ Improved attitude towards school ▪ Improved self-confidence 	<ul style="list-style-type: none"> ▪ Improved performance in school 	<ul style="list-style-type: none"> ▪ Higher academic achievement
Volunteer	Facilitate and assist allotment sessions		<ul style="list-style-type: none"> ▪ Improved self-confidence ▪ Improved work skills 	<ul style="list-style-type: none"> ▪ Improved self-confidence ▪ Improved work skills
Families of participants	Caring responsibilities for adult participant		<ul style="list-style-type: none"> ▪ Reduced caring responsibilities 	<ul style="list-style-type: none"> ▪ More free time for self
Swaffham Family Action	Community mental health support service		<ul style="list-style-type: none"> ▪ Allows for on-going support for clients beyond 1to1 counselling. 	<ul style="list-style-type: none"> ▪ Better provision of services in community.
Swaffham Mind	Community mental health support		<ul style="list-style-type: none"> ▪ Better condition of ESCAPE clients allows for new support for other clients 	<ul style="list-style-type: none"> ▪ Better provision of services in community
Flagship	Grant support to		<ul style="list-style-type: none"> ▪ Improved wellbeing 	<ul style="list-style-type: none"> ▪ Improved service

Housing Trust	establish toolbank and deliver Flagship Gardening workshops for Flagship tenants	provision for tenants	delivery of life quality experience for tenants
NHS Community Mental Health Team	NHS Health services	<ul style="list-style-type: none"> ▪ Better condition of ESCAPE clients allows for support for other clients 	<ul style="list-style-type: none"> ▪ Resources reallocated to improve provision of services in community
Swaffham Junior School	Schooling	<ul style="list-style-type: none"> ▪ Improved performance of at risk pupils leads to reduced use of remedial services 	<ul style="list-style-type: none"> ▪ Resources reallocated to improve overall school provision
Garden Science Trust	Education and community outreach	<ul style="list-style-type: none"> ▪ Improved community outreach 	<ul style="list-style-type: none"> ▪ More delivery of educational initiatives with more inclusive reach
Garden Organic	Education and community outreach	<ul style="list-style-type: none"> ▪ Improved community outreach 	<ul style="list-style-type: none"> ▪ More inclusive reach of volunteer programme

5. Outcomes indicators and data

A material outcome is defined as an issue that will influence the decisions, actions and performance of an organisation or its stakeholders. The SROI materiality principle states, 'Determine what information and evidence must be included in the accounts to give a true and fair picture, such that stakeholders can draw reasonable conclusions about impact.' Capturing what is material is therefore central to SROI analysis. To meet the necessary standard of materiality outcomes had to be judged both *relevant* and *significant* to the organisation or stakeholders. Using the AccountAbility materiality test outcomes related to the intervention were considered relevant if stakeholder policies required it or expressed a need for it, peers were doing it already and had demonstrated the value of it, social norms demanded it or financial impact made it desirable. An outcome was judged significant if it achieved sufficient magnitude of impact, taking into account deadweight and attribution.

The following outcomes were analysed but were subsequently discounted because they were not considered to meet the materiality standard.

The outcomes related to the Garden Science Trust and Garden Organic were not considered sufficiently significant to be included. In both cases these organisations worked in partnership with ESCAPE. The Garden Science Trust collaborated with Family Action to set up the project in 2010 prior to the scope of this study and have since had occasional involvement. Garden Organic delivered five gardening workshops to project participants as part of the Master Gardener volunteer Programme. While both organisations reported the benefits of working with ESCAPE to deliver activities they also reported that they would have delivered their activities in other ways had ESCAPE not been available to them. Collaboration with ESCAPE was not, therefore, critical to the outcomes associated with their activities.

Exclusion of adult participant outcomes

A number of outcomes related to adult participants were discounted after the data gathering stage. The Participant survey gathered detailed longitudinal feedback on six outcomes that had been identified as potentially significant in initial interviews. Questions asked respondents to assess on a 5 point scale how they were at the beginning of their involvement and how they were currently. Following these two questions respondents were asked to assess on a 5 point scale whether any change had been attributable to involvement in the allotment. After all the questions about outcomes the survey asked respondents to rank each outcome in order of importance to them.

We then analysed this data to assess whether on average respondents had reported a significant change on each outcome, whether the change had been attributed to their involvement, and how respondents ranked the importance of them relative to each other.

Answers regarding a change in diet registered an average 0.8 point improvement over the year. This was less than the 1 point change considered necessary to count as significant. The 'improved diet' for participants was therefore discounted and removed from the final data model.

The data from responses to the 'environmental living' question yielded an average point improvement of 1.1, just above the threshold. Answers to the survey, however, raised additional problems for analysis. Respondents reported a number of very different 'green'

practices- reusing, recycling, buying local food, composting, etc- that would have been difficult to match with a single financial proxy. Furthermore, respondents consistently ranked 'environmental living' as one of the least important personal changes experienced. On review it was decided that the likely low value of this outcome and the challenges to measure it accurately did not merit including it in the analysis.

A further participant outcome, 'gardening skills', was discounted on the grounds that it was ranked relatively low as a personal change by respondents in the survey. Answers to the questions on this outcome yielded an average point improvement of 1.2 and a high average attribution level. But its low ranking for participants and its likely low value compared to other outcomes meant that it did not merit inclusion.

Exclusion of volunteer outcomes

Like the Participant survey the Volunteer survey elicited information about a number of outcomes that had been identified in earlier interviews. After data gathering four outcomes were discounted from further analysis because they were not found to be sufficiently significant. First, responses on the questions about changes in anxiety or stress levels indicated very low incidence (14%) of this change. Second, although 86% of respondents indicated they had made friends as a result of their involvement, only a third reported they saw these friends outside of the allotment. Because most volunteers therefore did not make strong friendships this outcome was excluded for the group. Third, the 'healthy eating' outcome was discounted because survey responses indicated a very low average improvement of 0.5 points. Responses suggested that most volunteers enjoyed healthy diets prior to starting volunteering and had experienced little change since then. Finally, responses to the questions about gardening skills registered only a 1 point average improvement. Coupled with its low ranking as a personal change for volunteers, this outcome was discounted as insufficiently significant.

Table 5.1 below sets out the indicators and source for each included outcome.

Details on outcomes are as follows:

As the theory of change outlined, stakeholder engagement indicated two basic responses to the project from adult participants. A majority of participants experienced comprehensive changes including improved wellbeing, improved social networks and improved physical health. A smaller group of participants did not experience wellbeing changes but did experience improved social networks and improved physical health. These different experiences were confirmed in data collection. To help clarify this key difference we divided adult participants into two groups; Adult Participant A, who experienced comprehensive change, and Adult Participant B, who experienced improved social networks and physical health only.

Further details on adult participant outcomes:

- **Adult Participant A – Reduced anxiety or stress levels**

This was a key intended outcome for the project and one that was routinely documented in interviews and strongly registered in survey responses. The Participant survey asked respondents to judge on a 5 point scale, first, how their stress or anxiety levels had been previously, second, how these levels were currently, and finally, if there had been any change, whether involvement in the allotment had been responsible. The indicator chosen for this outcome was a reported improvement by 1 point or more and reported attribution of at least 2 (some effect). 78% of respondents indicated reduced anxiety or stress levels with an overall average of 1.6 points improvement. The average attribution reported by these respondents was 3.0, at 'about half' responsible (3) on the 5 point scale.

- **Adult Participant A – Improved social confidence**

This was another key intended outcome that the academic literature highlights as a byproduct of working collaboratively on a horticultural project. The Participant survey asked respondents to judge on a 5 point scale, first, how their social confidence had been previously, second, how their social confidence was currently, and finally, if there had been any change, whether involvement in the allotment had been responsible. The indicator chosen for this outcome was a reported improvement by 1 point or more and reported attribution of at least 2 (some effect). 74% of respondents reported improved social confidence with a high average improvement of 2.1 points. The average attribution indicated by these respondents was 3.8 points, just under 'mostly' responsible (4).

- **Adult Participant A/B – Improved social networks**

This was an intended outcome that the academic literature suggests is crucial to the overall therapeutic benefits for people with poor mental health. This outcome was reported by all adult participants. The Participant survey asked respondents whether they had made friends as a result of their involvement in the allotment and, if so, whether they had seen these friends outside of the allotment. To ensure we measured genuine friendships the indicator chosen for this outcome was a positive response to both questions: 100% of respondents met these criteria.

- **Adult Participant A/B – Improved physical health**

This was an intended outcome that was widely reported by all adult participants and favorably commented on. Following the general format of outcome questions, the Participant survey asked respondents to judge on a 5 point scale, first, how their physical condition had been previously, how it was currently, and finally, if there had been any change, whether involvement in the allotment had been responsible. The indicator chosen for this outcome was a reported improvement by 1 point or more and reported attribution of at least 2 (some effect). 58% of respondents reported improved physical health with an overall average of 1.5 point improvement. The average attribution indicated by these respondents was 3.8, just under 'mostly' (4).

- **Child Participant – Improved self-confidence and aptitude**

This was an intended outcome that was documented in focus group feedback and teacher feedback. The indicator was formulated in collaboration with the teacher. It was agreed that the indicator be defined as children who had exhibited improved self-confidence and

improved aptitude towards school. The teacher estimated that 80% of the group had exhibited these changes over the course of the year.

- **Volunteer – Improved social confidence**

This was an intended outcome that became apparent in the course of initial interviews. The Volunteer survey asked respondents to judge on a 5 point scale, first, how their social confidence had been previously, second, how their social confidence was currently, and finally, if there had been any change, whether involvement in the allotment had been responsible. The indicator chosen for this outcome was a reported improvement by 1 point or more and reported attribution of at least 2 (some effect). 43% of respondents reported improved social confidence with an overall average of 2.3 point improvement. The average attribution indicated by these respondents was 3.3, between 'about half' responsible (3) and 'mostly' responsible (4).

- **Volunteer – Improved employability**

This was an unintended outcome that became apparent in the course of initial interviews. The Volunteer survey asked respondents whether their involvement in the allotment had affected their employability through gaining work skills or experience. Respondents were given weighted options to answer the question: 'Yes – a lot', 'Yes – somewhat', 'Yes – a little' or 'No'. To ensure that this outcome measured significant improvement, the indicator only counted answers in the more positive category – 'Yes, a lot' and 'Yes – somewhat'. Respondents also had to provide objective evidence of improvement by giving an example. 43% of respondents met these two criteria.

- **Families of Participant A – Reduced caring responsibilities**

This was an intended outcome but one that had not been evidenced prior to the study. During initial interviews with participants it became apparent that the psychological improvements being experienced by some participants may have had a positive knock-on effect for those with daily caring responsibilities. To ensure measurement of significant change the indicator was defined as when a family member reported significantly better caring conditions as a result of psychological improvement of the participant. These better caring conditions had to be defined as an easing of caring responsibilities that had led to an improvement in quality of their own lives.

- **Swaffham Family Action/Mind – extended support for clients**

This was an intended outcome that was crucial for Family Action's and Mind's partnership in the project. Interviews investigated whether the service provided by ESCAPE had enriched the support offered by the respective organisation. The indicator was defined as when the staff member stated that ESCAPE had provided extended and quality support to their clients during the period.

- **NHS community mental health services – reduced crisis support**

This was an intended outcome related to the improved psychological condition of participants. Interviews investigated whether and how participants under mental health care had exhibited changes that had led to reduced crisis support. The indicator was defined as when the staff member reported these changes in reference to ESCAPE participants. This information was corroborated by interviews with family members. As reduced crisis support was correlated with improved psychological state the indicator only referred to Adult Participants A.

- **Swaffham Junior School – Improved performance of at risk pupils**

This was an intended outcome which captured the benefit to the school of improved pupil performance. The interview with the head teacher investigated whether and how improved performance of pupils had occurred, and if so, whether the school benefited from this outcome. The head teacher stated that improved achievement by ESCAPE participants had resulted in these children receiving less remedial support. The indicator was defined as when it was confirmed that both improved pupil performance and reduced remedial support had occurred.

- **Flagship Housing Trust – provision of well-being services for vulnerable tenants**

This was an intended outcome which captured the benefit to the Housing Trust of outcomes gained by Flagship Housing residents participating in the Flagship Gardening workshops at ESCAPE. The interview with the Flagship Housing officer investigated whether and how improved well-being had been achieved and whether this benefitted the trust. The indicator was defined as when it was confirmed that well-being improvements had been observed among tenant participants and Flagship service delivery on this aspect of care had been improved as a result.

Table 5.1 Outcome indicators

Stakeholder	Outcome	Indicator(s)	Source
Adult Participant A	Reduced anxiety and stress levels	Reported reduced stress/anxiety levels by 1 point or more, attribution by 1 point or more, reported less use of health services	Participant Survey- Q13,14, 18
	Improved social confidence	Reported improved social confidence by 1 point or more, attribution by 1 point or more, reported less use of health services	Participant Survey- Q8,9, 18.
	Improved social networks	Reported made friends AND met with them outside of allotment.	Participant Survey- Q33,34
	Improved physical health	Reported improved physical health	Participant Survey- Q3,4
Adult Participant B	Improved social networks	Reported made friends AND met with them outside of allotment.	Participant Survey- Q33,34
	Improved physical health	Reported improved physical health	Participant Survey- Q3,4
Child Participant	Improved self-confidence and aptitude towards school	Reported improvement in self-confidence and aptitude	Child focus group and class teacher interview
Volunteer	Improved social confidence	Reported improvement in social confidence by 1 point or more AND attribution by 1 point or more	Volunteer Survey- Q3,4
	Improved employability	Reported improved skills/work experience AND examples given.	Volunteer Survey- Q27,28
Families of Participants A	Reduced caring responsibilities	Reported greater independence for family member as result of reduced caring responsibilities	Interview with family member
Swaffham Family	Extended support for	Reported referrals and stated benefits of client	Interview with Family Support

Action	clients	involvement	coordinator
Swaffham Mind	Extended support for clients	Reported referrals and stated benefits of client involvement	Interview with Swaffham Mind counsellor
NHS community mental health services	Reduced dependence on NHS mental health services	Reported reduced GP visits and reduced acute intervention hospital admissions.	Interviews with GP and participant family members
Swaffham Junior School	Improved performance of at risk pupils	Reported improved pupil attainment	Interview with head teacher
Flagship Housing Trust	Improvement in well being of Flagship tenants	Reported improvement in well being of tenants.	Interview with housing officer

6. Determining impact

SROI is concerned with analysing the extent to which the changes observed are attributable to the project. A number of changes or outcomes may be observed but not all of them may be a result of the project. To measure the impact of the project, we needed to consider whether, and to what extent, other factors influenced the achievement of these outcomes, how the impact attributable to the project varied over time, and whether outcomes achieved by the project were simply displacements of phenomena elsewhere. The objective in this part of the SROI process is to really understand the role of the activity in creating valued change in people's lives not just what the change is.

The first three factors to be taken into consideration are:

- **Deadweight** – the counterfactual, or what would have occurred in the absence of the intervention
- **Attribution** – the influence of other actors or interventions on the outcomes observed
- **Displacement** – whether benefits are truly additional or moved to/from elsewhere

Deadweight, attribution and displacement are subtracted from observed outcomes to arrive at the impact of the intervention.

Details on how these factors were calculated for the outcomes were as follows:

6.1 Deadweight and Attribution

The most robust methodological approach to estimating the deadweight and attribution loss of an intervention is to assess what might have happened in the absence of the intervention controlling for all other factors. Given that it is impossible to simultaneously observe the same individual both engaged and not engaged in a project, the standard approach is to compare those involved in the intervention with a control group of similar individuals not involved (BIS, 2012).

Because a control group was not practical for this study an alternative approach was adopted that developed an estimate on the basis of the stakeholder's judgement of the influence of the intervention and what would have happened anyway (deadweight) or was attributable to other interventions being experienced (attribution). To ensure estimates did not overestimate the influence of the intervention, we compared the figures arrived at against an assessment of local opportunities and environmental factors that might have influenced the outcome independent of the intervention. For example, for Participant A outcomes – social confidence and reduced anxiety/stress - we considered the likelihood that these outcomes would have been achieved without ESCAPE (either of their own accord or by way of another intervention). For the volunteers 'improved employability' outcome, we considered other opportunities available in the area that might have been utilised in the absence of ESCAPE.

The study drew on two key direct sources to estimate the possible degree of deadweight and attribution in the outcomes reported. First, immediately following estimations of personal change on each outcome, respondents in the Participant and Volunteer surveys

were asked to estimate the extent to which the project had been responsible for any change experienced. Respondents were asked to estimate the degree of attribution on a 5 point scale, allowing respondents to quantitatively capture whether the project had been wholly or partly responsible for the change experienced. The balance of responsibility, ie the extent to which the project had NOT been responsible, was assumed to represent the aggregate amount of other influences on the outcome.

To calculate the aggregate of non-ESCAPE influences we converted the 5 point scale into proportionate percentage figures, ie 1= 0%, 2=25%, 3=50%, 4=75%, 5=100%. For example, an average attribution score of 3.15 for respondents who reported reduced anxiety or stress levels converted into 63% attribution to ESCAPE and 37% for other influences (see table 6.2).

Table 6.2 aggregate attribution for adult participant outcomes

	% change attributed to ESCAPE	% non-ESCAPE attribution
social networks	78	22
social confidence	78	22
physical condition	76	24
reduced anxiety/stress	63	37

Table 6.3 aggregate attribution for volunteer outcomes

	% change attributed to ESCAPE	% non-ESCAPE attribution
social confidence	67	33
employability	82	18

In order to disaggregate deadweight and attribution we drew on data gathered from a further question in the Participant and Volunteer surveys that asked if any other interventions may have been influential in bringing about the change observed. This helped differentiate between general environmental influences (deadweight) – changes that may have been occurring anyway through this period – and changes that were the result of other specific interventions (attribution). To assess attribution, respondents were asked to consider whether specific initiatives may have influenced changes in this period. Respondents were encouraged to respond freely to this question but were prompted to consider counselling, group activities, clinical interventions, etc, if responses were not forthcoming. If something was mentioned, a follow-up question asked for an estimate of its influence on the outcome being discussed using the 5 point attribution scale. In most cases,

other specific interventions were rarely reported as being relevant and where they were they were usually given less weight than environmental (deadweight) factors.

A different approach was used to estimate deadweight and attribution for the 'improved social network' outcome. To calculate deadweight respondents in the Participant survey were asked what they would have most likely done if they hadn't come to the allotment. The question gave four options: 'another organised social activity' 'stay at home' 'get together with friends' and 'don't know': 55% of respondents indicated that they would have 'stayed at home' while 22% reported they would have attended 'another organised social activity'. While in either case it would have been unlikely that individuals experienced significant psychological benefits the 22% involved in another social activity may have experienced similar opportunities to make friends or even exercise. The data therefore indicated it was appropriate to estimate a deadweight of 22% for the 'improved social networks' outcome. The likelihood that this alternative 'organised social activity' would have involved exercise was judged to be fairly small. On that basis we estimated a deadweight for 'improved physical health' of 5%. To consider attribution respondents were asked whether any influence other than ESCAPE had been important in the friendships that were made. No respondents mentioned other influences.

The figures arrived at through these calculations generally seemed consistent with the types of social and well-being opportunities available in Swaffham and the likelihood that these outcomes would have happened of their own accord without ESCAPE. Adult participants in the programme generally had very limited social circles and were not proactive about making new friendships. The participants were also already making full use of the well-being support services available in the town: all participants were involved or had been involved in Swaffham Family Action's well-being group, the only mental health support group offered in the town.

An upward adjustment was made to the deadweight and attribution figures calculated for the volunteer outcomes 'improved social confidence' and 'improved employability'. Attribution for 'Improved social confidence' was increased from 8% to 15% and deadweight and attribution were increased from 12% to 20% and 6% to 15% respectively. These changes took into account efforts that may have been made independent of ESCAPE that would have contributed to these outcomes that may have been underestimated by volunteers, eg gaining new skills, volunteering in other projects, etc.

6.4 Displacement

Displacement had limited relevance for this project as ESCAPE was considered unlikely to have led to the absence of initiatives bringing about similar outcomes in Swaffham or elsewhere. It was considered unlikely that the Ecominds funders would have funded a similar mental health-focused allotment project given the rarity of this kind of project among community-oriented environmental projects. Similarly it is unlikely that the local organisations and charities and in-kind donors involved with ESCAPE would have collaborated with other projects in its absence. Interviews suggested that mental health partners Family Action, Mind, the NHS and Flagship Housing Trust saw in ESCAPE an

opportunity for their clients to benefit from a non-clinical community initiative. These organisations already supported more conventional well being groups and were unlikely to have created a further mental health support group in the absence of ESCAPE. Given the unlikelihood that a similar project would have occurred in the absence of ESCAPE we concluded that displacement had not occurred for any of the outcomes.

Table 6.7 Deadweight

Stakeholder	Outcome(s)	Deadweight	Rationale	Source(s)
Adult Participant A	Reduced anxiety and stress levels	25%	Balance of reported project attribution minus other attribution	Participant survey Q15-17
	Improved social confidence	15%	Balance of reported project attribution minus other attribution	Participant survey Q10-12
	Improved social networks	22%	Respondents who reported they would have attended an 'organised social activity' had they not attended ESCAPE	Participant survey Q2
	Improved physical health	16%	Balance of reported project attribution minus other attribution	Participant survey Q5-7
Adult Participant B	Improved social networks	22%	Respondents who reported they would have attended an 'organised social activity' had they not attended ESCAPE	Participant survey Q2
	Improved physical health	16%	Balance of reported project attribution minus other attribution	Participant survey Q5-7
Child Participant	Improved self confidence and aptitude towards school	5%	Observation by teacher of similar pupils who did not attend ESCAPE	Teacher interview
Volunteer	Improved social confidence	25%	Balance of reported project attribution minus other attribution	Volunteer survey Q5-7
	Improved employability	20%	Balance of reported project attribution minus other attribution. Adjusted upwards to ensure conservative estimate.	Volunteer survey Q27-30
Swaffham Family Action	Extended support for clients	0%	Report on what would have happened without ESCAPE	Interview with Family Support coordinator
Swaffham Mind	Extended support for	0%	Report on what would have	Interview with Mind counsellor

	clients		happened without ESCAPE	
NHS community health services	Reported reduced crisis support	5%	Report on what would have happened without ESCAPE	Interview with GP and adult participant family member
Swaffham Junior School	Improved performance of at risk pupils	10%	Report on what would have happened without ESCAPE	Interview with teacher
Flagship Housing Trust	Improved well being for vulnerable tenants	0%	Report on what would have happened without ESCAPE	Interview with Flagship Housing officer

Table 6.8 Attribution

Stakeholder	Outcome(s)	Attribution	Rationale	Source(s)
Adult Participant A	Reduced anxiety and stress levels	12%	Reported influence of other outside initiatives	Participant survey Q16,17
	Improved social confidence	7%	Balance of reported project attribution minus other attribution	Participant survey Q9-12
	Improved social networks	0%	Respondents who reported they would have attended an 'organised social activity' had they not attended ESCAPE	Participant survey Q2
	Improved physical health	8%	Balance of reported project attribution minus other attribution	Participant survey Q5-7
Adult Participant B	Improved social networks	0%	Respondents who reported they would have attended an 'organised social activity' had they not attended ESCAPE	Participant survey Q2
	Improved physical health	8%	Balance of reported project attribution minus other attribution	Participant survey Q5-7
Child	Improved self confidence	10%	Observation by teacher of similar	Teacher interview

Participant	and aptitude towards school		pupils who did not attend ESCAPE	
Volunteer	Improved social confidence	15%	Balance of reported project attribution minus other attribution. Adjusted upwards to ensure conservative estimate.	Volunteer survey Q5-7
	Improved employability	15%	Balance of reported project attribution minus other attribution. Adjusted upwards to ensure conservative estimate.	Volunteer survey Q27-30
Families of Participants A	Reduced caring responsibilities	10%	Report on what would have happened without ESCAPE	Interviews with family member
Swaffham Family Action	Extended support for clients	0%	Report on what would have happened without ESCAPE	Interview with Family Support coordinator
Swaffham Mind	Extended support for clients	0%	Report on what would have happened without ESCAPE	Interview with Mind counsellor
NHS community health services	Reported reduced crisis support	0%	Report on what would have happened without ESCAPE	Interviews with GP and adult participant family member
Swaffham Junior School	Improved performance of at risk pupils	10%	Report on what would have happened without ESCAPE	Interview with teacher
Flagship Housing Trust	Improved well being for vulnerable tenants	20%	Report on what would have happened without ESCAPE	Interview with Flagship Housing officer

6.9 Duration and drop off

Outcomes often last beyond the initial intervention. Where this is the case, SROI projects value into the future. A drop off rate is applied to acknowledge that outcomes are not maintained at the same level over time.

Interviews with family members and adult participants made it clear that the mental health gains achieved through involvement would not be sustained without continued participation. The mental health condition of most participants was sufficiently fragile for advances to be reversed if attendance was stopped. On this basis the duration for reduced anxiety and stress and improved social confidence was set as 1 year and the drop off as 100%. Other outcomes related to these mental health improvements were given the same estimates.

Research with adult participants also suggested that gains in physical health as a result of exercise at the allotment would be maintained for a limited period. Many participants reported taking up gardening as a hobby as result of ESCAPE and would be expected in many cases to continue that interest were they to stop attending the allotment. Calculating duration and drop off conservatively, we predicted that participants would be likely to continue to exercise for a year at 50% reduced intensity (without the group context of ESCAPE).

Improvement in social networks for participants was judged to be a relatively enduring benefit. Interviews and survey responses indicated that strong friendships were made at ESCAPE which were expected to be enduring. To calculate the benefit period and drop off we factored in friendship changes over time and migration out of the community. Duration was calculated at 5 years and drop off at 20%.

Interviews with the teacher suggested that benefits for Child participants were seen as contributing to an educational foundation for the children. Benefits gained were significant but would not be maintained without further remedial support. The improvement in self confidence and aptitude gained from ESCAPE would be maintained for a limited period with significant drop off over time. Duration was calculated at 2 years and drop off at 50%. Corresponding with these calculations, the benefit for Swaffham Junior School, improved performance of at risk pupils, was similarly estimated at 2 years with a drop off of 50%.

Research suggested that volunteer outcomes would be fairly long lasting in their effects. Social confidence gains were usually significant as were gains in employability. Volunteers indicated that they would continue to gain from these benefits in future years. Improved social confidence was estimated to last for 2 years with a drop off of 5% over that period. Improvements in employability were estimated to last for 4 years with a 10% drop off over that period.

Table 6.9.1 sets out the benefit periods and drop off rates for the ESCAPE SROI model.

All future value (calculated on the impact map) is discounted by a further 3.5% to arrive at its present value. This discount is a standard accounting technique used to express the declining value of an investment over successive years.

Table 6.9.2 Duration and drop off

Stakeholder	Outcome(s)	Duration	Drop off (annual)	Rationale	Source
Adult Participant A	Reduced anxiety and stress levels	1	100%	Psychological condition of participants would not sustain improvements in absence of project involvement.	Interviews with participants and family members.
	Improved social confidence	1	100%	Psychological condition of participants would not sustain improvements in absence of project involvement.	Interviews with participants and family members.
	Improved social networks	5	20%	Reported strength of new friendships made and likelihood of longevity.	Interviews with participants
	Improved physical health	2	50%	Likelihood of some on-going exercise in absence of project involvement.	Interviews with participants
Adult Participant B	Improved social networks	5	20%	Reported strength of new friendships made and likelihood of longevity.	Interviews with participants
	Improved physical health	2	50%	Reported strength of new friendships made and likelihood of longevity.	Interviews with participants
Child Participant	Improved self confidence and aptitude towards school	2	50%	Reported likely duration and diminishment of gains over time.	Interviews with teacher
Volunteer	Improved social confidence	2	5%	Reported strength of gains and likely duration in forthcoming years.	Volunteer Interviews and survey

	Improved employability	4	10%	Reported strength of gains and likely duration in forthcoming years.	Volunteer Interviews and survey
Families of Participants A	Reduced caring responsibilities	1	100%	Reported dependence on project for psychological gains achieved.	Family member interviews
Swaffham Family Action/Mind	Ongoing support for adults with mental health issues	1	100%	Benefits only maintained while participant attends project	Staff interviews
NHS community mental health services	Reduced crisis support	1	100%	As above	GP and family member interviews
Flagship Housing Trust	Improved service delivery on tenant	1	100%	As above	Housing officer interview
Swaffham Junior School	Improved performance of at risk pupils	2	50%	As for Child Participant	Interview with head teacher

7. Financial proxies

Non-traded outcomes were valued on the basis of stated preference valuations offered by parent and children stakeholders. Survey questions were designed to elicit valuations according to recommendations of best practice made by the Department of the Environment, Transport and Regions (Pearce, 2002). Financial proxies for Participant and Volunteer outcomes were identified using stakeholder input at two stages. First, the Participant and Volunteer surveys and interviews with stakeholders gathered insight on the relative value of outcomes by asking respondents to rank the value of the outcomes that had been identified in initial stakeholder engagement (Participant survey Q37, Volunteer survey Q31).

Using this information we then tentatively identified a financial proxy for each outcome. Each proxy was a paid-for activity that produced a similar or related experience to the outcome in question and which corresponded in relative value to the weighting assigned to it by stakeholders. For example, because adult participants had reported that improved physical health was more important than improved social networks but less important than improved social confidence we gave these outcomes valuations of £200, £120, and £600 respectively. A small number of stakeholders were then consulted in telephone interviews to verify the appropriateness of the match of the proposed proxy to the outcome experienced and modify where necessary.

Details of the financial proxies created for outcomes were as follows:

Adult Participant proxies

Analysis of the ranking of outcomes by participants gave valuable insight into the relative importance of each outcome (table 7.1). Data showed that 'social confidence' and 'anxiety/stress' were consistently identified by respondents as among the most important and were close in ranking status. Some way behind the top two were 'physical condition' and 'social networks' with the former outcome more highly ranked than the latter.

Table 7.1 average outcome weightings given by participants on 1-4 scale (1=most important 4=least important)

social confidence	1.7
anxiety/stress	1.9
physical condition	2.4
social networks	2.8

Using these weightings as a guide we then identified matching financial proxies. For the two mental health outcomes – social confidence and anxiety/stress- we considered paid-for services that might be used by individuals to achieve similar personal changes. For both outcomes we used the cost of private counselling to treat depression based on BACP guidance. As a counselling programme would address both issues simultaneously we proposed a single counselling programme for the two outcomes (total cost of the programme is halved to produce the financial proxy for each outcome). As both outcomes were reported as fairly significant changes in personal circumstances, an extended

programme of 10 sessions of counselling were proposed as proxy: . This proxy was confirmed as appropriate in subsequent interviews with adult participants and mental health counsellors.

For the remaining two adult participant outcomes – ‘physical health’ and ‘social networks’ – we considered what paid-for activity available locally might be used for individuals seeking these types of change. Membership of a local gym was considered as an equivalent means of improving physical health and proposed the cost of annual membership as a financial proxy. Information from Swaffham Leisure Centre was used for this costing. For ‘improved social networks’ we considered what paid-for activity is commonly used to facilitate socialising. The cost of three typical restaurant meals for two in Swaffham was proposed as an appropriate financial proxy taking into account the strength of friendships made at ESCAPE.

Child Participant and School proxies

To identify an appropriate proxy for the child participant’s outcome ‘improved self confidence and aptitude towards school’ we considered how a child in this situation might reasonably benefit from the boost achieved. As the ESCAPE attendees were children generally not performing well at school we considered the difference improved academic performance makes. For example, if the boost achieved made the difference between a child achieving satisfactory GCSE attainment (5 A-C grades), the benefit would be the salary gains made compared to a pupil who had not achieved this standard. Using data from a Learning Skills Council study that indicated salary gains of £2,261 per year we projected gains for a five year period.¹ To take into account the fact that the gains achieved from ESCAPE would only act as a contribution to this outcome and that this outcome would not be achieved without ongoing remedial support, we calculated that a total of 5% of these gains could be attributed to the project. These calculations produced a proxy valued at £565.

The benefits of this improved academic performance for the school was calculated in terms of the cost of an activity considered likely to achieve similar results. Working in consultation with the school teacher it was agreed that 2 hours of weekly remedial support would deliver equivalent benefits.

Volunteer proxies

Like with adult participants, the analysis of the ranking of outcomes gave a valuable guide for financial weighting. Volunteers reported improvement in social confidence more important than improvements in employability. To identify a suitable proxy for social confidence we considered what paid-for activity might be used to achieve a similar outcome. The cost of a three day course on improving self confidence was proposed as an appropriate financial proxy at £216.

To identify a suitable proxy for an improvement in employability we considered the likely financial benefits of acquiring relevant skills and experience. As many of the volunteers

¹ The LSC study is referenced here:

<http://www.guardian.co.uk/education/2007/aug/24/schools.uk1>

were unemployed but looking for work we proposed the difference in income between an average salary and Job Seeker's Allowance. In calculating the final proxy we took into account the fact that changes experienced as result of ESCAPE would only represent a contribution to the profile needed to gain employment: we estimated this as 10%. Furthermore it was important to factor in the low probability of actually finding a job in each forthcoming year: we estimated this as 20%. These adjustments produced a proxy valued at £144.

Families of Participant A proxy

To identify a suitable proxy for reduced caring responsibilities we considered the likely value of the greater independence experienced. After talking with family members it was apparent this change resulted in opportunities for leisure time away from their dependent family member. We proposed the value of a typical social activity a month as an appropriate financial proxy.

Mental health organisation proxies

Swaffham Family Action, Mind and Flagship Housing Trust all benefited from ESCAPE through the support offered to their clients. For all of these organisations the activity offered by ESCAPE was equivalent to a well being activity group aimed at adults with mental health difficulties. It was therefore appropriate to use the cost of a weekly well being group at a community centre as a financial proxy. The total cost for a group of 25 was reduced on a pro rata basis according to the number of clients who attended ESCAPE from each organisation.

NHS community mental health services proxy

The costs associated with reduced GP visits and reduced acute intervention hospital admissions were calculated using PSSRU unit health care costs. Using information from family member interviews it was estimated that on average each adult Participant A would visit the GP two times less over the year and be 20% less likely to require crisis hospital admission.

Table 7.2 Financial proxies

Stakeholder	Outcome	Financial proxy description	Value (per individual unless stated)	Source
Adult Participant A	Reduced anxiety/stress	Cost of private counselling to treat depression (5 x £60)	£300-0	Participant Survey Q37, Participant Interview, BACP Guidance 2012.
	Improved social confidence	Cost of private counselling to treat depression (5 x £60)	£300	Participant Survey Q37, Participant Interview, BACP Guidance 2012.
	Improved social networks	Value of 3x restaurant meal for 2	£120	Participant Survey Q37, Participant Interview.
	Improved physical health	Value of annual Swaffham gym membership	£240	Participant Survey Q37, Participant Interview
Adult Participant B	Improved social networks	Value of 3x restaurant meal for 2	£120	Participant Survey Q37, Participant Interview
	Improved physical health	Value of annual Swaffham gym membership	£240	Participant Survey Q37, Participant Interview
Child Participant	Improved self confidence and aptitude	5% of 5 year salary gains if satisfactory GCSE attainment is attained.	£500	Teacher Interview, LSC study 2007.
Volunteer	Improved social confidence	Cost of course on improving self confidence	£216	Volunteer Survey Q31, Aquaris Coaching.
	Improved employability	10% of difference in income between ave. salary and JSA x 20% of finding job in any one year.	£144	Volunteer Survey Q31, ASHE 2011.
Family member of Participant A	Reduced caring responsibilities	Cost of typical social activity per month	£240	Family member interviews, ASHE 2011

Swaffham Family Action	Extended support for clients	25% cost of weekly wellbeing group	£920	Interview with Family Support coordinator
Swaffham Mind	Extended support for clients	20% cost of weekly wellbeing group	£736	Interview with Swaffham Mind counsellor
NHS mental health services	Reduced crisis support for patients	Cost of 2 GP visits and 20% cost of crisis hospital admission	£134	Interview with GP, PSSRU Unit health care costs
Swaffham Junior School	Improved performance of at risk pupils	Cost of 2hr weekly remedial support	£300	Interview with head teacher, Every Child a Chance 2009.
Flagship Housing Trust	Improved wellbeing for vulnerable tenants	29% cost of weekly wellbeing group	£1067	Interview with Flagship Housing officer

8. Input costs

ESCAPE's major funding for the period was a grant for £23,823 from Ecominds, part of the 'Changing Spaces' Big Lottery Fund funding stream.

Additional funding of £3,242 was received from the Flagship Housing Trust to establish a tool bank and pay for ESCAPE to run a series of gardening workshops for their tenants.

Significant volunteer inputs also contributed to the project in this period. Garden Organic, an organic growing charity, partnered with ESCAPE to deliver part of their Master Gardener Programme. Funded by the Local Food scheme, part of Big Lottery Fund's Changing Spaces programme, the programme trains volunteers to promote organic food growing in local areas. Garden Organic organised 5 workshops at the allotment at which 4 volunteer trainees delivered gardening training to ESCAPE participants. The workshops incurred a total of 60 hours volunteer time. This specialist work was costed at £15 per hour amounting to a total cost of £900.

Volunteers represented a major part of the project, offering essential support and assistance in delivering allotment sessions. All allotment sessions and ESCAPE events involved two or more volunteers. A total of 13 volunteers typically contributed one session a week of three hours for a total of 40 weeks over the year. Total volunteer hours incurred for the year was estimated as 1,560. Using an £8 local hourly rate for unskilled labour, we calculated a total cost of £12,480.

Table 8.1 sets out the input costs of the project. Financial details were supplied by Swaffham Family Action.

Table 8.1 Input costs

Category	Description	cost
Ecominds grant (BIG Lottery)	Grant to cover all costs in delivery of project	£23,823
Flagship Housing Trust grant	Grant to cover toolbank and delivery of workshops	£3,242
Master Gardener Programme	In-kind input to deliver 5 gardening workshops	£900
ESCAPE volunteers	1,560 volunteer hours assisting delivery of project	£12,480
Total input costs		£40,445

9. Findings

The SROI analysis shows that the ESCAPE project created value for a wide range of beneficiaries including participants and volunteers as well as mental health organisations, families of participants and a local primary school. A large share of total benefits was gained by adult participants who experienced significantly improved mental health, improved social life and better physical health.

The total value of the benefits accruing to the ESCAPE project for the October 2011 to September 2012 period was estimated to be £78,000. This is the value created to all beneficiaries of the project.

Given input costs of close to £40,000, this translated into an overall social return on investment of 1:1.9

The value of benefits accruing solely to Mental Health providers including the NHS was nearly £10,000. This was derived from a reduction in well being support costs and costs related to reduced acute intervention care. Educational value produced by the project was also significant. Educational benefits gained by child participants were estimated to total about £17,000. The benefits to the local junior school, related to savings in remedial support, are calculated at nearly £11,000.

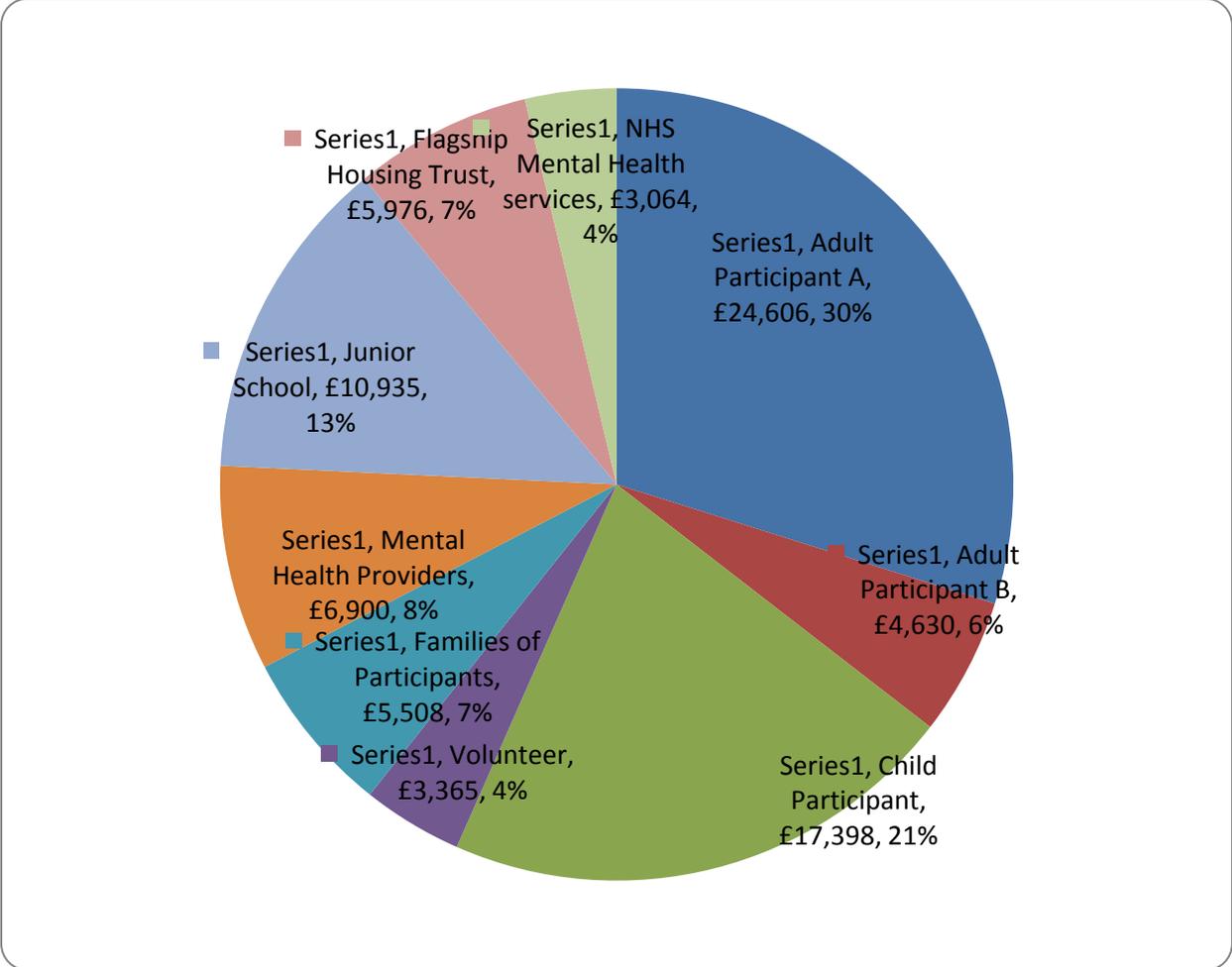
The project benefits from a large amount of support from volunteers and donations. Volunteers are estimated to contribute a third of the value of total inputs and in-kind support from other organisations a further 10%. This means that the ratio of grant input to value generated was significantly higher than the overall SROI. For every £1 of Ecominds grant support ESCAPE was estimated to have created a return of £3.30.

9.1 Share of value

The total value of benefits is derived from outcomes across nine stakeholders:

- Adult participants who experience significant mental health benefits (Adult Participant A)
- Adult participants who only experience physical and social benefits (Adult Participant B)
- Child Participants
- Volunteers
- Families of Participants
- Mental health providers
- NHS Mental Health services
- Junior school
- Flagship Housing Trust

Chart 9.2 shows the breakdown of social value in percentage terms across these nine stakeholders.



10. Sensitivity analysis

This step in the SROI methodology systematically varies assumptions in order to test for areas of sensitivity in the model. These are assumptions that, when changed, significantly affect the ratio. Key areas worthy of investigation in this regard were outcomes that produced a large proportion of the total value. The two school-related outcomes were important in this respect because they produced a total of £26,325, 29% of total value created. Other outcomes of large value were adult Participant A 'improved self confidence' which produced about £6,000, 7% of total value. By testing the sensitivity of changes to the key assumptions of each of these outcomes we investigated whether and to what extent the total ratio is affected.

A further issue worthy of attention was the calculation of the monetary value of in-kind inputs provided by volunteers involved in the project. Because the project depended on volunteer input and its value was necessarily an estimate it was important to test whether the total ratio was substantially affected by a higher estimate.

Details of the sensitivity analyses conducted are set out in Appendix 4. Full details of calculations incurred for each sensitivity analysis are available on separate tabs on the Impact Map spreadsheet.

The model was largely resistant to changes in the assumptions tested. Introducing substantially more conservative assumptions for the educational outcomes and the Participant A 'social confidence' outcome did not significantly reduce either the total benefits or SROI ratios. The largest impact among the changes tested, was caused by increasing the valuation of volunteer inputs by 88% which reduced the SROI ratio by about 25%.

Details of the sensitivity tests undertaken and the results were as follows:

1. Halving the value of the Child Participant proxy to £283 by reducing the percentage of 5 year salary gains if satisfactory GCSE attainment is achieved

This change had limited effect on total benefits and the overall SROI ratio. Net Present Value was reduced from £78,526 to £70,215 and the ratio from 1.94 to 1.74.

2. Halving cost of Junior School proxy weekly remedial support to £150

This change had limited effect on total benefits and the overall SROI ratio. Net Present Value was reduced from £78,526 to £73,303 and the overall SROI ratio fell from 1.94 to 1.81.

3. Halving cost of Adult Participant 'Improved social confidence'/'Reduced anxiety and stress proxy by reducing number of counselling sessions to 5

This change had limited effect on total benefits and the overall SROI ratio. Net Present Value was reduced from £78,526 to £73,165 and the ratio from 1.94 to 1.81.

4. Increasing cost of volunteer input by pricing hourly rate at £15 per hour.

By increasing costs from £12,480 to £23,400 this change significantly reduced the overall SROI ratio from 1.94 to 1.53. This change did not eliminate the positive return, however, and therefore was not sufficiently sensitive to question the overall result.

5. Testing the lowest scenario of the confidence interval for Adult Participant by reducing Adult Participant A quantities by 13% and increased Adult Participant B quantities by 13%

The sample size used for the Adult Participant survey produced a 95% confidence that findings had a confidence interval of 13% (see Table 3.1). This meant that, at worst, the proportion of Adult Participants A estimated was 13% too high. To see the impact of this lowest scenario produced by the confidence interval we reduced the Adult Participant A quantities by 13%, and, correspondingly, increased the Adult Participant B quantities by 13%.

This change had only modest effect on total benefits and the overall SROI ratio. Net Present Value was reduced from £78,526 to £75,551 and the ratio from 1.94 to 1.87.

11.Recommendations

The study underlined the importance of a supportive and nurturing environment for this type of community project to yield therapeutic benefits for the mentally ill. People experiencing poor mental health are particularly sensitive about new social experiences and often take time to become comfortable in new environments. Yet once they feel part of the group and feel valued for their contribution they gain a psychological boost that can make a real difference to their lives. By accommodating the psychological needs of participants as much as possible and being sensitive to the process by which new members become assimilated the project can help maximise positive outcomes. A significant part of the current project's success is down to staff and volunteers' outstanding performance of this role. The project should keep this at the forefront of its approach moving forward.

A key finding of the study was that some adult participants, around a quarter, did not receive the comprehensive therapeutic benefits experienced by others. These participants (Adult Participants B), generally with less acute mental health problems, did not experience significant improvement in anxiety or social confidence as result of the intervention. This difference between some participants experiencing comprehensive benefits and others experiencing more limited benefits raises the question of whether it might be beneficial to be more selective in choosing participants. However, it might be the case that a 'mixed' profile of participants including those who do not have diagnosed mental health problems creates a more supportive and less stigmatised environment for those that do. This issue might be worth further investigation as the reduction in value for Adult Participants B means that the project created around £10,000 less social value, a reduction of 12% of the total value that would otherwise have been produced.

As this study of the project was conducted after the period under investigation data on baseline levels of outcomes had to be gathered retrospectively. This method relied on stakeholders recollecting the situation a year previously or at the beginning of their involvement. A more robust approach would be to set up data gathering as a routine part of project activities, asking all participants and volunteers to complete the appropriate survey when starting involvement. A modified version of the survey could then be conducted every six months gathering up to date assessments on all outcomes. With data then collected and analysed this would become a valuable tool for both monitoring the progress of individual participants and volunteers and producing updated information on outcomes and social value.

Another area in which evidence could be strengthened is the collection of data regarding school-related activities. Educational outcomes generated for the school and for pupils amount to almost of third of the total social value produced by the project. It is therefore important to measure these outcomes as robustly as possible using longitudinal data collection. A standardised children's well-being measuring tool (e.g. WEMWBS) could be used at the start of involvement and at regular intervals. This would establish a benchmark to measure change against and enable on-going progress to be monitored. A further improvement would be to collect attainment data on the participant group and compare this against children with a similar social/attainment profile at the school who don't attend ESCAPE. To avoid data protection issues this exercise could be done in aggregate without any use of data referring to individual children.

12.Reporting

The report has been sent in advance of publication to stakeholder organisations and to volunteers who participated in the survey. An abridged version of the report detailing key findings and the theory of change was distributed to adult participants. All these stakeholders were invited to offer feedback and a number of positive comments were received.

13.Conclusion

Non-clinical community-based interventions are increasingly recognised as effective means of promoting health and social inclusion for the mentally ill. Among the most alienated from wider society the mentally ill struggle to access social networks that give an individual psychological support and a sense of self-worth. Finding activities that bridge social isolation and help individuals become integrated into communities is one of the key challenges for mental health services.

This study has demonstrated the social value produced by the ESCAPE allotment project working with people with mental health problems. Evidence suggested that the benefits were produced for participants through a process of making friends at the allotment, developing social confidence and reducing anxiety, and gradually developing more personal resilience. Gains made were built on successive developments and would likely be reversed without the presence of the intervention.

Despite their fragility, the gains made by participants had significant value to not only the individuals involved but a range of other stakeholders. The 34 adult participants were estimated to have accrued a total of £29,000 in value as a result of improvements in social confidence, reduced anxiety and improved social networks and physical health. Improved self confidence for school children led to improved aptitude towards school which in turn were projected to lead to improved attainment. These improvements, when translated into future salary gains, were estimated to amount to £17,000.

The wider impact of the gains made by participants was evident when we examined the benefits of these changes to stakeholders such as families of adult participants, mental health providers and NHS services, the Junior school, and the local housing trust. For these groups and organisations the outcomes gained by participants provided a valued service, furthering the support they already offered, reducing need for additional support or easing the burden otherwise experienced. A sister of one participant described how the stress of caring for her brother had dramatically eased with his involvement in ESCAPE as a result of his much improved psychological state. "The allotment has given him a new lease on life and meant that I can relax when I am not with him." The total value of these non-participant outcomes were

calculated at £32,000 amounting to about 39% of the total value created. For the local NHS the benefit of these improvements for adult participants was documented in the reduced burden on GP and hospital services. An improved psychological state with less crisis episodes meant fewer visits to the GP and decreased acute intervention admissions at hospital. This reduced burden on NHS services was calculated at producing a saving of about £3,000.

The project benefited considerably from the support of volunteers who played a daily role in supervising activities. Volunteers, however, also benefited themselves from involvement through improvement in social confidence and increased employability as a result of skills and experience acquired. Several volunteers reported gaining desired employment as a result of the experience gained at ESCAPE. Volunteers were estimated to have contributed a third of the value of total inputs. As a result of volunteer input and other in-kind support the ratio of grant input to value generated was significantly higher than the overall SROI. For every £1 of Ecominds grant support ESCAPE was forecast to have created a return of £3.30.

The total value of the benefits accruing to the ESCAPE project for the October 2011 to September 2012 period was estimated to be £78,000. This is the value created to all beneficiaries of the project.

Given input costs of close to £40,000, this translated into an overall social return on investment of 1:1.94.

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Appendix 1

Initial Stakeholder Engagement Interview

1. When did you become involved in the ESCAPE project?

2. Have you been involved with ESCAPE since that date or have you finished involvement? If finished, when did you finish involvement?
3. How have you been involved in the project?
4. Did you experience or witness any changes as a result of the project? Please include all changes observed including positive, negative, intended and unintended changes.
5. Please provide more detail on any changes mentioned in response to Q4. How would you describe the effect the change had on yourself, on others or on your organisation? Please consider any negative or unintended effects if you haven't already done so.
6. Please give examples of things you did as a result of the change you have mentioned.
7. How long did the changes you have mentioned last?
8. Do you think the changes you have mentioned would have occurred without involvement in the project? Please explain.
9. Do you think the changes you have mentioned have been influenced by exposure to other initiatives or experiences? Please explain.
10. To confirm- you have said you experienced the following changes as a result of the course....Is this list correct?
11. Are there any other changes you have experienced not already mentioned? Please explain.
12. Do these changes have value to you in their own right or are they primarily important because they lead to another activity? Please explain
13. Please rank the changes you have identified in order of importance, 1=least important
2=most important

Appendix 2

ESCAPE Participant survey

To help evaluate the project we would like to ask you some questions about how things might have changed for you over the last year as result of your involvement in the allotment. To answer the questions please think about how you were in a year ago and how you are now. Please answer the questions as honestly and accurately as possible. Answers are anonymous and will only be analysed together with other responses.

When did you first become involved in the allotment?

If you weren't coming to the allotment what would you most likely do instead?

- another organised social activity
- stay at home
- get together with friends
- don't know*

physical condition - mobility, fitness

How was your physical condition when you started at the allotment?

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1 - very poor | 2 - poor | 3 - OK | 4 - quite good | 5 - good |
| <input type="checkbox"/> |

How is your physical condition now?

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1 - very poor | 2 - poor | 3 - OK | 4 - quite good | 5 - good |
| <input type="checkbox"/> |

If there has been any change, how has your involvement in the allotment been responsible?

- | | | | | |
|--------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1 - none or very little effect | 2 - some effect | 3 - about half | 4 - mostly | 5 - all of it |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Q6 Have any other outside initiatives influenced this change

- Yes
- No

If Yes - please estimate the extent to which this initiative has been responsible?

social confidence

How was your social confidence when you started at the allotment?

- 1 - very poor 2 - poor 3 - OK 4 - quite good 5 - good

How is your social confidence now?

- 1 - very poor 2 - poor 3 - OK 4 - quite good 5 - good

If there has been any change, how has your involvement in the allotment been responsible?

- 1 - none or very little effect 2 - some effect 3 - about half 4 - mostly 5 - all of it

Q11 Have any other outside initiatives influenced this change

- Yes
No

Q12 If Yes - please estimate the extent to which this initiative has been responsible

- 1 - none or very little effect 2 - some effect 3 - about half 4 - mostly 5 - all of it

anxiety or stress

How were your stress or anxiety levels when you started at the allotment?

- 1 - very high 2 - high 3 - manageable 4 - low 5 - none or very low

How are your stress or anxiety levels now?

- 1 - very high 2 - high 3 - manageable 4 - low 5 - none or very low

If there has been any change, how has your involvement in the allotment been responsible?

- 1 - none or very little effect 2 - some effect 3 - about half 4 - mostly 5 - all of it

Q16 Have any other outside initiatives influenced this change

- Yes
No

Q17 If Yes - please estimate the extent to which this initiative has been responsible

1 - none or very little effect 2 - some effect 3 - about half 4 - mostly 5 - all of it

Q18 Has the impact on the project on your mental state (if any) had any effect on your use of health services, eg visits to the doctor?

1 - none or very little effect 2 - Slightly more use 3 - A lot more use 4 - Slightly less use 5 - A lot less use

healthy eating

How healthy was your diet when you started at the allotment?

1 - very poor 2 - poor 3 - OK 4 - quite good 5 - good

How healthy is your diet now?

1 - very poor 2 - poor 3 - OK 4 - quite good 5 - good

If there has been any change, how has your involvement in the allotment been responsible?

1 - none or very little effect 2 - some effect 3 - about half 4 - mostly 5 - all of it

Q21 Have any other outside initiatives influenced this change

Yes
No

Q22 If Yes - please estimate the extent to which this initiative has been responsible

1 - none or very little effect 2 - some effect 3 - about half 4 - mostly 5 - all of it

gardening skills

How were your gardening skills when you started at the allotment?

1 - very poor 2 - poor 3 - OK 4 - quite good 5 - good

How are your gardening skills now?

1 - very poor

2 - poor

3 - OK

4 - quite good

5 - good

If there has been any change, how has your involvement in the allotment been responsible?

1 - none or very
little effect

2 - some effect

3 - about half

4 - mostly

5 - all of it

Q26 Have any other outside initiatives influenced this change

Yes

No

Q27 If Yes - please estimate the extent to which this initiative has been responsible

1 - none or very
little effect

2 - some effect

3 - about half

4 - mostly

5 - all of it

environmental living - reusing, recycling, buying local food, composting etc

To what extent did you do these kind of green activities when you started at the allotment?

1 - rarely or never

2 - occasionally

3 - now & then

4 - quite often

5 - frequently

To what extent do you do these kind of green activities now?

1 - rarely or never

2 - occasionally

3 - now & then

4 - quite often

5 - frequently

If there has been any change, how has your involvement in the allotment been responsible?

1 - none or very
little effect

2 - some effect

3 - about half

4 - mostly

5 - all of it

Q31 Have any other outside initiatives influenced this change

Yes

No

Q32 If Yes - please estimate the extent to which this initiative has been responsible

1 - none or very
little effect

2 - some effect

3 - about half

4 - mostly

5 - all of it

How important are these types of personal change to you?

ESCAPE Volunteer survey

To help evaluate the project we would like to ask you some questions about how things might have changed for you over the last year as result of your involvement in the allotment. To answer the questions please think about how you were in a year ago and how you are now. Please answer the questions as honestly and accurately as possible. Answers are anonymous and will only be analysed together with other responses.

When you did first become involved in the allotment?

If you weren't going to the allotment what would you most likely do instead?

- another organised social activity
- stay at home
- get together with friends
- don't know*

social confidence

How was your social confidence when you started at the allotment?

- 1 - very poor 2 - poor 3 - OK 4 - quite good 5 - good
-

How is your social confidence now?

- 1 - very poor 2 - poor 3 - OK 4 - quite good 5 - good
-

If there has been any change, how has your involvement in the allotment been responsible?

- 1 - none or very little effect 2 - some effect 3 - about half 4 - mostly 5 - all of it
-

Q6 Have any other outside initiatives influenced this change

- Yes
- No

Q7 If Yes - please estimate the extent to which this initiative has been responsible?

- 1 - none or very little effect 2 - some effect 3 - about half 4 - mostly 5 - all of it
-

anxiety or stress

How were your stress or anxiety levels when you started at the allotment?

- 1 - very high 2 - high 3 - manageable 4 - low 5 - none or very low
-

How are your stress or anxiety levels now?

- 1 - very high 2 - high 3 - manageable 4 - low 5 - none or very low
-

If there has been any change, how has your involvement in the allotment been responsible?

- 1 - none or very little effect 2 - some effect 3 - about half 4 - mostly 5 - all of it
-

Q11 Have any other outside initiatives influenced this change

- Yes
- No

Q12 If Yes - please estimate the extent to which this initiative has been responsible?

- 1 - none or very little effect 2 - some effect 3 - about half 4 - mostly 5 - all of it
-

healthy eating

How healthy was your diet when you started at the allotment?

- 1 - very poor 2 - poor 3 - OK 4 - quite good 5 - good
-

How healthy is your diet now?

- 1 - very poor 2 - poor 3 - OK 4 - quite good 5 - good
-

If there has been any change, how has your involvement in the allotment been responsible?

- 1 - none or very little effect 2 - some effect 3 - about half 4 - mostly 5 - all of it
-

Q16 Have any other outside initiatives influenced this change

- Yes
- No

Q17 If Yes - please estimate the extent to which this initiative has been responsible?

1 - none or very little effect 2 - some effect 3 - about half 4 - mostly 5 - all of it

gardening/horticultural skills

How were your gardening skills when you started at the allotment?

1 - very poor

2 - poor

3 - OK

4 - quite good

5 - good

How are your gardening skills now?

1 - very poor

2 - poor

3 - OK

4 - quite good

5 - good

If there has been any change, how has your involvement in the allotment been responsible?

1 - none or very little effect

2 - some effect

3 - about half

4 - mostly

5 - all of it

Q21 Have any other outside initiatives influenced this change

Yes

No

Q22 If Yes - please estimate the extent to which this initiative has been responsible?
 1 - none or very little effect 2 - some effect 3 - about half 4 - mostly 5 - all of it

friendships/social networks

Q23 Have you made friends as a result of your involvement?
 Yes
 No

Q24 If Yes - Do you see these friends outside of the allotment?
 Yes
 No

Q25 If Yes - Have any other outside initiatives helped you to make these friends?
 Yes
 No

Q26 If Yes - please estimate the extent to which this initiative has been responsible?
 1 - none or very little effect 2 - some effect 3 - about half 4 - mostly 5 - all of it

employability - work skills, work experience

Q27 Has your involvement in the allotment affected your employability?
 Yes - alot
 Yes - somewhat
 Yes - a little
 No

If Yes - please explain giving examples if relevant

Q29 If Yes - Have any other outside initiatives helped you acquire these skills or experience?
 Yes
 No

Q30 If Yes - please estimate the extent to which this initiative has been responsible?
 1 - none or very little effect 2 - some effect 3 - about half 4 - mostly 5 - all of it



How important are these types of personal change to you?

Please put the qualities or skills below in order of importance, 1- 6 with 1 the most important and 6 the least important

Q31

	1	2	3	4	5	6
employability	<input type="checkbox"/>					
friendships	<input type="checkbox"/>					
social confidence	<input type="checkbox"/>					
anxiety or stress	<input type="checkbox"/>					
healthy eating	<input type="checkbox"/>					
gardening skills	<input type="checkbox"/>					

Appendix 4

Social Return Calculation

Net Present Value (NPV)	78,526
Total Investment	40,445
Funders Investment	23,823
Funders Return on Investment	£3.30
Social Return on Investment	£1.94

Appendix 5

Sensitivity Analysis

1.Change: Halving the value of the Child Participant proxy to £283 by reducing the percentage of 5 year salary gains if satisfactory GCSE attainment is achieved

Net Present Value (NPV)	70,215
Total Investment	40,445
Funders Investment	23,823
Funders Return on Investment	£2.95
Social Return on Investment	£1.74

2.Change: Halving cost of Junior School proxy weekly remedial support to £150

Net Present Value (NPV)	73,303
Total Investment	40,445
Funders Investment	23,823
Funders Return on Investment	£3.08
Social Return on Investment	£1.81

3.Change: Halving cost of Adult Participant 'Improved social confidence' proxy by reducing number of counselling sessions to 5

Net Present Value (NPV)	73,165
Total Investment	40,445
Funders Investment	23,823
Funders Return on Investment	£3.07
Social Return on Investment	£1.81

4.Change: Increasing cost of volunteer input by pricing hourly rate at £15 per hour.

Net Present Value (NPV)	78,526
Total Investment	51,365
Funders Investment	23,823
Funders Return on Investment	£3.30
Social Return on Investment	£1.53

5.Change: Testing the lowest scenario of the confidence interval for Adult Participants by reducing Adult Participant A quantities by 13%, increasing Adult Participant B quantities by 13%

Net Present Value (NPV)	75,551
Total Investment	40,445
Funders Investment	23,823
Funders Return on Investment	£3.17
Social Return on Investment	£1.87