

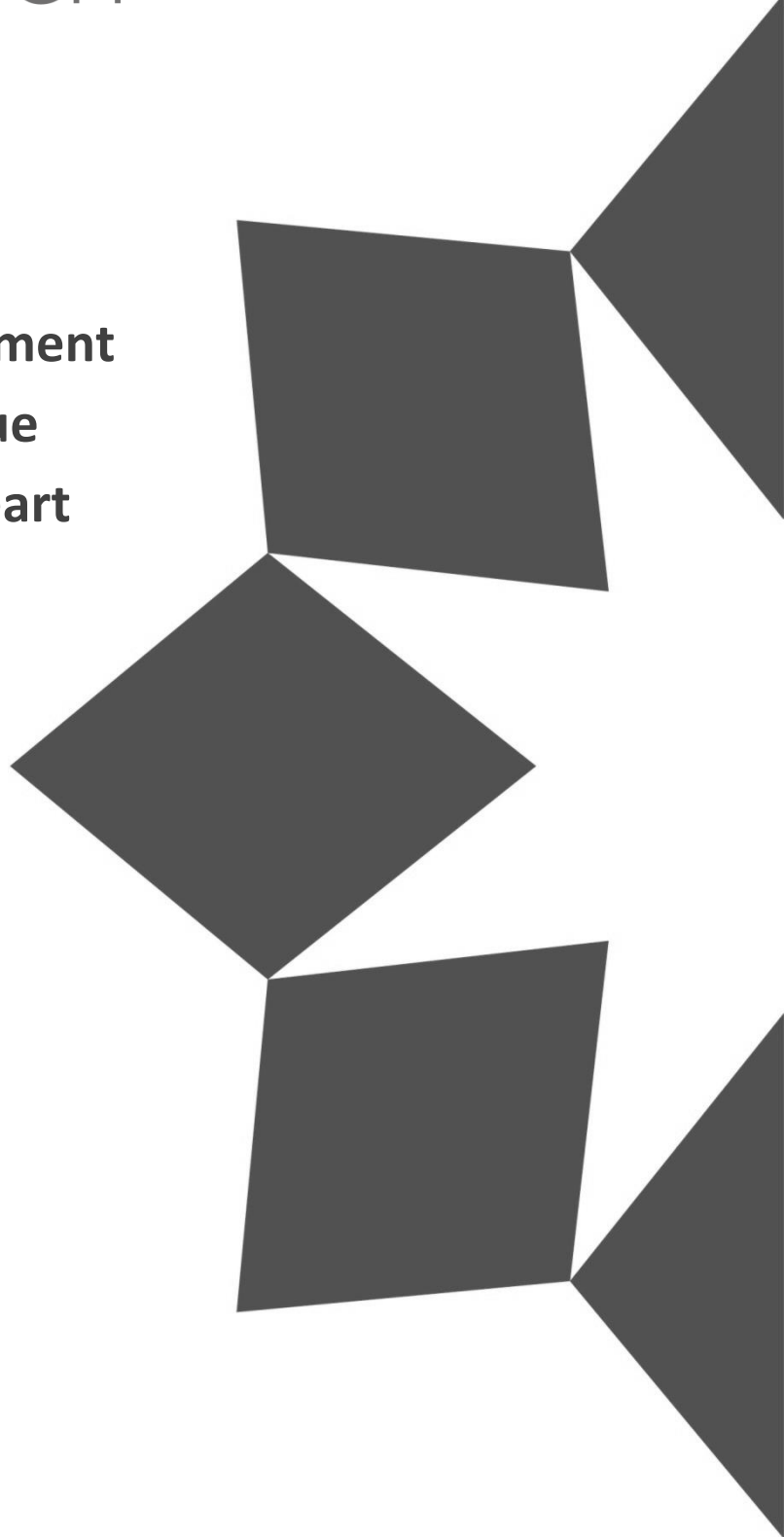


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**Social Return on Investment
(SROI) evaluation of Blue
Prescribing at WWT Steart
Marshes**

Final report v4

January 2023



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Project details

Title	Social Return on Investment (SROI) evaluation of Blue Prescribing in Steart Marshes
Client	WWT (Wildfowl & Wetlands Trust)
Project number	22020
Author	Adam Knight-Markiegi

This project has been delivered to ISO 9001:2015, 20252:2019 and 27001:2013 standards.



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Executive summary

M·E·L Research was commissioned to carry out a Social Return on Investment (SROI) evaluation of the Blue Prescribing project carried out by WWT at Steart Marshes, alongside our sister evaluation of Blue Prescribing at WWT's London Wetland Centre. Blue Prescribing is a nature-based social prescribing project aimed at getting people experiencing mental health problems involved in wetland-based group activities.

Social Value UK state that 'social value' is "the quantification of the relative importance that people place on the changes they experience in their lives"¹. SROI is a principle-based framework that supports this quantification, ultimately aiming to understand and create more social value.

The time period for this evaluation has focused on a year of programme delivery at Steart from July 2021 to July 2022.

Our approach

To carry out this SROI evaluation, we have had regular engagement with WWT staff, carried out a site visit to Steart Marshes, ran online and telephone interviews with WWT staff, participants and referral agencies plus a group discussion with previous participants and a volunteer. This qualitative phase was followed by an online survey, telephone interview and WWT-run group session to quantify participant outcomes and their causality. We carried out further assessment and analysis for the SROI at various stages during the evaluation.

From a longer original list of stakeholders, we focused on participants of the Blue Prescribing programme, although we also collected evidence from WWT staff, volunteers and referral agency staff.

With any return on investment, you need to quantify the inputs on one side of the equation. This came mostly from the Government's Green Recovery Challenge Fund funding for the project, although we also costed and included: referral agency staff travel support and attendance at Steart activities, support from the Mental Health Foundation (MHF) as well as WWT volunteer time. The total value of inputs was £69,124.

¹ <https://socialvalueuk.org/what-is-social-value>

Outcomes

Outcomes are central to SROI and are defined as changes in people's lives or changes for organisations that stem from the activities under review. Analysis of our qualitative data and the changes reported led us to identify five key outcomes for participants at Steart:

- reduced anxiety
- being more able to manage own mental health through feeling more empowered
- enjoying life more through feeling more empowered
- improved physical health
- coming off medication.

We also identified several key factors for why activities at Steart had been effective. We have grouped these into four key factors:

- involvement with nature / outdoors
- working in a group / with others
- creativity
- flexibility in approach / not being rigid / personalisation / person-centred.

Quantifying outcomes

The next step in the SROI calculations is to assess how many people were affected by the outcomes. We gained this data through a combination of asking 10 participants directly through a WWT-run group session, asking link workers to estimate the proportion of their referred clients who had experienced each outcome and from the extensive notes taken by the WWT Project Staff, as well as service feedback surveys and forms completed during the programme.

This indicated that reduced anxiety was the outcome experienced by most participants (70%). Being more able to manage their own mental health and enjoying life through greater empowerment were equal with 60% experiencing this change through their engagement with WWT at Steart. Half of participants benefited from improved physical health, with 5% coming off medication.

Knowing how long outcomes last is also important in calculating the SROI. Our evidence suggests that being more able to manage their own mental health, enjoying life more through empowerment and coming off medication last for an additional year beyond the year of activity. In contrast, reduced anxiety and improved physical health last for the year of activity.

Valuing outcomes

It's easy to value some things, especially when there's a market for those goods or services. We know how much a loaf of bread costs or a training course. But it's harder to value other things, such as an improvement to somebody's self-esteem or a reduction in somebody's anxiety. For this SROI we have

used a financial proxy based on a revealed preference approach to valuation, then used this value as the basis for other outcomes using average weightings provided by participants for all outcomes.

Owning a dog was repeated by a few participants during fieldwork. This provides companionship and helps to get people outdoors on dog walks. Furthermore, studies have also shown that having a pet can also reduce anxiety and boost mental health.² We have therefore taken the cost of owning a dog as a revealed preference value and used it for the 'improved physical health' outcome, the closest fit among outcomes in this evaluation. Averaged over the typical lifetime span results in a cost of £1,748 per year.

Participants also provided weighting for outcomes, and which were most important to them. This suggests that coming off medication was rated highest, at 10, albeit by the few participants who experienced that change. Weightings for the other four outcomes are similar, ranging from 7 to 8.5.

When people experience change, there are usually several factors at play, not just a single influence. Through engagement with participants and the views of link workers, we have calculated average causality values. This meets the SROI principles of being transparent and not over-claiming.

Bringing all the earlier stages together results in the final social value calculations. **This suggests that for every £1 spent directly or nominally allocated to the WWT Blue Prescribing and wider activities in Steart has resulted in £9.30 of social value for participants.**

Conclusions

The evidence suggests that outdoor wetland-based activities in groups, involving creativity and in a relaxed, informal way all support participants to achieve positive outcomes. Because this programme came soon after the lifting of Covid-19 pandemic restrictions, it allowed participants to engage with people in groups outside, not just online sessions.

However, while our SROI evaluation suggests a high social value created at Steart, we must also stress that there remain challenges for participants and others with mental health problems. Addressing them and further management of conditions is therefore a lengthier process that involves other professionals and support, beyond what WWT alone can offer.

Yet we have shown that for the 249 participants involved in WWT Blue Prescribing and wider activities at Steart, a considerable proportion have experienced positive outcomes. Our evaluation suggests that the most common outcome was reduced anxiety (70% of participants), enjoying life through

² <https://www.mentalhealth.org.uk/explore-mental-health/a-z-topics/pets-and-mental-health> accessed June 2022

feeling more empowered is the most valuable outcome (£209,645 as it last over two years) and that coming off medication was rated most highly for those participants who did experience this (weighted 10 out of 10).

Introduction

M·E·L Research was commissioned through a competitive tendering process to evaluate the Blue Prescribing Project at WWT London Wetland Centre on behalf of Mental Health Foundation (MHF) and WWT. Through funding made available by the Government's Green Recovery Challenge Fund (GRCF, delivered by The National Lottery Heritage Fund in partnership with Natural England and the Environment Agency) we were able to expand the original evaluation (of Blue Prescribing at the London Wetlands Centre) to include a Social Return on Investment (SROI) approach to the Blue Prescribing Project at WWT Steart Marshes.

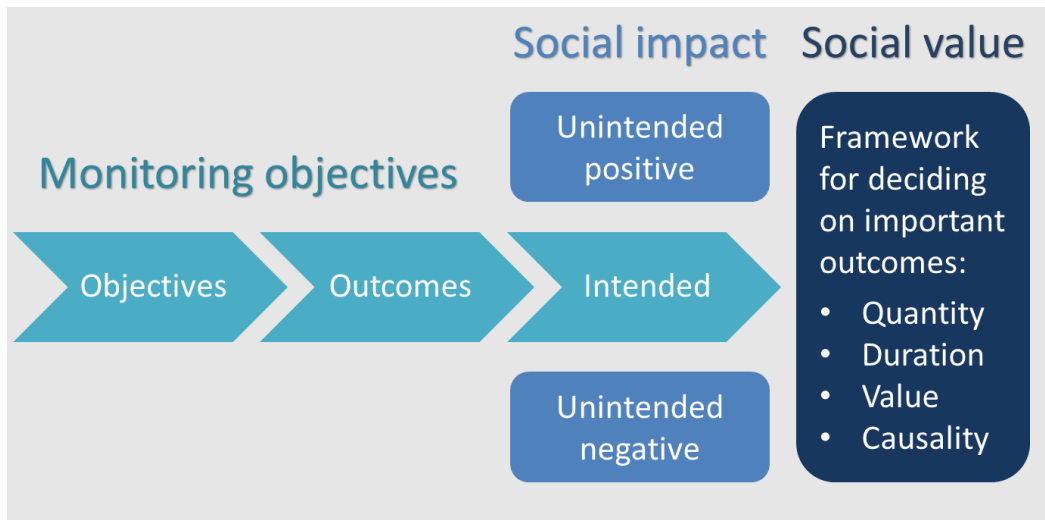
What is SROI?

Social Value UK state that 'social value' is "the quantification of the relative importance that people place on the changes they experience in their lives"³. As not all changes are captured in market prices, e.g. a pay rise after completing a qualification, it's "important to consider and measure this social value from the perspective of those affected by an organisation's work".

Social Return on Investment is a principle-based framework that supports this quantification, ultimately aiming to understand and create more social value. Sometimes it's reduced to a single metric: for each £1 invested £X amount of social value is created. SROI also offers more, a way to see what stakeholders value from an activity, which can help change, improve and target services in future.

The SROI principles have been drawn from underlying social accounting and audit, sustainability reporting, cost benefit analysis, financial accounting and evaluation practice. They help us move from monitoring activity objectives to judging social impact and finally quantifying social value, as shown below.

³ <https://socialvalueuk.org/what-is-social-value>



Many evaluations are focused simply on monitoring or proving pre-set objectives. This can be useful, particularly to measure the 'success' against original plans. This is shown in the lighter blue above. One step further is to expand to social impact, which adds unintended positive and negative change. Social value goes further still, providing the framework for deciding on important outcomes. It does this by seeking the quantity of change and how long it lasts but also assigns a value to these outcomes and adds an approach to the quantification of causality. Put simply, how much of the change was down to the activity?

SROI principles

The SROI is a principles-based approach rather than simply a tool to calculate one value. Here are the eight SROI principles that we will embed throughout the evaluation:



Involving stakeholders

(Everyone who has a 'stake' or an interest in the subject of the SROI): this informs what gets measured and how this is measured and valued in an account of social value by involving stakeholders.



Only including what is material

Determine what information and evidence must be included in the accounts to give a true and fair picture, such that stakeholders can draw reasonable conclusions about impact.



Understanding what changes

(For those stakeholders): need to articulate how change is created and evaluate this through evidence gathered, recognising positive and negative changes as well as those that are intended and unintended.



Valuing what matters

(Also known as the 'monetisation principle'): making decisions about allocating resources between different options needs to recognise the values of stakeholders. Value refers to the relative importance of different outcomes. It is informed by stakeholders' preferences.



Not over-claiming

Only claim the value that activities are responsible for creating.



Being transparent

Demonstrate the basis on which the analysis may be considered accurate and honest, and show that it will be reported to and discussed with stakeholders.



Verifying the results

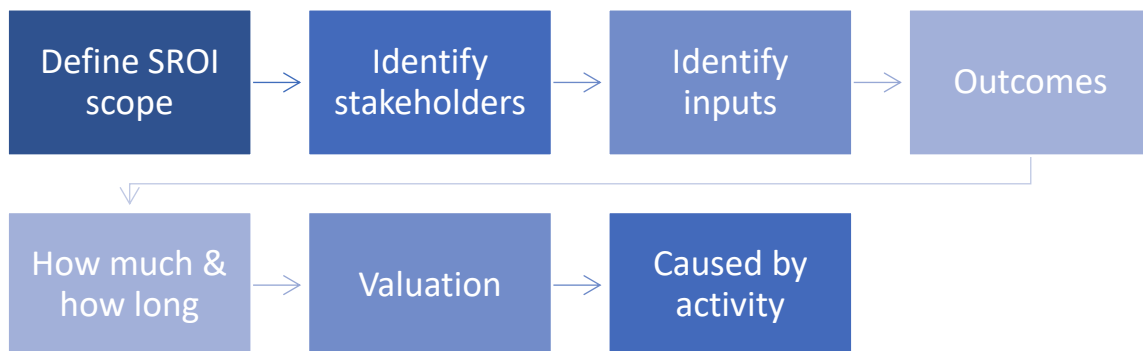
Ensure appropriate independent assurance.



Be responsive

Pursue optimum social value based on decision making that is timely and supported by appropriate accounting and reporting.

Here are the key elements within an SROI valuation.



Our approach

In order to derive the SROI for the Blue Prescribing work in Steart Marshes, we have carried out the following:

Overall

- Regular and ongoing engagement with WWT's Principal Research Officer (Health & Wellbeing) and (Stearth) Health & Wellbeing Officer.
- A site visit to Steart Marshes with several WWT and Mental Health Foundation colleagues in November 2021.

Outcome-finding

- Online interview with the Stearth and London Health & Wellbeing Officers in March 2022.
- A group discussion with a dozen previous participants and a volunteer in Stearth in April.
- Telephone interviews with four participants from two referral agencies in April and May.
- Online interviews with five link workers from two referral agencies in April.
- Thematic analysis of all qualitative evidence to draw out changes and chains of outcomes for participants.

Quantification phase

- Assessment of limited data from WEMWBS and ONS-4 surveying.
- Online survey completed by two link workers (high staff turnover of link workers through the year hindered response rate from referral partners)
- Telephone interview with a participant.
- A WWT-run group session and discussion with 10 participants.
- The WWT Health & Wellbeing staff reflections on outcomes, including from extensive notes written during the project.

Analysis and valuation

- Inclusion of financial input data and monetisation of non-valued inputs for the SROI calculations.
- SROI calculations, including setting the quantity of outcomes experienced by participants, their relative weighting and causality values.
- Assessment of financial proxies to use as part of the monetisation stage.

Scope of the SROI evaluation

We have focused on the Blue Prescribing project carried out by WWT at Steart Marshes. This is a nature-based social prescribing project aimed at getting people experiencing mental health problems involved in wetland-based group activities in Somerset. The programme is specifically designed, in consultation with participants, to promote a range of mental and physical health benefits through facilitated wetland nature engagement.

The project activities are similar to the growing health practice of social prescribing, which enables healthcare professionals to refer people to local, non-clinical services to improve health and wellbeing and make better use of community resources. It is aimed to free up GP time to focus on medical conditions they can support and to provide a more appropriate non-medical service for those who need it.

The time period for this evaluation has focused on a year of programme delivery from July 2021 to July 2022, although fieldwork and analysis continued after that end date. This was the period when interventions had started and continued, so this evaluation reflects the delivery phase, not earlier engagement work. More information on the Blue Prescribing Project can be found at <https://www.wwt.org.uk/our-work/projects/blue-prescribing/what-is-blue-prescribing/>.

Here is a summary of the activities and programmes provided as part of the Blue Prescribing Project at WWT Steart Marshes in 2021/22.

- **Meads and Marshes** – Sessions designed specifically for supporting health and wellbeing and are tailored according to group dynamics and people involved. These included: eco-therapeutic activities, creativity, cooking, group discussion, practical activity, walking and wetland-based learning activities.
- **Willow Calf** – A collaborative project cutting willow from the site and making group designed willow calf sculptures across several sessions, with additional wellbeing activities.
- **Willow Long Horn Cattle** – Community project to learn about the willow at Steart, how it is grown and cultivated, then using the willow to create a giant sculpture of a longhorn cattle for the site.
- **Nelson's Trust** – Collaborative project working with Nelson's Trust who support women with multiple and complex needs, engaging in various activities at Steart throughout the year to support health and wellbeing.
- **Poetry Walks** – Collaboratively developed by a local community organiser and poet, these walks organised women together to come to Steart to creatively reflect through poetry on rivers and water.
- **Taster Sessions** – Sessions designed to provide an opportunity to experience some of the activities that can or could happen at Steart Marshes supporting health and wellbeing.
- **Health Walks** – Walks run by a local volunteer (a neuro-physiotherapist), works as a drop-in session weekly for people to come and walk together for health at Steart Marshes.

Stakeholders

For an SROI evaluation, a stakeholder is anybody with a stake in the activity. This can be those people or organisations the activity has an effect on or who affect the activity. They are commonly people who take part in activities, often through referrals, as well as volunteers and staff involved. Funders and others who contribute to an activity are also key stakeholders.

Identifying who are stakeholders in an activity is therefore a key first step. This started with a long list identified through out initial conversations with WWT. These are:

- Participants (people experiencing mental health problems)
- WWT staff as individuals
- WWT volunteers
- Activity facilitators and leads
- WWT organisationally
- Referral agencies + staff
- The Green Recovery Challenge Fund (i.e. National Lottery Heritage Fund in partnership with Natural England and the Environment Agency)
- Mental Health Foundation
- Family members / carers of participants
- Local community
- Local GP surgeries
- Other local agencies like MIND Somerset, Open Mental Health, SASP, Spark, ChardWATCH, Somerset Recovery College
- Local Nature and Wellbeing Action Group
- National Academy for Social Prescribing (and their Thriving Communities fund)

For the purpose of this SROI, we have focused on the outcomes for participants through involvement in the project. These will be the stakeholders who gain most from the activity, so a materiality consideration in SROI language. This is about having clear boundaries of what information and evidence must be included in an account of value to give a true and fair picture, and one that is based on the evidence from stakeholders so that decisions taken focus on the changes that matter. Although out of scope for this study, it would, for example, be possible to probe further into other stakeholders in future work, such as WWT volunteers and referral agencies.

How many stakeholders

WWT were able to provide the numbers of people involved in the activities (summarised earlier):

Stakeholder	Number
Meads and Marshes Courses	35
Adult Social Care – Willow calf	12
Willow long horn cattle – 100 total (25 referrals and 7 Meads and Marshes)	100
Nelson’s Trust – 10 with 10-15 (15 overall) continued monthly	15
Poetry Walks (including through Blue Prescribing Referral routes)	30
Taster sessions	17
Health Walks – 5-10 weekly (both same and different meaning over the period roughly 40 engaged)	40
Total participants	249
WWT volunteers	5
WWT staff	4
Referral agencies	10–15



Inputs

To calculate a social return for the project, we need to know the inputs. Some are straightforward, such as the funding for the project, including overheads and projects costs. There are three further inputs that are important to value: referral agency staff travel support and attendance at Steart activities, support from project partners Mental Health Foundation and WWT volunteer time.

For referral agency staff we have used rates based on a June 2022 advert for a CCS Village Agent in Sedgemoor, the actual role delivered by link workers from one of the referral agencies. The salary is £21,755 for a 35-hour week. This is equivalent to £11.95 per hour. Based on M·E·L Research's previous SROI evaluations, we have assumed a nominal rate of 10% for employer National Insurance contributions (broadly taking account of earning thresholds) and a 3% employer contribution for pensions. The number of hours was derived from estimates from WWT project staff's knowledge of referral agency involvement.

For the contribution from the Mental Health Foundation, MHF have provided the average salary point of the roles involved, £44,412, and the employer pension contribution of 10%. Employer's National Insurance contribution on this full-time salary equates to £4,873 using an online calculator. We have again assumed a 35-hour week. The number of hours was again derived from estimates from WWT project staff's knowledge of this involvement.

WWT provided us with the number of hours delivered by volunteers as part of the activity: 156 in total. For SROI purposes, we need to place a monetary value on this. As M·E·L Research have done in previous projects, we have used the Real Living Wage for this, this represents an equivalent rate if these people were employed. In November 2021 this was £9.50 per hour. Again, we've used the same nominal employer NI and pension contributions as above. The full input values are shown below.

Inputs into Steart for SROI calculations

Stakeholder	Number in group	Input item	Input value
Participants referred through wellbeing social prescriptions	249	(Not usually monetised)	N/A
Referral agencies	2	Staff time: 59 hours In kind support for travel and onsite: 25 hours	£1,135
Mental Health Foundation	1	Time: 12 hours	£357
WWT volunteers	5	Time: 156 hours	£1,675
WWT staff	4	(Included in GRCF funding)	N/A
WWT organisationally	1	(Included in GRCF funding)	N/A
GRCF funding	1	Funding: staff + overheads + project costs	£65,957
Total input value			£69,124

Outcomes

Outcomes are changes in people’s lives, or changes for organisations, that stem from the activities under review. These can be short- or long-term. They can relate to project or funding objectives, though an SROI evaluation will look to unearth changes from a stakeholder’s perspective. This means they are often broader in scope than project objectives.

We thematically analysed qualitative data from participants themselves, a volunteer, referral link workers and WWT colleagues. These outcomes fell into the following categories, summarised in no particular order, with dimensions and examples also included:

Theme	Dimensions
Socialisation	<ul style="list-style-type: none"> ▪ People spoke about meeting with others, including from a range of backgrounds. A link worker spoke about one woman gaining new friends. All this has helped to alleviate isolation. ▪ Laughter and happiness. ▪ Example of one woman looking “quite terrified” before starting and visibly shaking. At Steart, this led to her walking along the beach with a volunteer, visibly calmer and socialising with other women. ▪ Talking to the WWT Health & Wellbeing Officer had eased worries, instead of previously being “worried about everything”. ▪ One woman had changed from not speaking to anyone, not making eye contact and working by themselves, to chatting, joining in and having a joke; working together with others. ▪ “Confidence gained, friendships made: win, win.” ▪ Getting out and speaking to people by being out in nature ▪ One woman felt more understood by other people, with people more accepting of “her uniqueness”.
Confidence / resilience / empowerment / motivation / drive	<ul style="list-style-type: none"> ▪ One woman “came out of their shell” by being involved in group activities. ▪ People taking part more, becoming more resilient and gaining more autonomy. Some less reliant on services. ▪ About empowering women, building them up and supporting them; empowered to go and do these things on their own, independently. ▪ People feeling free to join in as they want, not forced. ▪ Confidence gained, shown by asking for help and trusting other professionals. ▪ Long-term change: the participant is now volunteering. ▪ Starting to use public transport rather than be picked up and taken to places. ▪ “Fostering internal capacities.” ▪ “The group allowed me to bring out my determination. It was like the sun had begun to shine.”

Theme	Dimensions
Creativity	<ul style="list-style-type: none"> ▪ Learning new “indigenous” skills, eg willow weaving, bird feeder. A happy place to share with others like grand-daughter. ▪ Reconnecting with past “indigenous” or heritage skills/ abilities/ memories, eg “stunning poem, amazing” or driftwood to return to art. ▪ Long-term change: one woman had taken the weaving skills and used them to create mini statues that she gave to friends as gifts. She planned to make more and sell them in future. ▪ “Being involved with new things and things I haven’t tried” was a major source of enjoyment and wellbeing.
Nature / place	<ul style="list-style-type: none"> ▪ Coming away from the city; being outside; reconnecting with nature, eg birdwatching. ▪ “There is beauty around us in the countryside. Before I couldn’t see it, it was black.” ▪ “Feels out of it” at Steart, away from Bridgwater; expansive views. ▪ Space – and all weathers – to connect and feel emotions, especially where trauma exists; calming; more mindful. ▪ Covid context; people happy to be outside. ▪ Somewhere they don’t feel unsafe. ▪ People continuing to go out to Steart.
Positive memories	<ul style="list-style-type: none"> ▪ Steart Marshes is a place that remains the same and you can depend on; a “refuge”; “sense of peace”. ▪ Places as “holding this memory”; “unconscious memories” of places, eg from childhood. Somewhere that brings back good memories as a kid but not gone back since; area where she used to collect driftwood with her dad, who has now died; reconnecting with a positive past, eg joy out of being creative. ▪ Reconnecting with better things, not holding onto negative things; remembering you can feel good; getting past trauma. ▪ Links to own heritage, what ancestors made; lots of people as “indigenous” to this place.
Noticing things / broadening outlook / mindful	<ul style="list-style-type: none"> ▪ Learning and discovering new things, including the creativity but also the environment and nature. Landscape. ▪ “Now I look at everything else, I just used to look at the ground.” ▪ Chance to be slow, more time to stop and think ▪ Driving somewhere new, going somewhere new; ‘tell me about places in Bristol’; context of coming out of lockdown, coming outside and expanding their horizons. ▪ People noted that they were interacting with the world differently since being involved, looking for more space outside to meet people and building interests in the natural world: birds, bees and plants. They felt that this meant they engaged with the world a little differently than before, especially being curious about what was around them. ▪ People felt that they had increased the ways they could interact with the world around them in ways that felt healthier.

Theme	Dimensions
Exercise / physical health	<ul style="list-style-type: none"> ▪ Helps diabetes as exercising. ▪ Accessible walks, so health benefits. ▪ Improving health through walking. ▪ Improved breathing, less pain or feeling “more able to walk further distances”.

As part of our qualitative phase, we spoke to WWT staff and a volunteer as well as referral agencies. There is merit in including outcomes for volunteers, especially as several have joined from being a participant at Start. This could be extended as a future phase of the research. However, the changes for referral staff, such as benefits of taking part in outdoor activities as they accompany their participant clients, are not material for this SROI evaluation.



Final outcomes for participants

For an SROI evaluation, we must look at the chains of events that lead to the final outcome. This starts by setting out all the changes that take place for participants and looks for the relationship or direction between them, mapping what happens before (and sometimes after each change; see below). It can be a challenging part of the evaluation with overlap between changes. For example, working in a group activity can stop people feeling isolated and therefore reduce anxiety. However, anxiety can also be reduced by being outside and being more mindful.

Pulling together all these changes led us to identify five key outcomes for participants:

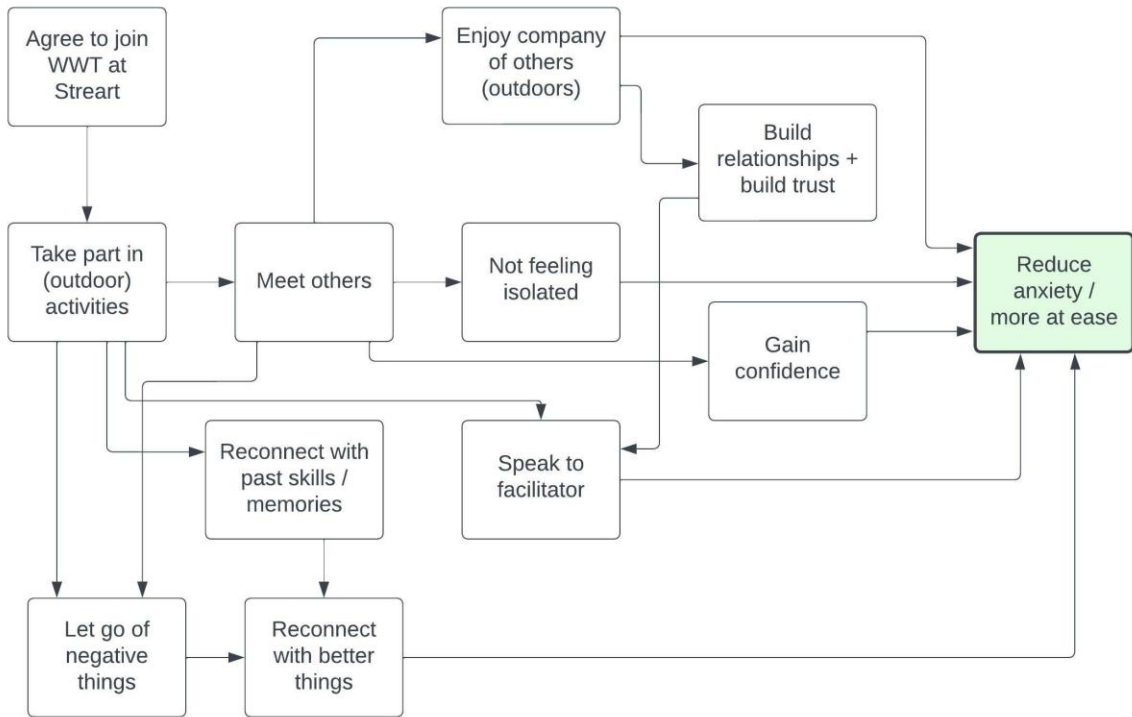
- reduced anxiety
- being more able to manage own mental health through feeling more empowered
- enjoying life more through feeling more empowered
- improved physical health
- coming off medication.

Following interviews, participants and link workers did not reveal negative changes as a result of being involved in WWT activities in Steart. If anything, some participants wanted to continue their involvement because of the positive difference it was making on them.

Below we've gone into more detail for each of these outcomes, especially to show the chain of events that leads to each final outcome. This helps to see the path participants have taken and highlights the various elements that contribute to each final outcome. It provides a more rounded picture than just the final outcomes alone.

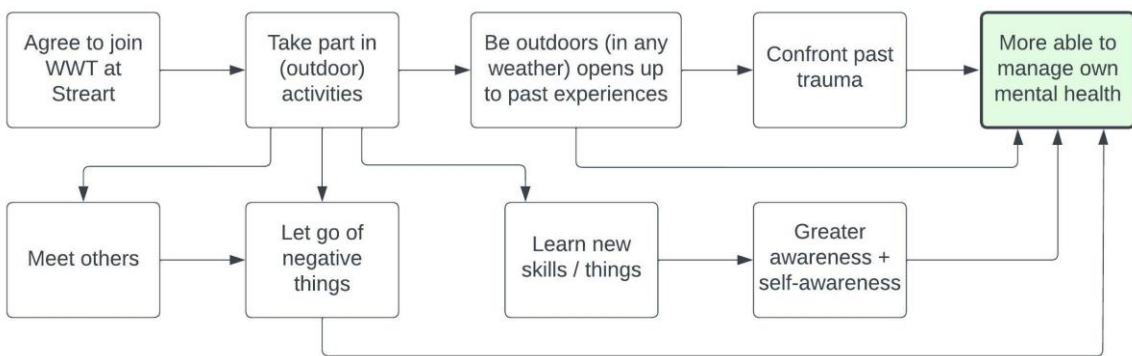
Reduced anxiety

Various factors contribute to reducing anxiety and putting participants at ease. Taking part in activities outdoors and engaging with others socially are key ingredients here. This can help people let go of negative things, reconnect with past skills, memories and better aspects of life. Others have built relationships through these activities and therefore built trust, stopping a feeling of isolation. They have also benefited from speaking to the WWT facilitator. During a WWT-run session with participants for this evaluation, some participants spoke about anxiety not "taking over as much" rather than a reduction in anxiety. This can also be seen as a positive outcome as it is a reduction from even more heightened anxiety. From data offered at referral, many people mentioned diagnoses of anxiety or stress disorders. At the end of programmes, they often spoke of feeling calmer and less anxious than before.



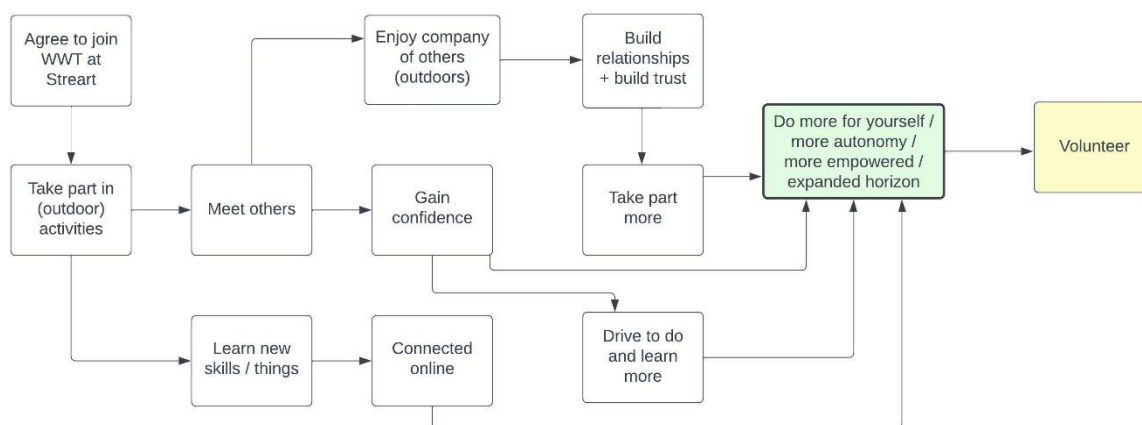
Managing own mental health

Being able to better manage your own mental health through wetland nature is a key aim of the WWT work at Streat. Again, engagement with nature and with others supports this, like the outcome above. For some it's about confronting past trauma. For others it's learning new skills and having a greater awareness of themselves, therefore contributing to greater control over their own mental health.



Enjoying life more through empowerment

This outcome is about participants doing more for themselves, being more autonomous, more empowered and expanding their horizons. Again, taking part in activities outdoors is one aspect. Many participants and link workers spoke about the freedom allowed through this, especially in a setting like Steart. We also see the learning of new skills, even leading some to connect online for the first time. For others, meeting others has led to taking part in activities more or growing confidence, with a drive to do and learn more, including beyond the immediate work at Steart. A few participants had taken this one step further and gone on to volunteer at Steart. While we are not including the volunteering as a separate outcome for participants, it would count as an outcome for the volunteer stakeholder group; however, this evaluation is focusing on participants.



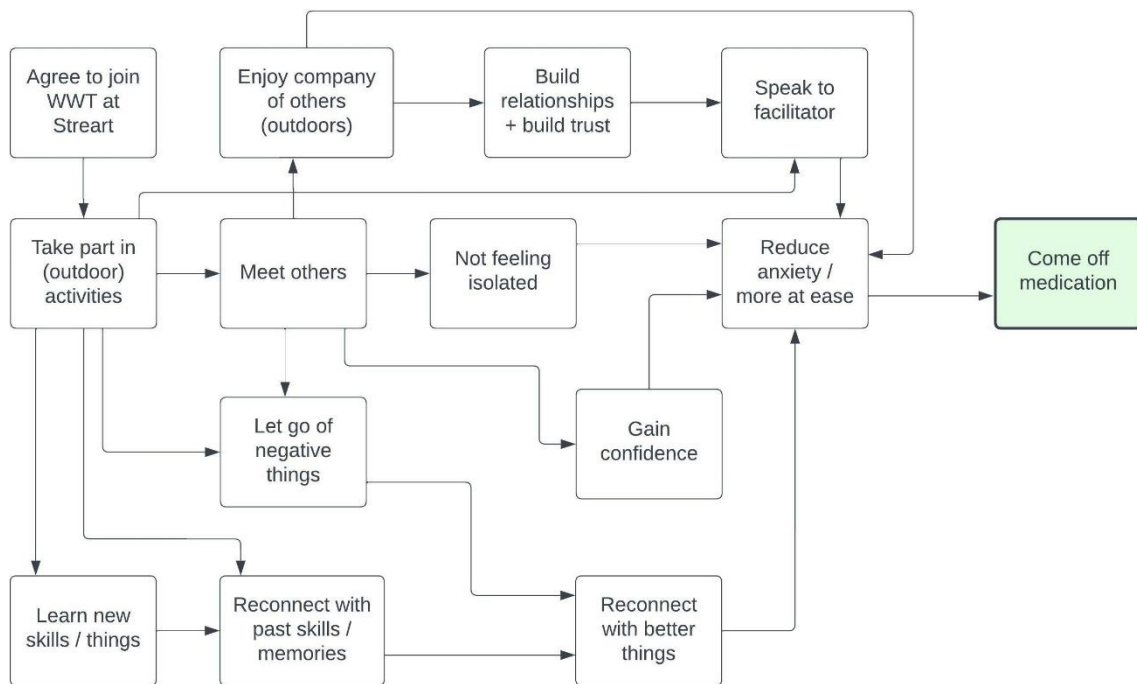
Improved physical health

Improved physical health has the most straightforward chain of events, stemming from taking part in outdoor activities and gaining mild exercise from walking. Activities were purposely designed to incorporate an element of walking, for those able to. For example, after being dropped off at the car park, participants would walk to a willow weaving session or to the beach. During the group research session, a few participants with diabetes spoke about improved physical health through their involvement at Steart. Although not quantified in this evaluation, the link between improved physical health with improved mental health, in both directions, is well established.



Come off medication

Coming off medication was mentioned by a smaller group of participants during this evaluation. This comes after a reduction in anxiety and feeling more at ease. Therefore the path towards this outcome follows the same elements for achieving that outcome, engaging with others outdoors, learning new things and reconnecting with others to trust people and gain confidence.



Key factors for achieving outcomes

During the qualitative phase of this evaluation, several elements were often repeated. As you can see from the above chains of events, several of these appear in more than one chain, such as meeting other people, and are therefore relevant to more than one outcome. We have consolidated these down to four key factors that have helped to make the activities at Steart a success. They are:

- involvement with nature / outdoors
- working in a group / with others
- creativity
- flexibility in approach / not being rigid / personalisation / person-centred.

All of the link workers described the outdoor nature of work at Steart as an essential part of its success. This clearly links to improved physical health, for example, but it's also about a different setting than a therapy room or community hall. There is more freedom. One link worker even spoke about how being out in Steart in all weathers – wind, rain and sun – exposed participants to raw nature, helping to boost mindfulness.

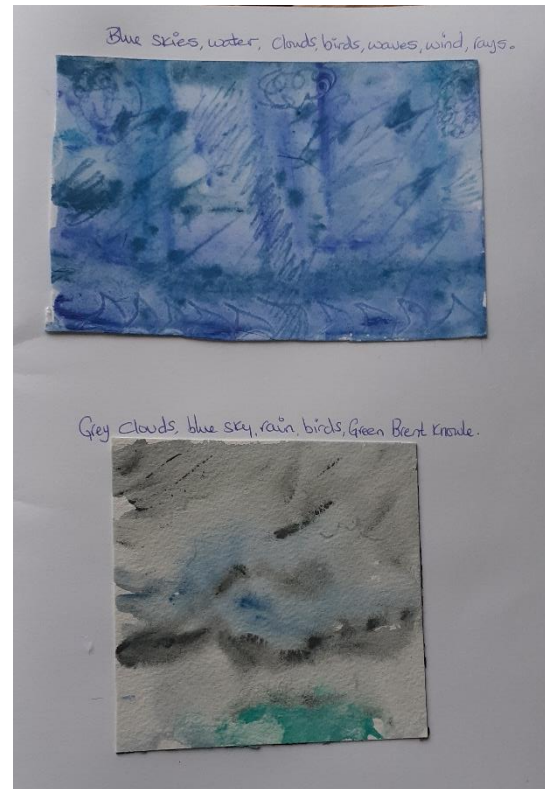
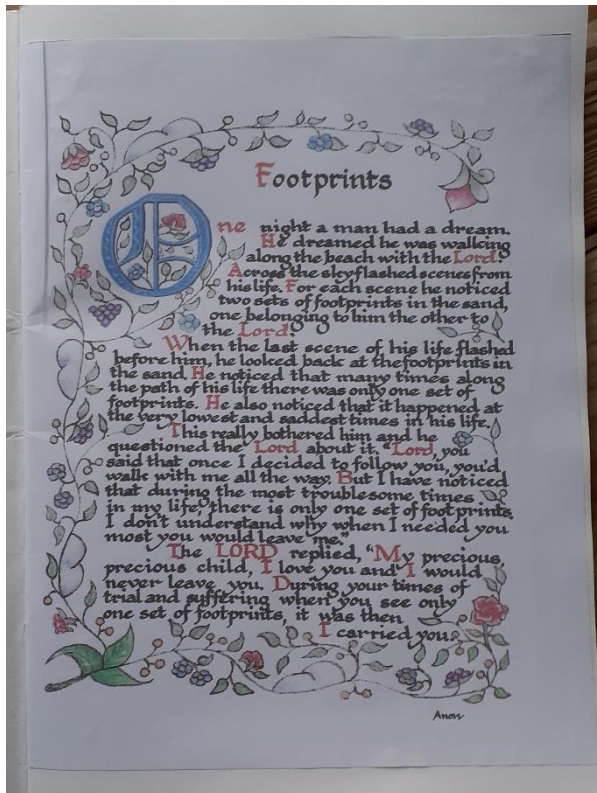
The socialisation from working with others is also important, again seen in almost all of the outcome chains. Being with others can help ease depression and take people's minds off anxieties. It can also help to build both relationships and trust with others, albeit in an unforced way. We heard an example of one woman who was reluctant to join in with the group at the beginning of her work at Steart. By the end she was readily working with others in the group. For some participants, their involvement at Steart was one of the few group activities they did in their lives, again strengthening the importance of the socialisation.

Creativity is another key ingredient to the success at Steart. It was woven in many of the activities and sessions. This included willow weaving, making bird feeders, poetry and more. For some, it was a way to engage with others out in nature, for example collaborating to weave a willow cow or calf. Others returned to previous creativity, returning to a place or period in their lives when they were happy, therefore boosting their mental health.

All of the link workers we spoke to also described the way the programmes were set as a key part of their success, positively comparing it to other activities they had referred to. During the WWT-run session, several people noted they felt more empowered and that "being able to see my comments or questions change the course is a reason this works well". There were two parts to this. First is the flexibility in approach and not being too rigid. For example, one participant was keen on poetry, so this was taken onboard. If participants didn't want to join in with things, they could sit them out or do

something else, like take a walk elsewhere. This comes onto the second part, that activities were personalised and person-centred, such as accommodating for people’s physical health or learning disability. People also got to interact with other “without a specific diagnosis”, which helped them feel more included.

Together, these four ingredients have helped to make the activities work and allowed the outcomes to be experienced at Steart.



Quantifying outcomes

The next step in the SROI calculations is to assess how many people were affected by the outcomes.

In an ideal scenario, there is full baseline data and follow-up data to account for every outcome. This is often tricky because the activity needs to take place before change can happen and therefore be identified. Data on certain project or funder-set objectives often are collected, though this may not stretch to all the final outcomes identified with stakeholders.

There was some use of pre and post data collected at Steart using the WEMWBS and ONS-4 questions. However, there was a low response rate from the participants to the surveys and this data set is limited.

Instead, we have used three other approaches to identify how many people have experienced each outcome. One was asking 10 participants directly through a WWT-run group session. Another approach used the extensive notes taken by the WWT project team as well as service feedback surveys and forms completed during programmes. The third approach was to ask link workers to estimate the proportion of their referred clients who had experienced each outcome. We then combined these three approaches to decide the best proportion of participants for each outcome, based on the full number of participants involved (from WWT data): 249.

Proportion of participants who experienced outcomes

Outcome	Proportion of participants	Calculated numbers (base=249)
Reduced anxiety	70%	174
Being more able to manage own mental health through feeling more empowered	60%	149
Enjoying life more through feeling more empowered	60%	149
Improved physical health	50%	125
Come off medication	5%	12

This shows that reduced anxiety was the outcome experienced by most participants, seven in ten. Being more able to manage their own mental health and enjoying life through greater empowerment were equal with six in ten experiencing this change through their engagement with WWT at Steart. Half of participants benefited from improved physical health, with one in twenty coming off medication. Many participants have therefore experienced several outcomes through their involvement at Steart.

Duration of outcomes

To quantify the duration of outcomes, we've treated all of them as starting within the activity period. We asked participants whether they think they will be experiencing the outcomes a year later using the knowledge and experiences from the WWT-led sessions. Some participants had been involved for almost a year, so this was close to their actual experience; others had to imagine the effect a year later. We have therefore predicted that two outcomes last the year of activity but three outcomes last an additional year, as shown below.

Duration of outcomes

Outcome	Total duration
Reduced anxiety	Year of activity
Being more able to manage own mental health through feeling more empowered	One additional year
Enjoying life more through feeling more empowered	One additional year
Improved physical health	Year of activity
Come off medication	One additional year

This suggests that being more able to manage their own mental health, enjoying life more through empowerment and coming off medication last for an additional year beyond the year of activity. In contrast, reduced anxiety and improved physical health last for the year of activity. For the SROI calculations, this means we have also accounted for drop-off, reducing the weight of WWT's activities towards that extended outcome in the second year. These drop-off values are shown further below.

Finding a financial proxy

It's easy to value some things, especially when there's a market for those goods or services. We know how much a loaf of bread costs or a training course. But it's harder to value other things, such as an improvement to somebody's self-esteem or a reduction in anxiety. Having monetary values, however, can help us compare all outcomes for participants and gives a sense of their social value. For an SROI, we need to find financial proxies for each outcome.

There are different ways to value outcomes. One is to find a stated preference for paying for something, although this can be tricky conceptually for less tangible things like improved physical health. Another is based on wellbeing values that link back to life satisfaction using the Social Value Bank.⁴ These are based on differences in income and life satisfaction against a series of other factors.

⁴ Fujiwara, Daniel, and Campbell, Ross (2011) *Valuation Techniques for social cost-benefit analysis: Stated*

Such values are often used in SROI studies, although they have been criticised for resulting in high valuations.⁵ They can also be harder to grasp for stakeholders, so are often not chosen when presented directly to those involved in activities. There is a wide range of values, starting at £4,896 for an outcome of ‘walking’ but rising to £36,706 for ‘the relief from depression/anxiety’ for an adult aged 25-49 outside of London.⁶ We believe that using any of these values creates a very high over-estimate of social return, too high in our opinion.

A more moderate, alternative approach is to use a revealed preference valuation approach. During qualitative fieldwork with participants, we explored what else had achieved a similar change in their lives. Various options were revealed, such as walking, seeing family members, therapy, attending the local Mental Health Recovery College, arts group and more. One that was repeated by a few participants was owning a dog. This provides companionship and helps to get people outdoors on dog walks. Furthermore, studies have also shown that having a pet can also reduce anxiety and boost mental health.⁷ We have therefore taken the cost of owning a dog as a revealed preference value and used it for the ‘improved physical health’ outcome, the closest outcome. An additional benefit of this approach is that it is stakeholder-informed, more so than the wellbeing valuation approach.

The PDSA suggests that the lifetime cost of owning a dog ranges between £4,600 and £30,800 using 2020 prices.⁸ This does not include buying a dog or any vet fees if the dog becomes ill, although the cost of pet insurance is included. Taking a mid-point of the lifetime cost, including buying a dog, results in £17,700. The average cost for a puppy in 2022 is £1,875 according to research by Pets at Home.⁹ This results in a lifetime cost of £19,575. Other research shows that the average dog in the UK lives 11.2 years.¹⁰ Averaged over the typical lifetime span results in a cost of £1,748 per year.

preference, revealed preference and subjective well-being approaches: A discussion of the current issues HM Treasury and DWP; Trotter, Lizzie (2014) *Social Value Bank: Practice notes, Update: 2014/1* HACT; Trotter, Lizzie, Vine, Jim, Leach, Matt, and, Fujiwara, Daniel (2014) *Measuring the social impact of community investment: A guide to using the wellbeing valuation approach* HACT

⁵ For example, see Corry, Dan (25 July 2018) ‘The problem with Wellbeing Valuation’, <https://whatworkswellbeing.org/blog/wellbeing-should-we-really-be-using-it-to-monetise-non-market-activities/> accessed Dec 2022

⁶ HACT and Daniel Fujiwara, *Community investment values from the Social Value Bank* version 4

⁷ <https://www.mentalhealth.org.uk/explore-mental-health/a-z-topics/pets-and-mental-health> accessed June 2022

⁸ <https://www.pdsa.org.uk/pet-help-and-advice/looking-after-your-pet/puppies-dogs/the-cost-of-owning-a-dog> accessed June 2022

⁹ Scotsman website, 28 June 2022: <https://www.scotsman.com/lifestyle/family-and-parenting/top-priced-dogs-here-are-the-10-most-expensive-breeds-of-adorable-dog-since-the-global-pandemic-sent-puppy-prices-soaring-including-the-loving-labrador-retriever-3304629>

¹⁰ Teng, KT, Brodbelt, DC, Pegram, C *et al.* Life tables of annual life expectancy and mortality for companion dogs in the United Kingdom. *Sci Rep* **12**, 6415 (2022). <https://doi.org/10.1038/s41598-022-10341-6>

Weight of outcomes

Having a value for a single outcome is the starting point for the fuller SROI calculations. To extend that to all outcomes, we have then used stakeholder-provided weightings for each outcome, gained from participant feedback from a WWT-run group session. The average weight given for the importance of each outcome change to them out of 10 is shown below. This suggests that coming off medication was rated highest, at 10, albeit by the few participants who experienced that change. Weightings for the other four outcomes are similar, ranging from 7 to 8.5.

Participant weights for outcomes

Outcome	Weight (out of 10)
Reduced anxiety	8.5
Being more able to manage own mental health through feeling more empowered	8.5
Enjoying life more through feeling more empowered	7.75
Improved physical health	7
Come off medication	10

When the group of participants were asked about the outcomes, most spoke about making friends, trying new things, making better relationships, getting out and about and being involved with community life.

The next step in valuing all outcomes is to apply these weightings against the base value from improved physical health. We use the average weight given to this outcome, 7 out of 10, as the base value, adjusting all others from their own weights. Reduced anxiety, for example, therefore has a value of $8.5 / 7$ because of its higher weighting. The same approach is used for the other outcomes, with the resulting valuations below.

Calculated value of each outcome using weightings

Outcome	Weight (out of 10)	Value (* base value)
Reduced anxiety	8.5	£2,123
Being more able to manage own mental health through feeling more empowered	8.5	£2,123
Enjoying life more through feeling more empowered	7.75	£1,935
Improved physical health	7	£1,748 *
Come off medication	10	£2,497

How much is down to WWT's work in Steart?

When people experience change, there are usually several factors at play, not just a single influence. An SROI evaluation takes account of these to see how much was caused by the activity in question using four key concepts:

- **Deadweight** aims to capture if the change would have happened anyway, sometimes known as the counter-factual. Participants may well have felt more empowered, without the programme, for example.
- **Displacement** is about what was displaced because of the activity. Although there are figures in the table below, link workers told us that the Steart activities were a good additional option.
- **Attribution** looks to see what else contributed to the change other than the WWT activities in Steart. Many participants were also involved with other agencies, so it's fair to attribute some of the change elsewhere.
- **Drop-off** captures how much of an outcome that last more than one year falls away each subsequent year.

Quantifying and attributing a percentage to each of these concepts is difficult. Some are hard to imagine, such as the proportion that drops away each subsequent year. The proportion of displacement can also be difficult to capture with this type of activity. What would have happened without the project and the amount of change down to WWT in Steart are subjective views. However, it's still important to be open about how much is due to the activities and how much is outside of this. We have approached this quantification through: consultation with participants at a WWT-run group session, from a comparative interview we carried out with another participant and from the views of two link workers. This helps to triangulate and quantify these more subjective views. Our final percentages are averages between the participant and link worker numbers.

Below is a summary table showing all causation values for outcomes.

Causality for outcomes

Outcome	Deadweight	Displacement	Attribution	Drop off
Reduced anxiety	25%	8%	45%	0%
Being more able to manage own mental health through feeling more empowered	25%	8%	50%	50%
Enjoying life through feeling more empowered	18%	0%	41%	50%
Improved physical health	25%	0%	50%	0%
Come off medication	0%	0%	0%	25%

Social return

Bringing all the earlier stages together results in the final social value calculations. This is shown below for each outcome and combined. This takes the number of participants experiencing each outcome and multiplies this by the value for that outcome, then reduces each element of causality, including accounting for any additional year's benefit.

The table below shows the impact values for each of the outcomes for participants. This results in a total income value of £500,810, over half a million pounds, in the first year (Year 0), with an additional £141,752 impact value in the second year for those outcomes lasting more than one year (with a standard 3.5% discount rate applied). Looking at the outcomes individually, these calculations suggest that enjoying life through feeling more empowered is the most valuable outcome (£209,645). This is due to having a relatively high number of participants and the outcome lasting for one additional year. Next most valuable is being more able to manage own mental health through feeling more empowered (£163,073).

Impact values for each outcome for participants

Outcome	Impact value	
	First year	Additional year
Reduced anxiety	£140,428	–
Being more able to manage own mental health through feeling more empowered	£108,715	£54,358
Enjoying life through feeling more empowered	£139,763	£69,882
Improved physical health	£81,938	–
Come off medication	£29,966	£22,474
Total impact value	£500,810	£146,714
Total present value *	£500,810	£141,752

* Additional year is reduced by standard HM Treasury Green Book discount rate of 3.5%

For the social return on investment, we need to compare the impact value with the value of inputs. This is shown below.

Social return on investment

Element	Value
Total present value (PV)	£642,562
Total value of inputs	£69,124
Net present value (PV minus the investment)	£573,438
Social return (value per amount invested)	9.30

This suggests that for **every £1 spent** directly or nominally allocated to the WWT Blue Prescribing and wider activities in Steart has **resulted in £9.30 of social value** for participants.

This ratio, 1:9.3, compares favourably to other similar SROI studies¹¹, as shown below.

Comparing social value ratios for similar evaluations

Evaluation	Ratio
Linkwide Older Persons' Advice Project (OPAP) Social Return on Investment (SROI) Analysis	1:27.53
Salford Men's Wellbeing Project	Range of 1:14 to 1:20
This SROI of Blue Prescribing project	1:9.3
Change Step SROI Report on veteran wellbeing	1:6.79
The Social Value of a Community-based Health Project: Healthy Living Wessex	1:5.42
Peer Support in Accommodation Based Support Services	1:4.94

Sensitivity testing

Two of the SROI principles are not over-claiming and being transparent. One part of SROI calculations is therefore to carry out sensitivity testing. This is a way to check the figures and assumptions made in the SROI calculations. It can help to confirm or potentially reject some of the figures. This is done by changing specific elements within the full SROI calculations, then seeing what difference is made, if any, to the social return ratio. For example, we have used the lowest number of participants who experienced each change rather than a mid-point from the evidence collected.

The table below summarises the elements changed and shows the resulting social value ratio (instead of the one given above of 1:9.3). This shows a range from as little as 1:1.98 for using a course of talking therapy as the financial proxy to as high as 1:12.57 for the minimum causality values. This suggests that the choice of financial proxy in our SROI evaluation is a significant contributor to the overall social value created by WWT activities at Steart. When looking at comparisons between the minimum and maximum values in particular domains – the number of participants experiencing change and causality – the social value ratio in our evaluation sits neatly in the middle. This suggests reasonable values included in our evaluation.

¹¹ All found in the Social Value UK's report database: <https://socialvalueuk.org/report-database/> accessed Dec 2022

Sensitivity tests

Element	Social return
Minimum number of participants experiencing change	1:7.88
Maximum number of participants experiencing change	1:11.23
Reducing the duration of all outcomes to just one year	1:7.27
Using different financial proxy: talking therapy for reduced anxiety outcome Median cost of talking therapies in Bridgwater is about £45–£50 per session via BACP ¹² , also towards the middle of the range provided on the NHS website ¹³ ; based on nine sessions, the mid-point in the BACP guide to counselling and psychotherapy ¹⁴	1:1.98
Minimum causality values	1:12.57
Maximum causality values	1:6.48

¹² BACP search therapist webpage (accessed October 2022): <https://www.bacp.co.uk/search/Therapists?UserLocation=&q=&LocationQuery=Bridgwater%2C+UK&Location=&FoundLocation=&SortOrder=0&TherapistSortOrderSelectionMade=false&Distance=10>

¹³ NHS Counselling webpage (accessed October 2022): <https://www.nhs.uk/mental-health/talking-therapies-medicine-treatments/talking-therapies-and-counselling/counselling/>

¹⁴ BACP (March 2021) 'Introduction to counselling and psychotherapy' information sheet, <https://www.bacp.co.uk/media/11060/bacp-introduction-counselling-and-psychotherapy-client-information-sheet-march-21.pdf>

Conclusions

The evidence suggests that outdoor wetland-based activities in groups, involving creativity and in a relaxed, informal way all support participants to achieve positive outcomes. These key outcomes for participants are:

- reduced anxiety
- being more able to manage own mental health through feeling more empowered
- enjoying life more through feeling more empowered
- improved physical health
- coming off medication.

This report indicates that for every £1 spent directly or nominally allocated to WWT's Blue Prescribing Project and wider activities in Steart has resulted in £9.30 of social value for participants, suggesting a high worth of the work at Steart by WWT.

It's possible to extend this SROI evaluation further by looking at the social value created for volunteers. Although there were a small number of volunteers involved, some of these had previously been participants in the Blue Prescribing programme.

The timing of the programme, July 2021 to July 2022, may also be a factor in the level of social value created. Because this programme came soon after the lifting of Covid-19 pandemic restrictions, it allowed participants to engage with people in groups outside, not just online sessions. This means the opportunity to experience outcomes was greater and, perhaps, the starting point for mental ill health was lower because of the pandemic restrictions. This can be tested in future by repeating an SROI analysis, in particular to see if there is a change to the proportion of participants experiencing outcomes or whether the causality values change.

While our SROI evaluation suggests a high social value created at Steart, we must also stress that there remain challenges for participants and others with mental health problems. Some of the outcomes documented here stem from participants' involvement outdoors at Steart with others. Once people return home, some effect reduces. Equally, facilitating access and travel to the site was a key factor, and for some people, physical ill health or financial constraints will restrict access, therefore cutting out the option of involvement at Steart. Lastly, the starting level of mental ill health may be very high for some people involved in the project. While they described easing of anxieties, for example, or a levelling of distress, underlying mental health problems persist for many. Addressing them and further management of conditions is therefore a lengthier process that involves other professionals and

support, beyond what WWT can offer. We are cautious in underplaying these factors through this evaluation.

What we have shown is that for the 249 participants involved in WWT Blue Prescribing and wider activities at Steart, a considerable proportion have experienced positive outcomes. Our evaluation suggests that the most common outcome was reduced anxiety (70% of participants), enjoying life through feeling more empowered is the most valuable outcome (£209,645 as it last over two years) and that coming off medication was rated most highly for those participants who did experience this (weighted 10 out of 10).



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