



University of the
West of England

For All Healthy Living Company Healthy Connections Project

Evaluation and Social Return on Investment Analysis

Summary Report

Key Points

- The aim of this research was to evaluate the impact of the Big Lottery funded Healthy Connections project on its participants, and demonstrate the social value that the project is creating using the method of Social Return on Investment (SROI).
- The Healthy Connections Project is aimed at improving the mental health and wellbeing, and social support and resilience of people with mild to moderate mental health needs in South Ward, Weston-super-Mare. The Project is particularly well placed to address these needs because of its community base in the For All Healthy Living Centre.
- Social Return on Investment (SROI) is a framework for measuring and accounting for change in ways that are relevant to the people or organisations that experience or contribute to it. It includes social, environmental and economic outcomes and uses monetary values to represent them.
- Mental wellbeing is a fundamental component of good health. Mental illness is hugely costly to the individual and to society, and lack of mental wellbeing underpins many physical diseases, unhealthy lifestyles and social inequalities in health.
- Social circumstances play an important role in determining mental health and wellbeing. There is strong evidence that social isolation impact upon individuals' quality of life, adversely affecting health and increasing their use of health and social care services.

Key Results

- The evaluation includes data from those who accessed support during the first 15 months of the project; 94 referrals (self-referral and referral from partner agencies), of whom 79 attended one or more intervention sessions with the Wellbeing Worker. Many participants had complex needs.
- The evaluation found clear evidence of significant and lasting benefit of Healthy Connections to its participants in terms of improved feelings of wellbeing and reduced signs of anxiety, as well as improved social wellbeing and reduced social isolation.
- There is also evidence that these improvements, and the changes participants made as a result of the signposting, practical advice and tools they received led to improved lifestyle choices including increased physical activity levels, and more appropriate use of other support services including reductions in GP appointments.
- SROI analysis identified a significant social return for the investment made; for every £1 spent on Healthy Connections there is £3.73 of social value created.

Healthy Connections

The Healthy Connections Project is aimed at improving the mental health, wellbeing and resilience of people with mild to moderate mental health needs in South Ward, Weston-super-Mare.

Healthy Connections is a service targeted at local people experiencing low level anxiety, depression or isolation. It offers participants an introductory session and up to six 1:1 sessions after this with a Wellbeing Worker who uses a solution focussed approach to support participants to explore their situation, identify future action to improve their situation and develop an action plan to achieve health and wellbeing goals. The support provided also includes referral and introduction to other elements of the FAHLCs' Wellbeing Project when appropriate, and to other local agencies for specialist support.

All adults with mild to moderate mental health needs living in South Ward, Weston-super-Mare are eligible for the project. It is estimated that around 1,000 adults might benefit from Healthy Connections at any time.

A Solution Focussed Approach

The Healthy Connections project uses a solution focussed approach for supporting its clients. Solution Focussed Brief Therapy (SFBT) is an approach to psychotherapy based on solution-building rather than problem-solving. It is a strengths-based intervention that is founded in the belief that clients have the knowledge and solutions to solve their problems. Two important aims of SFBT are that the clients' lives should become better, and they should become more confident about finding solutions on their own. SFBT has often been recommended because it can achieve results with less time and cost than other approaches.

Weston-super-Mare South Ward

South Ward in Weston-super-Mare, which includes the areas of Bournville, Coronation, Oldmixon, and the Potteries has a population of approximately 10,400 people. South Ward includes some of the most deprived areas in North Somerset, and indeed nationally; South Ward encompasses areas which are classed within the most deprived 1% in England.

A recent [Health Needs and Assets Assessment](#) undertaken by North Somerset Council describes some of the key features of the South Ward area. When viewed through the lens of the deficit model there are many needs within the area including child poverty and poor child health, low aspirations and/or expectations in young people, high prevalence of

alcohol and substance misuse, poor mental health, high unemployment, high smoking prevalence, poor cardiac health and high premature mortality. High levels of social housing and unemployment have contributed to a negative perception of the area by outsiders and to a certain extent local statutory agencies and efforts to tackle such a range of needs can seem daunting.

Changing the lens and viewing the area through a strengths-based approach reveals many assets in the community. For instance there are already a number of health promoting assets in the area including community focused schools, a vibrant Healthy Living Centre, a library, a youth centre, football grounds and a number of other green spaces including allotments, to name but a few. There are also local residents committed and connected to the area who are passionate about the ward's people and places.

Importance of mental health and wellbeing

Mental wellbeing is a fundamental component of good health. Mental illness is hugely costly to the individual and to society, and lack of mental wellbeing underpins many physical diseases, unhealthy lifestyles and social inequalities in health.

It is estimated that mental health problems impose a total economic and social cost of over £105bn a year. The economy loses more than £30bn a year from sickness absence and unemployment caused by mental ill health, while treating mental health problems cost the NHS and social care over £21bn a year. But the majority of the financial burden of mental illness falls on patients and their families, with the impact on quality of life costing £53.6bn. There are thus strong economic arguments for investing in prevention and treatment.

Social isolation and mental health wellbeing

Social circumstances and environmental factors play an important role in determining mental health and wellbeing. There is strong evidence that social isolation and loneliness impact upon individuals' quality of life and wellbeing.

The Healthy Connections Project is aimed not only at improving mental health but also reducing social isolation, thus improving the resilience of individuals and the local community. Social support is important for increasing resilience and promoting recovery from physical and mental ill health. However, in the most deprived communities such as South Ward many

report severe lack of support, meaning that those who are at greatest risk can be the least resilient to the detrimental health effects of social and economic disadvantage.

There is good evidence that interventions that seek to improve wellbeing at individual and community levels, can help to increase resilience to the wider impacts of the social determinants of health and risky behaviours. For the individual, mitigating loneliness will improve quality of life. Changes may also impact on health and social care service use, limiting dependence on more costly intensive services. Supporting social engagement and reducing social isolation also provides benefits to the wider community by enabling a possible 'harnessing' of potential contribution to the community through, for example volunteering and caring responsibilities.

What is Social Return on Investment?

Social Return on Investment (SROI) is a framework for measuring and accounting for change in ways that are relevant to the people or organisations that experience or contribute to it. It tells the story of how change is created by measuring social, environmental and economic outcomes and uses monetary values to represent them. It is thus a method for measuring social value.

SROI is one approach to economic evaluation of which there are many. SROI captures value often left out of more traditional methods of economic evaluation such as cost benefit analysis.

Interest in social value has been raised by [The Public Services \(Social Value\) Act](#) which came into force on 31 January 2013. The Act requires public bodies to consider how the services they commission and procure might improve the economic, social and environmental well-being of the area. The act defines social value as *"the benefit to the community from a commissioning/ procurement process over and above the direct purchasing of goods, services and outcomes"*.

Access to mental health support

Despite a wealth of published evidence about effective interventions to promote mental wellbeing and prevent and treat mental illness both anxiety and depression often go undiagnosed and many individuals do not seek treatment. Certain groups are known to have particular difficulty in accessing mental health services, especially those in low income groups and those with other health and social problems. This is particularly relevant to Healthy Connections which is

based in South Ward, Weston-super-Mare, and an area of large inequalities and social deprivation.

Project Participants

During the first 15 months of operation of Healthy Connections (Aug 2013-Nov 2014), Healthy Connections received 94 referrals (self-referral and referral from partner agencies), of whom 79 attended one or more intervention sessions with the Wellbeing Worker.

Average age of the participants was 45 years; the majority (78.5%) were female and white British (87.3%). Very few (12.7%) were in any kind of paid employment; 31.6% were unemployed and 21.5% described themselves as long term sick or disabled. Half (50.6%) reported having childcare responsibilities.

Almost two thirds (63.3%) of participants said they had at least one long term condition or disability. Most reported more than one condition. Commonly reported conditions included mental health conditions such as depression and anxiety (18.9%) and also common lifestyle related conditions such as diabetes and cardiovascular disease (16.5%) as well as mobility issues (12.6%).

Evaluation and SROI method

Quantitative and qualitative data have been used to inform this SROI. Measures of mental health and wellbeing collected from all participants as part of the project's outcome monitoring were analysed together with qualitative data collected through project monitoring and research interviews with participants and key stakeholders. Eight interviews were undertaken with project participants (all in person) and fourteen with staff from FAHLC partner agencies (mixture of in person and telephone interviews).

Stories of change

Many participants come to the project with complex needs. Domestic violence and childhood trauma have featured in a significant number of cases.

The table below shows the issues that participants most frequently felt they needed support with. This shows that whilst depression, anxiety and low mood are commonly reported issues, clients come to Healthy Connections with many other problems.

Issue	n	%
Depression	51	63.0%
Anxiety/panic attacks	34	42.0%
Physical health	29	35.8%
Social isolation	26	32.1%
Low mood	17	21.0%
Confidence building	14	17.3%
Parenting	12	14.8%
Relationship difficulties	11	13.6%
Child custody/ child protection	11	13.6%
Bereavement	8	9.9%

Improved confidence and sense of independence and ability to do things alone rather than seeking support from services were important outcomes reported by many project participants.

[The Wellbeing Worker] talked to me about doing things for myself and I did. I wouldn't have done that without Healthy Connections because I never thought I was good at anything – I thought I'm useless. But she said give it a go ... and that's what I did. Project participant

"It's been such hard work being on my own with health problems ... I wasn't getting out and about and it was starting to get me down. Because of my illnesses I couldn't keep doing everything every day. I had to do a little bit every day and have a rest. It was taking so long I couldn't see an end to it. I wanted to get back focussed on the balance, being able to go out and see people and do things outside and still try and get everything sorted out in the flat. I felt doing that would help get me back focussed on myself."
Project participant

"I couldn't imagine what it would be like without [Healthy Connections.] I was really lacking in confidence and self-worth but talking to [the Wellbeing Worker] she made me feel human, that there is more to life than sitting in on my own." Project participant

Wellbeing outcomes

Quantitative data provides supporting evidence for the stories above and enables estimates to be made of how many project participants experienced the outcomes described. The results show improvements in most aspects of wellbeing.

Comparisons of baseline data and information collected at the final session found significant ($p < 0.05$) improvements in feelings of nervousness and anxiety (fall in the mean score from 3.2 (SD 0.9) to 2.2 (SD 0.9)); worry (fall in the mean score from 3.5 (SD 0.9) to 2.8 (SD 1.0)); overall life satisfaction (rise in the mean score from 4.4 (SD 1.8) to 7.4 (SD 1.4)); personal mental wellbeing (rise in mean score from 26.1 (SD 5.5) to 33.7 (SD 5.2) and measures of social wellbeing related to regularly meet socially with friends and relatives (change in mean score from 2.9 (SD 1.1) to 3.6 (SD 1.0)) and satisfaction with neighbourhood (change in mean score from 3.2 (SD 1.6) to 3.7 (SD 1.0)).

A large proportion of participants reported being in touch with other services as well as Healthy Connections. Stakeholders who refer to the project highlighted the added benefit Healthy Connections can bring to participants, and the way in which working with Healthy Connections can give participants the confidence and motivation to engage effectively with other services.

"I saw a client yesterday who had been through Healthy Connections who I'd tried to connect with before. They'd sort of approached me but hadn't followed through on anything. She's now had 5 sessions [with the Wellbeing Worker] and has finally got to the stage where she's happy to come to me. She actually feels confident that she can follow a plan through with me now whereas in the past that just wasn't going to happen. She just wasn't at that stage."
Stakeholder, partner agency

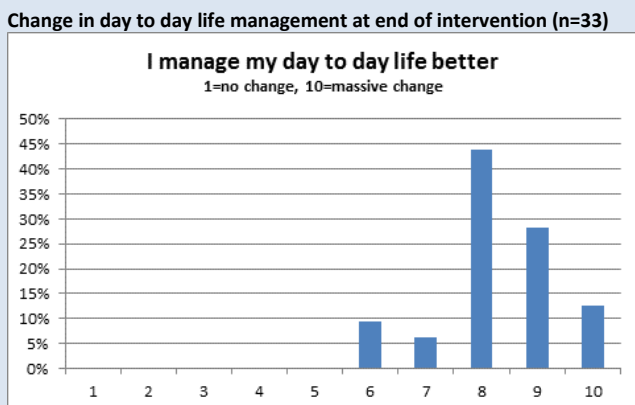
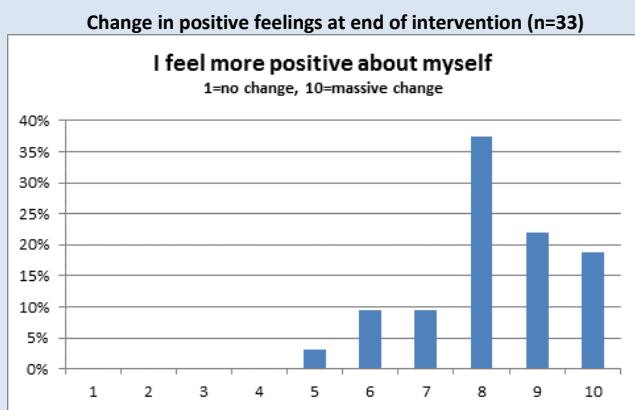
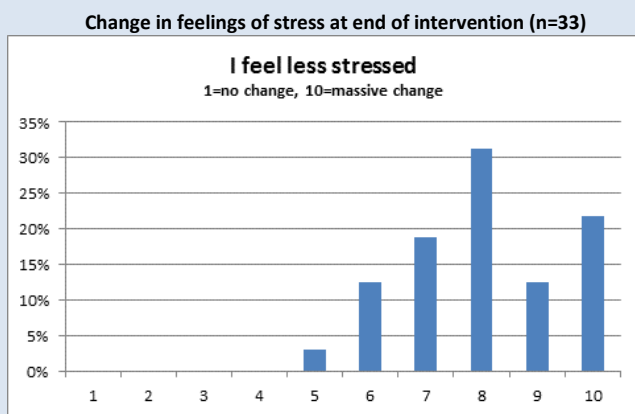
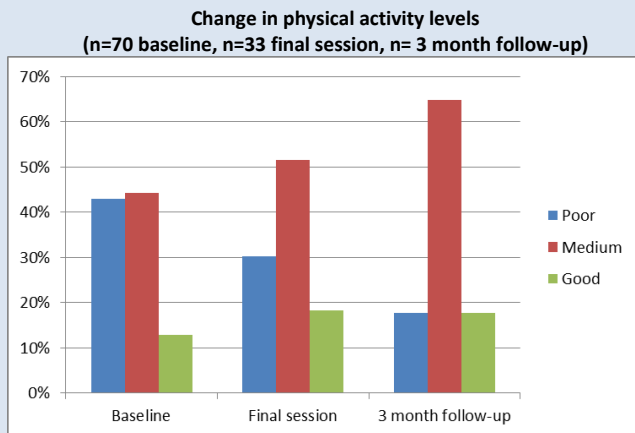
Stakeholders also reported referring clients who may not meet the threshold for other services, or who they see as "falling through the gaps".

"I am more positive about myself and my wellbeing; I have started to do more for myself. For the first time in ages I want to go out and meet people and socialise more."
Project participant

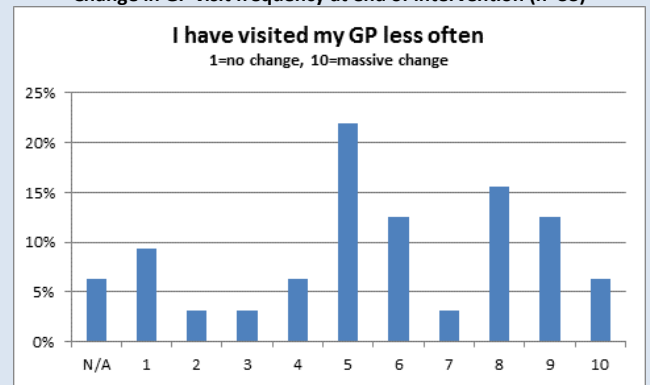
"Healthy Connections is an important service for supporting those with mental health needs who fall between agencies and for those who should be in Positive Step or secondary mental health services but won't go. It's a moving forward service. Local therapy for local people."
Stakeholder, partner agency

"I can go out now. I couldn't even walk up the road before. I can go for a walk now and go shopping. I had to have people to do that for me before. It's a very big change."
Project participant

Data analysis also identified improved physical activity levels; changes in feelings of stress and positive wellbeing and ability to manage day to day life; and changes in GP visit frequency at the end the of intervention.



Change in GP visit frequency at end of intervention (n=33)



Longer term outcomes

Because of the short term nature of the Healthy Connections intervention it is not always possible to know what happens to participants in the longer term, or indeed how much is attributable to the project. However, analysis of qualitative data collected at each session and discussion with the Wellbeing Worker identified some stories of further change.

The Wellbeing Worker was aware of:

- 3 people who obtained paid employment in the time she worked with them, and 2 others who sustained jobs in difficult circumstances.
- 9 people who tried out a new voluntary role for the first time and at least another 6 who sustained existing voluntary roles for the period they were accessing Health Connections.
- 10 referrals to Positive Step and another 10 people supported and encouraged to make use of other counselling/ listening services (such as Cruse) in the area.
- 8 formal referrals to Support Alliance for assessment for support services, where housing related need had been identified. Most of these have related to maintaining independent living in the home.
- 2 people who went on to achieve vocational qualifications (one in fitness instruction and one in childcare) as a direct result of exploring their goals in Healthy Connections, and 4 others who went on to do non-vocational courses .
- 2 individuals who give significant credit to the work they did with Healthy Connections in supporting them to retain custody of their child.

Project delivery

Feedback about the delivery of Healthy Connections from participants and other stakeholder was positive.

Project participants were asked about the length of the intervention; whilst many felt that the time went quickly all felt that the number of sessions was about right.

A number commented on the benefits of the solution focussed approach used by the wellbeing worker.

"I've never had this kind of support which is why I enjoyed it so much. It was more focussed on me rather than the work I was doing. It was more about getting out there and putting more uses to myself...more about what I can do to get out there and achieve things." Project participant

Stakeholders interviewed identified a number of positive things about the project; in particular that it is a local and well integrated with other services in the area; and that the Wellbeing Worker's proactive approach means that those referring are confident that even difficult clients will be followed up and well supported rather than getting lost in the system or falling through the gaps.

"Healthy Connections is an important service for supporting those with mental health needs who fall between agencies and for those who should be in Positive Step or secondary mental health services but won't go. It's a moving forward service. Local therapy for local people."
Stakeholder, partner agency

Participants themselves felt they benefited particularly from the quick access (there is no waiting list); the flexibility of the project and the way in which the support provided is tailored by the Wellbeing Worker to individual needs.

"You didn't give up on me when I didn't attend some of the earlier appointments and that was fantastic. It made a real difference and I stuck with it. Thank you." Project participant

Some concerns were also raised about the project including the under representation of men amongst project participants; the short term funding for the project and uncertainty about its long term sustainability; and possible overlap and confusion about the difference between Healthy Connections and other local services, particularly Positive Step, North Somerset's main NHS service for anxiety and depression and also with the role of North Somerset's Health Trainers. However, there was little evidence that contact with Healthy Connections was displacing

contact with other services. In fact interview findings suggested the opposite; that support from Healthy Connections helps clients to get ready for and use other support services more appropriately.

Social Return on Investment

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Carrying out an SROI analysis involves six stages mapping outcomes through engagement with stakeholders to develop an impact map which shows the relationship between inputs, outputs and outcomes; evidencing outcomes and giving them a value; identifying those aspects of change that would have happened anyway or are a result of other factors to ensure that taken out of the analysis; and then calculating the SROI.

Inputs

The annual budget for Healthy Connections is £39,055. This includes funding for a full-time Wellbeing Worker, general overheads and running expenses for the project and some funding for training for FAHLC staff and volunteers and project participants. No other costs were identified in input mapping.

Outputs

Quantitative and qualitative data have been used to inform this SROI. The Healthy Connections Project Wellbeing Worker has established excellent methods for collecting baseline and follow-up data from project participants.

Stakeholder engagement was undertaken using qualitative interviews with individuals. Project specific questions appropriate for each of the stakeholder groups were developed for this process

Valuing outcomes

In SROI we use financial proxies to estimate the social value of non-traded goods to different stakeholders. By estimating this value through the use of financial proxies, and combining these valuations, we arrive at an estimate of the total social value created by an intervention.

The table below provides a summary of all the outcomes included in the SROI analysis and the way in which they were valued.

The total value of the impact for the 79 participants who received an intervention in the first 15 months of the Healthy Connections is £109,009.55. Whilst project participants are the greatest beneficiaries of the value created (67%) there is also substantial benefit to local NHS services (10%), the Local Authority (10%) and the wider fiscal system (DWP) in terms of savings related to Employment and Support Allowance (10%) as well as FAHLC (3%).

SROI analysis found that that for every £1 spent on Healthy Connections there is £3.73 of social value created.

Strengths and limitations of the SROI

A key strength of this SROI is the excellent methods for collecting baseline and follow-up data from project participants established by the Wellbeing Worker. This meant that there was paired data for many of the project participants that could be incorporated in to the evaluation, and also useful qualitative data to support it.

There are also some limitations. Although data completeness was good the number of participants with follow-up data was small, particularly at 3 month follow-up so there is some uncertainty in the results of quantitative analyses. There will be some benefits that are important to stakeholders but which cannot be monetised. It is also likely that some of the wider impacts of Healthy Connections on FAHLC and the local community have not been captured in the analysis.

Conclusion and recommendations

In this SROI report we have monetised the benefits of the Healthy Connections project to its participants and other agencies working with the community in South Ward, Weston-super-Mare. The report demonstrates a significant social return for the investment made, and the feedback from participants and stakeholders clearly illustrate the programme's positive impact to participants' mental wellbeing and wider measures of social wellbeing and reduced isolation.

The findings fit with theories of change for interventions that seek to improve mental wellbeing at an individual level and reduce social isolation by increasing connections within the community.

"I now see light at the end of the tunnel, which I didn't before I came to Healthy Connection. Healthy Connections has really helped me a lot and I know it could help other people."

Project participant

A key concern for Healthy Connections is securing ongoing funding once the current Big Lottery funding ends. It is difficult to quantify the impact that discontinuing Healthy Connections might have on the local community and other local services. It is likely that those who have benefitted from the service and those who might benefit from it in the future will simply slip back through the gaps in services.

This evaluation provides a tool for working with local mental health and public health commissioners and other funding bodies to identify possible sources of funding to secure ongoing delivery of the project.

It also highlights ways in which improvements could be made to the project to maximise benefit to individuals and other local projects and services in FAHLC and more widely in South Ward. For example since is also FAHLC a provider of Primary Care services there is opportunity for Healthy Connections to work more closely with the FAHLC GP Practice to target their registered patients, working with the Practice and perhaps also Positive Step to take referrals and work with clients to identify solutions that enable them to help themselves, and also to access other support services more appropriately.

Acknowledgements

The evaluation has been led by Sarah Weld, Public Health Specialty Registrar on behalf of the University of the West of England (UWE) Public Health and Wellbeing Research Group with support from a team of researchers from UWE which includes Mathew Jones, Oliver Biggs and Dr Richard Kimberlee.

We would like to acknowledge and thank all the staff at the For All Healthy Living Centre for their support and assistance in undertaking this evaluation, particularly Kim Lane and Mark Graham. Thanks also go to the stakeholders who agreed to be interviewed for the project, particularly the project participants who shared their stories, as well as the staff from the many partner agencies in Weston-super-Mare.

This document presents a summary of the SROI and evaluation. The full report provides much more information on the issues covered and is available from matthew.jones@uwe.ac.uk

Social Return on Investment – outcomes included and their values

Outcome	n (%)	Financial Proxy	Value per participant
Number of participants reporting improved mental well-being.	74 (94%)	A course of CBT to build psychological resilience and self-esteem	£930
Number of participants reporting reduced symptoms of anxiety	65 (82%)	Cost of counselling	£240
Number of participants who report improved social wellbeing and improved relationships with partner and other family members	47 (60%)	Cost of social club membership and attendance at activities	£50
Number of participants reporting reduced GP attendance	40 (50%)	Cost of GP appointment – average. Calculated as 1 fewer appointments per participant per year.	£42
Number of participants reporting they feel more positive and can manage day to day life better	40 (50%)	Life coaching style course - Managing Yourself and Personal Effectiveness Training Course	£480
Number of participants reporting improved physical activity	24 (30%)	Cost of gym membership/local activity session. Calculated as 1 session per fortnight per participant.	£124.40
Number of participants reporting volunteer engagement	15 (19%)	Economic value of volunteer time. Calculated as 1 hour per week for 6 months	£335.92
Number of participants referred to other counselling/ listening services	10 (13%)	Preparation for counselling	£240
Number of participants engaging with tenancy support team.	8 (10%)	Cost of sessions with housing worker. Calculated as 4 sessions per participant.	£60
Number of participants who report registering for a course and/or achieving new qualification	6 (8%)	Cost of part time course at Weston College	£300
Number of participants reporting retention of employment	3 (4%)	Workplace mental wellbeing intervention	£83
Prevention of referral to secondary mental health services	3 (5%)	Cost of secondary mental health care outreach service for 6 months	£3,832
Number of participants reporting return to work	2 (3%)	Employment and Support Allowance (overall fiscal benefit to government from a workless claimant entering work)	£8,632
Number of participants who give significant credit to the work they did with Healthy Connections in supporting them to retain custody of their child.	2 (3%)	Cost of child in care. Calculated as cost for 3 months.	£8,400