

THE VALUE OF WALKING

A SOCIAL RETURN ON INVESTMENT STUDY



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A SOCIAL RETURN ON INVESTMENT STUDY OF
A WALKING PROJECT

“This report has been submitted to an independent assurance assessment carried out by The SROI Network. The report shows a good understanding of the SROI process and complies with SROI principles. Assurance here does not include verification of stakeholder engagement, data and calculations. It is a principles-based assessment of the final report”.

This report was written by Karen Carrick and Jessica Lindhof

Executive Summary

The report provides an evaluation of the social return from investing in the Stirling walking scheme. Its purpose is to value the health, wellbeing and social benefits that are delivered by a typical walking project supported by PFA. This report has been produced by Paths for All assisted by greenspace scotland. The analysis was undertaken during 2010 and 2011.

Social Return on Investment (SROI) provides a principled approach that can be used to measure and account for a broad concept of value. It enables the social, environmental and economic benefits a project delivers to be calculated.

The analysis identified those most affected by the activity and recorded and valued some of the changes they experienced. These include:

- Walkers were able to establish social networks and make new friends as a result of taking part in the programme. Several walkers who had experienced bereavement formed lasting, supportive friendships. There were improvements in physical health for some and in others a slower rate of decline. Many experienced an increased sense of wellbeing and said they were feeling more positive and confident. Walkers learned more about their local area and gained increased enjoyment from being outdoors more often.
- Volunteer walk leaders also increased their opportunities for social interaction. They became much fitter and their health and wellbeing improved. They acquired many new practical skills which have significantly enhanced their employability and volunteering prospects.
- Paths for All can recruit, train and retain volunteer walk leaders which allows them to expand the scope of the programme and increase the services they are able offer.
- Both the local authority and NHS have made cost savings as individual health has improved demand for services has reduced.

It was found that every £1 invested generated around £9 of benefits. By applying a sensitivity analysis, or varying any assumptions made in the calculation, the value of the benefits derived ranges from £6 to £14).

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1 INTRODUCTION

Paths for All (PFA) were established as a partnership organisation in 1997. It is a company limited by guarantee and a registered Scottish charity, based in Alloa and Inverness. PFA have over 20 member organisations and is managed by a voluntary board of directors and supported by a staff team of 22. The annual budget is approximately £1.5 million.

Paths for All plays a critical role in getting more people outdoors and active in Scotland and is successful in pushing this agenda with local and national government and with communities. The PFA vision is:

'Paths for people ... a happier, healthier, greener, more active Scotland'

PFA is working towards two equally important, interlinked and long-term outcomes:

- Reduce the proportion of the population who are inactive, through the delivery of a national walking programme, and
- Increase the number, quality, accessibility and multi-use of paths.

The focus in this Social Return on Investment (SROI) analysis is on the first of these outcomes and the purpose is to value the health, wellbeing and social benefits that are delivered by the walking projects supported by PFA. As an organisation working in the area of making people more active through walking, the immense benefits to health and wellbeing offered by physical activities in social groups are well known. Many participants walk not only for health reasons but also to meet other people and increase their social connections. Undertaking an SROI has enabled some of those benefits to be valued and a case to be made in economic terms for the work undertaken.

1:1 POLICY CONTEXT

PFA is funded by Government through NHS Health Scotland to make people more active and reduce the number of inactive people in Scotland. The Physical Activity Strategy 2005 is clear in its vision for Scotland to become a more active nation and sets out the health risks arising from the inactivity of Scots.

PFA supports the Physical Activity Strategy and is working towards its vision and goals of increasing the number of active people in Scotland, and as a result reducing the current significant costs of inactivity. In Scotland 35% of women and 46% of men reach recommended levels of physical activity leaving the majority of adults in Scotland not active enough.¹ Paths for All addresses inactivity through its walking programme which is targeted at those who are most

inactive and provides possibilities for an inactive person to become active in a supported, cost free and appropriate way.

1:2 BACKGROUND

This Social Return on investment study has focused on the value that a walking project supported by PFA generates. PFA achieves its aim of reducing the proportion of the population who are inactive, through the delivery of a national walking programme across Scotland. PFA supports around 90 walking schemes in a variety of ways including funding, guidance, advice, training programmes and leadership. PFA has in the region of 15000 walkers taking part under the 'walking for health' banner and regular health walks are offered across Scotland.

The walking schemes supported by PFA are varied in scale and set up - ranging from smaller schemes with a few walkers to large schemes with over 1000 walkers. Schemes are in some cases hosted and supported by a Local Authority and in others by a Health Board. The majority have a steering group that is made up of key stakeholders and although some have paid coordinating staff they are all volunteer led in their provision of services.

In this SROI study the focus is on an actual active walking scheme which is fairly average in terms of size and success. The scheme selected is able to provide solid and accurate monitoring details, and is organised in a 'typical' set up in which the coordinator post is hosted in the leisure trust and where the health board and the local authority both support the scheme with funds and support in partnership with Paths for All.

The scheme has been selected as it is both representative and able to provide good monitoring data on its walkers of whom 50% fulfil national activity guidelines.

The process of undertaking an SROI analysis has only been made possible with the help of the walking scheme and with their contribution to the process. Through the monitoring data they supplied invaluable information has been received, and in addition the scheme has supported the process by enabling stakeholder interviews to be undertaken. The scheme coordinators have been very helpful and provided additional detail and information through sharing some of the interviews, questionnaires and stories that they have collected.

1:3 WHAT IS SROI

Social Return on Investment (SROI) provides a principled approach that can be used to measure and account for a broad concept of value.

SROI measures social, environmental and economic change from the perspective of those who experience or contribute to it. It can be used to identify and apply a monetary value to represent each change that is measured. The resultant financial value is then adjusted to take account of contributions from others. In this way the overall impact of an activity can be calculated and the value generated compared to the investment in the activities. This enables a ratio of cost to

benefits to be calculated. For example, a ratio of 1:3 indicates that an investment of £1 in the activities has delivered £3 of social value.¹

Whilst an SROI analysis will provide a headline costs to benefits ratio, it will also deliver a detailed narrative that explains how change is created and evaluates the impact of the change through the evidence that is gathered. An SROI analysis is based on clear principles and progresses through set stages. SROI is much more than just a number. It is a story about change, on which to base decisions, and that story is told through case studies, qualitative, quantitative and financial information.

There are two types of SROI analyses: a forecast SROI predicts the impact of a project or activity and an evaluative SROI measures the changes that it has delivered. This report is an evaluative SROI. It has been undertaken on the value of walking and is an evaluation of an existing programme. Whilst it will provide detail on the value of this particular programme, it will also offer general guidance whose value may be extrapolated to other similar walking programmes.

¹ In SROI, 'social' is taken as a shorthand for social, economic and environmental value

2 SCOPE AND STAKEHOLDERS

2:1 PROJECT ACTIVITY/SCOPE

2:1:1 BACKGROUND AND SCOPE

The Stirling walking scheme was established in 2004 through a partnership between Stirling Council and PFA. It was funded by a grant from PFA with match funding from Stirling City Council and Forth Valley Health Board. Since then the walking programme in Stirling has grown and the core programme 'Walk about Stirling' was joined in 2007 by the 'Walk in the Park' project and latterly a programme targeting socially deprived areas of Stirling.

The various walking projects are joined up through the Stirling Walking Network which delivers walks across the Stirling Local Authority area. The walking network provides 10 volunteer led walks on a weekly basis and also links in with programmes that deliver longer walks for those who are ready to move on to more strenuous walking.

PFA took the decision to undertake an SROI to enable them to have a better understanding of the impact of a walking programme and to demonstrate its value. In the current economic climate the organisation has experienced increasing difficulties in raising match funding for walking schemes from Local Authorities and Health Boards.

The key aim of this SROI is to be able to put a financial value on a walking project to enable PFA to show its own impact as well as to show potential match funders and stakeholders the real impact of a walking scheme. It is hoped this will assist negotiations regarding match funding for new walking schemes and also secure continuation funding for existing schemes.

The Stirling walking network has been using the PFA comprehensive monitoring system and, as a result, the necessary data to carry out an evaluative study is available. PFA's monitoring system through the LED- walk database collects in depth data on age, sex, ethnicity, disability, and conditions such as: diabetes; heart disease; hypertension; anxiety/depression and obesity. The data collected provides actual numbers of affected individuals as opposed to national statistics which would require extrapolation to each group.

2:1:2 TARGET GROUPS

The walks delivered by the Stirling Walking Network focus on people who are inactive and who do not reach the recommended levels of physical activity. This large target group breaks down into the following smaller sub-groups:

1: People aged over 55 who don't have the confidence to go walking on their own and would benefit from the social contact for example:

- People looking for something in their community that encourages links and friendships. (which includes)
- People who may have been active before but who have become sedentary.

2: People who have some additional support needs such as:

- Visual impairment
- Learning disabilities
- Mental health problems
- Are at risk of social isolation (e.g. young parents)

3: People who need encouragement to get out of the house at all. Such individuals are often

- Feeling down
- Have no previous pattern of walking or exercise – they are starting from scratch
- The benefits they describe when they do start walking include having something to do, something to look forward to, and someone to talk to.

4: People who need encouragement to start walking but need reassurance that it won't adversely affect their health. Such individuals include:

- People starting to go walking after an illness or surgery
- Individuals working around a specific health condition or symptoms

Whilst it had been hoped to identify and value the benefits for each of these target groups on an individual basis, this did not prove possible. In the course of undertaking the analysis it became apparent that it was not possible to collect data in a way which allowed this to be achieved and at the same time respected participant confidentiality.

2:1:3 OPERATIONS AND GOVERNANCE

The Stirling Walking network delivers weekly walks run by volunteers. In the course of a year around 500 individuals take part and there are roughly 35 active volunteers. The coordinators provide support for the volunteers. Training is provided through the partnership by PFA. The walking network is dependent on its volunteers and as a result volunteer support and development is a high priority.

The Stirling walking scheme is well integrated in the area and is hosted by Active Stirling Leisure Trust. It is led by a steering group on which all stakeholders are represented. The steering group is in place to support the walking network in its strategic development and issues around sustainability and continued funding are central to the groups remit.

The operational activities and day to day coordination of the walks are done by two scheme coordinators employed to coordinate walks, recruit walkers and support volunteers. The scheme coordinators are line managed through Active Stirling and receive support from the steering group as well as targeted support from Paths for All's designated Development Officer for Stirling City Council.

2:2 PERIOD OF STUDY

The study covers the period 1/04 2010 to 31/3 2011. The walking network in Stirling has been in operation since 14/10 2004 and in that time frame has been funded by three main funders- Paths for All, Forth Valley Health Board and Stirling City Council/ Active Stirling. The walking

network has not been supported through mainstream funding but finance has been secured on the basis of individual project applications. This means that the funding bids which have been awarded to the walking schemes involved in the Stirling walk network occur at irregular intervals and the “bidder” has been the individual scheme rather than the network.

The level of financial investment that has been used in calculating the impact of the project reflects a single years funding calculated on a pro rata basis.

2:3 STAKEHOLDERS AND STAKEHOLDER ENGAGEMENT

This analysis focuses on a number of stakeholders who have been identified either through the impact the programme has on them or their contribution (i.e. funding, support etc.).

The key stakeholders are either beneficiaries of the programme i.e. walkers and walk leaders or they are providing funding or support for the programme i.e., Paths for All, Forth Valley Health Board, and Active Stirling. Other stakeholders were identified but have not been included in this SROI calculation. The reasons for this are discussed in the Audit Trail at Appendix One.

2:3:1 WALKERS

Walkers are the key beneficiaries of the scheme and the reason why the programme exists at all. The aim of the Stirling Walking Network is to make more people active through their walking programme and they deliver 10 weekly walks to a diverse number of groups. Some are rural and some urban, some are in regeneration areas whilst others are not. The distance and the speed of the walks varies, and caters for the novice walker to experienced walkers who are maintaining a fitness level corresponding to the 30 recommended minutes per day.

Walkers have been engaged through questionnaires, informal interviews and focus groups. 250 walkers who regularly take part in the programme were asked to complete a questionnaire. This was supported by engagement with the walkers which took place during the course of a walk. On an informal basis a set of open questions was used to prompt discussion and reflection by the walkers on their own experiences of taking part in the walks. Focus groups took place after the walks and consisted of conversations with the walkers about their thoughts on the benefits, barriers and effect of the walks on themselves, their wider network and the other stakeholders. In total 6 focus groups/ walks were held in different locations and with different individuals. Additional information was provided by questionnaires and surveys that had been undertaken by individual walking groups in the Network along with a number of “case studies” on individual walkers and their stories. Copies of the questionnaires used and the results of the analysis can be found in the Audit Trail at Appendix One.

Direct evidence from walkers is supported by the monitoring data provided by the walking network to PFA and there is a good understanding of the walkers and their demographics. The monitoring data includes age, sex, and ethnicity, level of physical activity, employment, and postcode. In addition data is collected on medical conditions such as heart disease, hypertension, stress, diabetes, overweight, and anxiety/ depression.

The demographics of the Stirling walkers show that a majority of walkers are female, approximately 75% of all walkers. They are also in the main over 55, with two thirds of walkers in this age group. From the data collected and individual questionnaires it has been possible to identify walkers on an individual basis who reach physical activity guidelines, have high blood pressure, are diabetic, experience heart problems, suffer from anxiety/depression, are overweight, and are aged over 75.

"I suffered a stroke about 10 years ago and started a local stroke support group. I heard about the Stirling Walking Network and decided to join up and encourage other members of the support group to also join. There are now a few of us who regularly go on the weekly walks and reap the benefits of the exercise and being outdoors. I feel I have come on leaps and bounds since I joined, the walk leaders are very supportive, I walk with a stick and already feel better with the regular exercise. It's the whole package of the walking groups, the exercise, the health factors and the social aspect; we often go for a cup of tea after a walk. "

Case study walker

2:3:2 WALK LEADERS

Walk leaders are one of the main assets to a walking programme. In research recently undertaken in a partnership between Queen Margaret University and PFA it is clear that the walking schemes value their volunteers highly. Schemes recognise that without volunteers walks would not be running at the level they do. As a result, valuing them for the time they put in is important but it is equally important to look beyond and to understand what benefits they experience and what the walking network means to them. The Stirling walking network supports approximately 35 active volunteers who are delivering walks around Stirling Local Authority area. The walk leaders have all received volunteer walk leader training from PFA and are supported by salaried scheme coordinators based in Stirling.

Volunteer walk leaders are not a homogenous group and vary in age and social and cultural backgrounds. Walk leaders are frequently recruited from within a group of walkers. In this situation they have started as a walker and after becoming physically active want to stay with the scheme and/or wish to use their personal experience to show others the benefits the walking programme can provide. As a result volunteers in the main are committed, have personal experiences of the benefits of activity and act as spokespeople for the programme.

The engagement with the walk leaders followed a similar structure to that of the walkers. It took the form of an informal interview lasting 30-45 minutes using open ended questions in which the benefits of being a walk leader were explored. Individuals were asked to identify what had changed for them as a result of becoming a walk leader. A total of 11 walk leaders were engaged using this process. In addition walk leaders provided their own 'stories' that they had collected as case studies, as well as a number of letters and notes that demonstrated what being a walk leader had meant to them

2:3:3 NHS

The Forth Valley Health Board has been one of the key stakeholders in the Stirling Walking Network since its inception. They are an active partner on the network steering group and have been a key funder of the project from the beginning. They provide support for the scheme through the steering group and are particularly involved in one of the programmes that targets social inclusion and operates in the St Ninians and the Raploch areas. This project links with the Keep Well project and both strive towards the same outcomes thus enabling close partnership working and a referral pathway. The project delivers cost savings to Forth Valley Health Board as a result of health improvements in individuals. Engagement with the NHS took place in a series of structured discussions.

2:3:4 STIRLING COUNCIL/ LEISURE TRUST

Stirling City Council has been a partner since the beginning of the walking network. When the local authority's leisure services moved into the Active Stirling Leisure Trust, they continued to provide on-going support to the scheme. Active Stirling provides office accommodation, line management and day to day support for the two scheme coordinators. The trust is also a member of the steering group and provides support, information and direction through this group.

The trust and local authority benefit from the walking programme in a variety of ways. There is no doubt that the walking programme is providing a valuable service to the local authority in engaging with a group that many other physical activity and sport programmes struggle to reach. This is recognised by the local authority/trust and evident in the support that they provide.

Engagement with the Trust took place in a series of structured discussions. Meetings were also arranged with the two walk coordinators for Stirling walking network to discuss their thoughts on the impact of the programme and they were involved feeding in information throughout the process.

2:3:5 PATHS FOR ALL

PFA is a non-profit making organisation which aims to increase the proportion of active people in Scotland through walking. The walking network in Stirling is one of approximately 90 walking schemes supported by PFA. Since 2001 PFA have been working with partners to set up and support walking schemes across the country and the Stirling walking network contains 3 of these schemes. For PFA the Stirling Walking Network supports their objectives and provides a pool of volunteers who are able to contribute to the sustainability of the walks. Being able to sustain and deliver a walking programme through the participation of a group of skilled volunteers has been identified as an outcome for PFA.

PFA works as the initiator and intermediary in setting up and supporting walking schemes and in this way contributes to the government's objective of increasing participation in physical activity. The organisation provides on-going support to the walking schemes through involvement in steering groups and by the day to day support of scheme coordinators. The scheme is supported by PFA who assist the walking network in training, planning, monitoring and

influencing the strategic direction. PFA is a grant giving body that provides support and enables individuals to gain health and social benefits.

2:3:6 OTHER STAKEHOLDERS

Loch Lomond & the Trossachs National Park have supported the project through funding from the 'Walk in the Park' programme which delivers walks within the national park boundaries. The national park was created in July 2002 under the National Parks (Scotland) Act 2000 to safeguard an area of outstanding and diverse landscapes, habitats and communities, parts of which were coming under severe visitor and recreational pressures.

The walking programme delivers against the objectives of the National Park in that it supports responsible use of the park's path networks. The National Park is not only a member of the steering group but also supports the 'Walk in the Park' with ranger supported and led walks. The park is a non profit organisation and works to fulfil greater national aims.

Other stakeholders that have been considered but not included are the families of the walkers and walk leaders. None of the walkers require the physical presence of an accompanying carer or extensive physical support from family members so it was felt that any benefits experienced by carers or family members were unlikely to be significant. Two walk leaders were identified who acted as carers for other family members. Individual interviews revealed that the most important benefits participation provided were the social networks and support that volunteering offered. As these have already been identified as the most significant outcome for walk leaders this benefit has already been valued.

3 INVESTMENT IN ACTIVITY

The study covers the period 1/04 2010-to 31/3 2011. The walking network in Stirling has been in operation since 14/10 2004 and in that time frame has been funded by three main funders- Paths for All, Forth Valley Health Board and Stirling City Council/ Active Stirling. The investment has been in stages. Initially investment was into the 'Walk about Stirling' programme which was the first programme in the Stirling walking Network. Following this there was additional funding into the 'Walk in the Park' programme and most recently into walks targeting social regeneration areas. The walking programmes all come together under the heading of Stirling Walking Networks which is the activity being analysed.

The stakeholders have contributed to funding over the period of the programme over a 6 year period as detailed below. It is assumed that the average costs each year are similar and on this basis the annual contribution has been calculated at £12,750.

Forth Valley Health Board	£23 000
Stirling City Council/ Active Stirling	£27 500
Paths for All	£27 500
Lomond and Trossachs National Park	£4 500
Total investment into the programme is	£ 84 500
Annual funder Investment is	£12 750

In addition to the funding input there is non-monetary input in the shape of the volunteering time provided by the walk leaders. Based on the number of weekly walks (10) and the walk leaders in the project (35) the walk leaders contribute 700 volunteer hours per year. This has been calculated as 700 hours at £6.08* which equates to £4,256.00.

*£6.08 was the national minimum wage in 2011.

Contribution from volunteer time	£4 2560
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4 THE THEORY OF CHANGE

By taking part in a supported programme of walking activities individuals will improve their physical health and wellbeing. Organised walks provide opportunities for social contact, motivate participation and act as a source of structure for individual lifestyles. This contributes significantly to improved mental health.

By taking part in volunteering opportunities and leading health walks volunteer walk leaders gain physical and mental health benefits but also, on a personal level make new friends and gain a sense of pride and purpose.

The changes described are the results of consultation with stakeholders but are supported by relevant research. This approach provides evidential support for those outcomes that stakeholders have identified through the engagement process and which are deemed material to the key stakeholders.

On a local level the aim of the Stirling Walking Network is to reduce the number of inactive people within the boundaries of Stirling Council. The focus is to target individuals within groups that are most inactive and most in need socially, physically and mentally. This results in seeking to engage the following groups:

- people with identified medical conditions affecting their physical health
- people with mental health problems

No negative outcomes were identified, as the walking programme consists of a low level physical activity which is proven to have positive effects on all participants irrespective of their characteristics or conditions. It is a unique programme targeting those most inactive and isolated and does not replace any other intervention for the participants.

The case study overleaf illustrates the potential impact of walking.

Walking back to health after facing life in a wheelchair

Three years ago Mr.M's life was turned upside down when a work accident left him unable to walk and facing the prospect of a lifetime in a wheelchair.

The signalman with Network Rail had wrenched his back operating a lever at work, tearing a muscle in the pelvis which caused separated joints on both sides. Despite care from a chiropractor he needed hospital treatment, including morphine injections to alleviate the pain. The knock-on effects of his injury were two collapsed discs and three fused vertebrae which left him flat on his back for much of the time. After spending a couple of years trying to struggle on, managing to walk a maximum of only 100 yards at a time before the pain forced him to stop, doctors told him he needed an operation to stand any chance of a normal life. However, there was a 50/50 chance that he would end up in a wheelchair afterwards.

Mr. M knew he needed to get fit, lose weight and stop smoking in order to help him build up his back without having the risky operation. His eight year old daughter returned from school with a leaflet advertising a free health check, in the course of which he was referred to health walks being co-ordinated by from Active Stirling.

On the walks, a walk leader – who had been trained by Paths for All - helped Mr. M take his first, difficult, steps to a more healthy life. It was not only physical activity he gained but extra help to quit smoking. He said: *"The more I was doing the walks and getting out in the fresh air the less and less I was thinking about having a cigarette. The first walk wasn't a long walk but it was beneficial even though I could feel the pain ... I was walking."* But the fear of spending a life in a wheelchair made him persevere and he saw his diet improve through a healthy eating scheme at which he received advice on low fat meals

Mrs M wanted to get involved, she says she was "nosey" but added that she wanted to make sure her husband was OK. She joined him on the walks as well as the healthy eating scheme. Mrs M said, *"it is not just coming down and getting weighed and going away again, they actually sit and talk to you. It is fun to come down and talk to somebody or ask questions and find out what you need to know, and they are nice and friendly as well."* Mrs M, 44, credits the walks with helping her lose some weight. *"It is fun to get out,"* she says, *"it doesn't matter who you are, there is no class, no segregation. You just go on a walk."*

Now, Mr.M has a much more positive future, is back at work and enjoying a stronger family life.

He says: *"I'm still in pain but I don't have to get an operation on my back. I can do more than some active people can. If it hadn't been for all this I would be in a wheelchair, I'd be a fat slob sitting in the corner smoking a fag. My lifestyle has been flipped on its head ... I have more energy and I can run about with my daughter and the dogs."*

case study contributed by walk leader

4:1 CHANGE FROM THE PERSPECTIVE OF THE WALKERS

By taking part in a structured walking programme participants feel healthier and have a sense of wellbeing from physical outdoor activity. The groups provide a safe environment for individuals who are unfit and inactive to improve their fitness and fulfil the national activity guidelines of 30 minutes activity for 5 days per week.

Taking part in a walking group offers opportunities to increase social networks and establish new and enduring friendships. For some individuals it can provide structure and a sense of purpose in chaotic lifestyles.

Group	Outcome	Change- as described by walkers	Change- The research argument
Individuals with diagnosed physical medical conditions	Walkers with diagnosed physical medical conditions are able to engage in physical activity and as a result feel fitter and become healthier	During stakeholder interview walkers stated that they used to spend more money on their health, visits to physiotherapists, chiropractors as well as non-prescription medication. Quote: <i>"I used to go to the chiropractor one every week but not I have not been for a year" and "I used to have to use painkillers to manage my pain but now I am so much better" and "I can spend money on other things now when I don't have to spend it on taxi to the doctor, medication and all that"</i>	Those who become active will spend less money on health products as evidenced and will have a 20% reduction on spend amounting to £67.60 per year. ²
Individuals with mental health problems	Walkers who have experienced mental health problems are able to engage in physical activity and feel happier and positive	Many walkers mentioned that walking made them feel more relaxed and less stressed and as a result better able to cope with depression. Quote: <i>"the walking group helps structure my week and establish a routine instead of giving into depression"</i>	Of those who become active 40% will show an improvement in wellbeing as evidenced by Thyer. ³ They will as a result have an increase spend on social trips and events.
All walkers	Walkers are fitter and have improved physical health as a result of becoming more regularly physically active	A large number of walkers say that the programme has resulted in them being more active. Quote: <i>"I walk more regularly outside of the weekly walk."</i>	
All walkers	Walkers have more social contacts and are now more confident, experience less isolation and take part in new experiences	A large number of walkers say that the programme has resulted in them being more active doing other things as well Quote: <i>"Since I started walking I feel so much better and I now have the confidence to go out and do other things as well and have"</i>	

		<i>been to the bowling club and to the bingo."</i>	
Individual walkers experiencing social isolation	Walkers formed close relationships with friends made on walks after experiencing social isolation through the loss of partners- the new friends provided significant support	A few women revealed in the stakeholder engagement that they now had been on holiday together. Quote: <i>"Since my husband died I had not been on holiday and did not want to go on my own. Through the groups I found others in the same situation and we have now been abroad together for a holiday."</i>	
All walkers	Walkers know more about their local area and find new places to visit which increases the sense of satisfaction and enjoyment they derive from the place in which they live	Many walkers told similar stories about them starting enjoying the outdoors again and being in the garden. Quote <i>"I enjoy learning about new places while taking in the beautiful scenery"</i>	

4: 2 CHANGE FROM THE PERSPECTIVE OF THE VOLUNTEERS

The theory of change for the walk leaders is similar to that of walkers in terms of the health outcomes of the project. The walk leaders experience the same benefits in relation to their health and wellbeing, and the programme ensures that they maintain activity levels. In the engagement with the walk leaders it is clear that they appreciate the walks for the health improvements. In addition to these advantages there are also particular benefits relating to being a volunteer on the programme. For many volunteers being a walk leader means that they have something to do, and that they feel that they are providing a valuable service. Many volunteers are themselves retired and find that the walk leader role has given them a routine and a sense of worth that they lost when they retired. There are also many stories of friendships, breaking the isolation of not working, and feelings of pride in delivering a service that is valued by the walkers.

Outcome	Change- as described by walk leaders	Change- The research argument
Walk leaders have more social contacts and are now more confident, experience less isolation and take part in new experiences	Quote from walk leader: <i>" I have been out of work for some time being a walk leader has made me feel valued and that I have more to give and I have started looking for work"</i> <i>"I have learned a lot as a walk leader, things I can use in my work or just generally"</i> <i>"After retirement it was difficult to find things to do that made you feel valued- the walk leading has given me that"</i>	It is well evidenced volunteering supports individuals in developing skills and confidence. ⁴

Walk leaders are much fitter and have improved health as a result of becoming more regularly physically active	Quote from walk leader: <i>"Not only am I helping making others fitter and healthier it also helps me keep fit."</i>	As walk leaders become regularly active and fulfil activity guidelines they will spend less on health as evidenced in research. ⁵
Walk leaders have improved self-esteem and a sense of worth as they feel valued by the community	Quote from Walk leader: <i>"I was a walker and I know what benefits the walks had for me. I wanted to be a leader to give something back"</i>	Volunteering gives a sense of contributing to something important. ⁶
Walk leaders have undertaken and achieved Walk Leader and First Aid certificates. This has increased their levels of confidence and given them practical skills (administration, planning, team working, first aid etc.) to enhance employability or volunteering prospects		Volunteering provides new skills such a first aid and helps maintain existing skills.

4:3 CHANGE FROM THE PERSPECTIVE OF THE NATIONAL HEALTH SERVICE

The benefits to the NHS that have been identified are in relation to the improved health of individuals resulting in reduced prescription costs. Many walkers are older inactive people who are one of the groups that cost the NHS the most.

Outcome	Change- as described by walkers in relation to improved health	Change- The research argument
Cost savings from walkers having better managed blood pressure and requiring less medical intervention	Individuals on the scheme reported having hypertension and or other heart problems and they all outlined the positive effects of joining the walks on their conditions. Quote: <i>"I don't get out of puff anymore walking up the stairs at home"</i> <i>"Since I</i>	Research show that there is a 35-70% reduction of risk of hypertension among those who are reaching physical activity (PA) levels. ⁷ According to research the levels of having a heart attack reduce by 50% among those heart disease sufferers

	<i>started walking I have lost a lot of weight and I am managing to keep it off” and “I have lost weight before but not managed to keep it off this time I do because of the walking</i>	who become active. ⁸ Physical activity promotes better physical health which helps reduce blood pressure. From research we know that by being physically active an individual prolongs the time they can live independently by 12.7 years. ⁹ Research tells us that there is 17% less morbidity in obese patients who become physically active. It also reports that with physical activity, all obese and overweight individuals better manage their weight and improve their fitness. ¹⁰
Individuals with clinical depression require less medication	Although mental health is difficult for individuals to discuss, some walkers volunteered information. Quote: <i>“ as long as I keep on with the walking I have less moments of feeling down in the dumps”</i>	There is strong evidence that 85% of those with mental health problems are helped by physical activity. ¹¹

4:4 CHANGE FROM THE PERSPECTIVE OF THE LOCAL AUTHORITY

The local authority benefits from reduced costs as walkers have improved fitness levels and are able to maintain independent living and require less support for a longer period.

Outcome	Change as described by walkers	Change- the research argument
Cost savings of fewer falls as a result of walkers having better balance, and movement ability	During the stakeholder engagement walkers described how their mobility had improved. Quote <i>“ I can move better and walk without ‘staggering”</i>	Research show that among active older people there is a 23% reduction of falls and as a result less need for geriatric care for those who become active. ¹²

4.5 PATHS FOR ALL

PFA is able to sustain a walking programme through the use of a skilled pool of volunteers. This is an effective and efficient way of delivering locally based programmes.

Outcome	Change- The research argument	Change- as described by PFA staff
Cost savings/As a result of the walks Pea can recruit, train and retain volunteer walk leaders who provide services that would otherwise have to be provided by paid staff. Volunteers acquire the		“Volunteers are essential to effective and efficient programme delivery. They make it happen”

<p>requisite experience by participating in the walk and this allows Pea to expand the scope of the programme as it is possible to use savings to provide more walking opportunities</p>		
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5 OUTCOMES AND EVIDENCE

5.1 OUTPUTS

The outputs describe, in numerical terms, the activities that took place as a result of the inputs. These activities or outputs will lead to changes (or outcomes) for each of the identified stakeholders. The outputs in relation to the walking programme consist of the supported health walks that are part of the overall walking programme. There are around 30 walks a year each of which lasts about an hour. All the identified outcomes, with the exception of the skills acquired by volunteer walk leaders, arise as a result of participation in the walking programme. The skills acquired by volunteer walk leaders are gained by their participation in a tailored certified training programme provided by Paths for All and which covers, administration, leadership, communication and First Aid.

5.2. QUANTITIES

It is necessary to determine the number in each of the stakeholder groups who will experience change as a result of participating in the activity. A survey was sent to 250 walkers and over half responded. Their responses, and additional information acquired through more detailed consultation, have been used as the basis for calculating the number of beneficiaries. The data for walk leaders was related to that obtained in one to one surveys. In the case of both walkers and walk leaders the numbers actually experiencing the outcomes is likely to be higher but this cannot be evidenced and hence as this is an evaluative report are not included. This is tested in the sensitivity analysis.

Stakeholder	Numbers achieving outcomes	Rationale
NHS	<ul style="list-style-type: none">• 10 individuals with high blood pressure take part in the walking programme on a regular basis and require less medication• 16 individuals with clinical depression take part in the walking programme on a regular basis and require less medication• 6 individuals take part in the walking programme on a regular basis and are fitter, more agile and experience less pain	<ul style="list-style-type: none">• 10 respondents in a survey of 250 walkers identified this as a benefit• 16 respondents in a survey of 250 walkers identified this as a benefit (more energy/increased confidence/improved mental health/happiness)• 6 respondents in a survey of 250 walkers identified this as a benefit (less pain/ improved posture/ better recovery)

<p>Volunteer Walk Leaders</p>	<ul style="list-style-type: none"> • 11 walk leaders have more social contacts and are now more confident, experience less isolation and take part in new experiences • 11 Walk leaders are fitter and have improved health as a result of becoming more regularly physically active • 7 walk leaders have improved self-esteem and a sense of worth as they feel valued by the community • 11 Walk leaders have undertaken and achieved Walk Leader and First Aid certificates. This has increased their levels of confidence and given them practical skills (administration, planning, team working, first aid etc.) to enhance employability or volunteering prospects 	<ul style="list-style-type: none"> • All walk leaders surveyed in one to one open ended interviews identified this as an outcome • All walk leaders surveyed in one to one open ended interviews identified this as an outcome. • 7 out of 11 walk leaders surveyed in one to one open ended interviews identified this as an outcome • All walk leaders surveyed in one to one open ended interviews identified this as an outcome
<p>Walkers</p>	<ul style="list-style-type: none"> • 16 walkers with diagnosed physical medical conditions are able to engage in physical activity and as a result feel fitter and become healthier • 99 walkers are fitter and have improved physical health as a result of becoming more regularly physically active • 16 Walkers who have experienced mental health problems are able to engage in physical activity and feel happier and positive • 66 walkers have more social contacts and are now more confident, experience less isolation and take part in new experiences • 3 walkers form close relationships with friends made on walks after experiencing social isolation after losing partners- the new friends provided significant support • 31 walkers know more about their local area and find new places to visit 	<ul style="list-style-type: none"> • 16 respondents in a survey of 250 walkers identified improvements in physical conditions that have been medically diagnosed as a benefit • 99 respondents in a survey of 250 walkers identified improvements in their physical health(getting fitter/increased activity) • 16 respondents in a survey of 250 walkers identified this as a benefit • 66 respondents in a survey of 250 walkers identified this as a benefit (company/ meeting new people and friends) • 3 respondents in a survey of 250 walkers identified this as a benefit • 31 respondents in a survey of 250 walkers identified this as a benefit (going to new places/scenery/countryside)

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5.3 OUTCOMES EVIDENCE

The changes (or outcomes) which were identified, following consultation with each stakeholder, are detailed below along with information on how the outcome was measured (indicators). All of the outcomes reported were positive. The outcomes which had to be excluded and the reason for this are listed in the Audit Trail at Appendix One.

The description of the full assumptions, sources of information and calculation methods can be found in the Audit Trail at Appendix One. Those outcomes below in italics which were not considered material and were not included in the final calculation. This will be discussed in more detail the section on Materiality Consideration at page 38.

Stakeholder	Outcome	Outcome Indicator	Source of quantities or data
Walkers	<i>Walker with diagnosed physical medical conditions are able to engage in physical activity and as a result feel fitter and become healthier</i>	<i>No. of walkers reporting clinical improvements in their medical condition</i>	<i>Consultation and research PFA</i>
	Walkers are fitter and have improved physical health as a result of becoming more regularly physically active	No. of walkers who report improved levels of physical fitness	Consultation
	Walkers who have experienced mental health problems are able to engage in physical activity and feel happier and positive	No. of walkers with clinically diagnosed mental health problems who have an increased sense of wellbeing	Consultation and research PFA
	Walkers have more social contacts and are now more confident, experience less isolation and take part in new experiences	No of walkers reporting additional social contacts	Consultation
Volunteer walk leaders	Walk leaders have more social contacts and are now more confident, experience less isolation and take part in new experiences	No. of walk leaders who report a marked increase in social activities	Consultation

	<i>Walk leaders are much fitter and have improved health as a result of becoming more regularly physically active</i>	<i>No. of walk leaders who report markedly improved levels of physical fitness</i>	<i>Consultation and evidence in research.</i>
	<i>Walk leaders have improved self-esteem and a sense of worth as they feel valued by the community</i>	<i>number of walk leaders who report better self-esteem and feeling valued</i>	<i>Consultation</i>
	Walk leaders have undertaken and achieved Walk Leader and First Aid certificates. This has increased their levels of confidence and given them practical skills (administration, planning, team working, first aid etc.) to enhance employability or volunteering prospects	No. of certificates gained by walk leaders	Consultation /database
NHS	<i>Cost savings to the NHS arising as a result of 10 individuals taking part in the programme on a regular basis reducing their blood pressure and requiring less drug therapies</i>	<i>No of individuals reporting a reduction in the amount of prescribed drugs</i>	<i>Consultation</i>
	Cost savings to the NHS arising as a result of 16 individuals with clinically diagnosed mental health conditions taking part in the programme on a regular basis and requiring less drug therapies	No of individuals reporting a reduction in the amount of prescribed drugs	Consultation
Local Authority	Value in reduced demand for home care as walkers have better mobility, and fewer falls due to increased agility and movement	No. of individuals reporting significant improvements in mobility and agility	Consultation
Paths for All	Cost savings/As a result of the walks PFA can recruit, train and retain volunteer walk leaders who provide services that would otherwise have to be provided by paid staff. Volunteers acquire the requisite experience by participating in the walk and this allows PFA to expand the scope of the programme as it is possible to use savings to provide more walking opportunities	No. of hours provided by volunteer walk leaders in organising and providing walks	PFA records

6 VALUING OUTCOMES

All the outcomes identified have to be valued in financial terms. Each outcome is translated into a financial proxy which represents the value the outcome has to the stakeholder. The financial proxies used were identified by using a combination of stakeholder consultation and research. A contingent valuation exercise was used in engagement with walkers and volunteer walk leaders.

Stakeholder	Outcome	Description of financial proxy	Value	Source
Walkers	<i>Walker with diagnosed physical medical conditions are able to engage in physical activity and as a result feel fitter and become healthier</i>	20% Reduced Spend on Health	£13.52	Family Expenditure and Food Survey 2009 table A1 6 6.11 and 6.12 £1.30 pw
	Walkers are fitter and have improved physical health as a result of becoming more regularly physically active	Cost of a swimming session. Each sessions costs £4 per week which equates to £120 for duration of walk	£120.00	http://www.the-peak-stirling.org.uk/App/uploads/PEAK_Price_list_01_04_2011.pdf
	Walkers who have experienced mental health problems are able to engage in physical activity and feel happier and positive	60% increase in average spend on social trips out	£655.20	information from stakeholder engagement groups. Family Expenditure and Food Survey 2009 Table A9 4.1 and 4.2. spend on social outings £21 per week
	Walkers have more social contacts and are now more confident, experience less isolation and take part in new experiences	cost of a sports social club in Stirling	£320.00	http://www.boasc.com/membership/prices/
	Walkers form close relationships with friends made on walks after experiencing social isolation after losing partners- the new friends	average cost of a holiday abroad £357	£655.20	Family Expenditure and Food Survey 2009 11.2.2 accommodation £4.10 pw and 13.3.1 holiday

	provided significant support			spend of £8.50 week total of £12.60 pw
	Walkers know more about their local area and find new places to visit which increases the sense of satisfaction and enjoyment they derive from the place in which they live	5 hours of a private tour guide at an average rate of £30 per hour	£150.00	Internet
Walk Leaders	Walk leaders have more social contacts and are now more confident, experience less isolation and take part in new experiences	20% increase in average spend on social trips out	£218.40	information from stakeholder engagement groups. Family Expenditure and Food Survey 2009 Table A9 4.1 and 4.2. spend on social outings £21 per week
	<i>Walk leaders are much fitter and have improved health as a result of becoming more regularly physically active</i>	<i>20% Reduced spend on health</i>	<i>£13.52</i>	<i>Family Expenditure and Food Survey 2009 table A1 6 6.11 and 6.12 £1.30 pw</i>
	<i>Walk leaders have improved self-esteem and a sense of worth as they feel valued by the community</i>	<i>average value of a donation to charity</i>	<i>£114.40</i>	<i>Family Expenditure and Food Survey 2009 Table A1 13.4.2.2 £2.20 per week</i>
	Walk leaders have undertaken and achieved Walk Leader and First Aid certificates. This has increased their levels of confidence and given them practical skills (administration, planning, team working, first aid etc.) to enhance employability or volunteering prospects	Cost of a leadership course for walk leaders. Nordic walking £169	£169.00	Proxy used is for 1 day course for nordic walking. http://www.nordicwalking.co.uk/?page=become_an_instructor&c=37
NHS	<i>Cost savings to the NHS arising as a result of 10 individuals taking part in the programme on a</i>	<i>cost drugs</i>	<i>£29.64</i>	<i>have used only cost of ACE from Nice Guidance (many patients have a</i>

	<i>regular basis reducing their blood pressure and requiring less drug therapies</i>			<i>combination of drugs which would render the figure higher)</i> http://www.nice.org.uk/nicemedia/live/10986/30119/30119.pdf
	Cost savings to the NHS arising as a result of 16 individuals with clinically diagnosed mental health conditions taking part in the programme on a regular basis and requiring less drug therapies	cost of antidepressant per person and year	£85.00	NHS cost book 2009
Local Authority	Value in reduced demand for home care as walkers have better mobility, and fewer falls due to increased agility and movement	average cost of home care per annum for 9 hours per week at £12.12 per hour	£5,041.92	http://www.scotland.gov.uk/Publications/2011/08/30153211/3
Paths for All	Cost savings/As a result of the walks PFA can recruit, train and retain volunteer walk leaders who provide services that would otherwise have to be provided by paid staff. Volunteers acquire the requisite experience by participating in the walk and this allows PFA to expand the scope of the programme as it is possible to use savings to provide more walking opportunities	<i>cost of sessional coach</i>	£8,750.00	<i>7 walks/ week x £25 coaching fee taken from Active Stirling job ad for coach= 175/ week. Per year cost(500wks) £8750 per coach</i>

7 IMPACT

It is necessary to consider what other external factors may have influenced or affected the changes that have been recorded. The recorded change might have happened regardless of the activity, something else may have made a contribution to it or the activity may have displaced changes taking place elsewhere. In considering the extent to which each of these factors have played a part in the total impact of the activity a realistic approach should be adopted. The aim is to be pragmatic about the benefits actually provided by the walking project and to recognise that the value it creates is affected by other events. Deadweight, attribution and displacement are considered below. A more detailed analysis and the calculations applied can be found in the Audit Trail (Appendix One)

7:1 DEADWEIGHT

A reduction for deadweight reflects the fact that a proportion of an outcome might have happened without any intervention. Deadweight has been calculated on the proportion of people who would be active on their own accord. In the age group 45-90, 72% are inactive and 28% are active. The project targets inactive individuals and hence only a small proportion of individuals on the project will fulfil physical activity guidelines when they start, or indeed would be likely to take part in physical activities unprompted. In addition, more women than men participate in the programme and women are less active than men. Levels of activity are particularly low amongst women aged 50 and over. Taking these points into account, a figure of 7% for deadweight has been set that reflects research, experience and stakeholder consultation.¹³

When walkers were asked whether they would have become active without the walking groups they unanimously stated that they would not. They also indicated that prior to participating in the programme they had been inactive for a considerable amount of time. For those few that were potentially fulfilling activity guidelines prior to the project they identified that the walking group enabled them to keep active and ensured they maintained physical activity levels.

For walk leaders deadweight has been calculated as the percentage who would volunteer even if the project did not exist. As a result the deadweight has been calculated in line with the percentage of people who volunteer among the age group of the volunteers. It is estimated that 31% of Scottish People at this age group volunteer in some capacity and as a result deadweight of 31% is applied.¹⁴

7:2 ATTRIBUTION

Attribution takes account of external factors, or the contribution of others, that may have played a part in the changes that are identified. Attribution has been calculated in relation to Foster's findings in research into interventions to promote physical activity. Foster reports that the effect

of self led and reported interventions (19 studies; 7598 participants is minimal). From research there is evidence that referral on to an exercise programme works and has effect as long as the programme lasts but is dependent on long term support. It is also clear that simply giving advice to someone to be more active is ineffective and does not generate any increased activity. Based on this it is possible to deduce that there are low attribution levels as the walking programme is the only exercise programme that offers the degree of involvement necessary for sustaining activity. The difference between those advised to be more active and those who had received no advice was 3.7%.¹⁵ Attribution is low as there are few other options available which involve supported initiatives. This is supported by the walkers themselves who argued that it was the targeting of the programme itself that made the difference to them and it was this aspect, rather than other factors, which made them join. Only 2 walkers said that their GP had some influence in them taking part in the walks. However account has to be taken of other external influences such as the media campaign around physical activity, the promotion by GP practices of physical activity, and the influence exerted by family members in encouraging a person to become more active. To reflect these other influences an attribution rate of 10% has been selected

Attribution for walk leaders is more difficult to calculate as the factors influencing them to become walk leaders and their contribution to other volunteering programmes are varied. Some insight can be gained from looking at how walk leaders are recruited. A majority of walk leaders in PFA are recruited from the pool of active walkers. There is also recruitment of walk leaders by other walk leaders (word of mouth) and by scheme coordinators. However there might be pressure/ encouragement from family on other walk leaders to become engaged in volunteering. As a result attribution has been calculated at 20%.

7:3 DISPLACEMENT

Displacement applies when one outcome is achieved, but at the expense of another outcome, or another stakeholder is adversely affected. Displacement in relation to this programme could have arisen as a result of walkers ceasing to take part in another activity as a result of the time spent walking. However due to the nature of groups involved in the programme and their low engagement in other activities and the high rate of inactivity there is little risk of displacement. Displacement was not identified in the course of stakeholder engagement. This is probably due to the fact that the project targets those who are most difficult to reach. The target groups are frequently sedentary and often isolated, spending most of their time at home. For many the walking group is often the first step to them becoming more active. In consultations with the walkers it was clear that before taking part in the walking group most were inactive and spent much of their time at home on their own. As a result of the increased activity and social networking provided by the walking programme participants are beginning to engage in other activities. During the stakeholder engagement the walkers were asked what they did differently now that they took part in the walks and if this had resulted in them ceasing to take part in other activities. As participating individuals were very inactive and did not engage in many social activities prior to taking part in the walking programme minimal displacement was reported. There is potentially some displacement in relation to time spent with partners and families. Although not highlighted in the course of stakeholder engagement it was felt appropriate to reflect a minimal level of displacement and accordingly it has been set at 5%.

There is potentially a small amount of displacement among the walk leaders as it may interfere with other social or volunteering activities. It is important to note that in the consultation with the walk leaders none identified that they had stopped doing other things but several indicated that they volunteered for several organisations. As a result displacement has been set at 10%.

8 SROI CALCULATIONS

Before calculating the final social return on investment the issues of duration and drop off need to be taken into account. This is related to how long the impact of the programme lasts and the rate at which it drops off.

8:1 DURATION

Before the calculation can be finalised a decision has to be made as to how long the changes produced by the walking programme will last. In an SROI analysis the length of time changes endure is considered so that their future value can be assessed. The question to be answered is *'if the activity stopped tomorrow, how much of the value would still be there?'*

To predict the length of time changes will continue stakeholder opinion and independent research are both taken into account. There will be variations in the length of time benefits last according to the nature of both the change itself and the characteristics of individual stakeholders. It is clear that some outcomes in general last longer than others and are dependent on whether the activity is continuing or not. The health benefits of walking will endure for a very limited time if physical activity ceases and hence duration has been set at a year. The social networks formed will last much longer and it is anticipated that these will last three years.

The health benefits for walk leaders will last longer as walk leaders have higher fitness levels and a commitment to regular exercise, and in these circumstances duration of three years is likely. The time frame for social networks is likely to be fairly similar to that of walkers

The skills acquired by volunteer walk leaders are likely to endure for three years. This is in line with the time period a first aid certificate lasts before it requires to be renewed.

8:2 DROPOFF

Outcomes which will continue to have a value in future years cannot be expected to maintain the same level of value for each of these years. This has been dealt with by assuming that the value will reduce or 'drop off' each year. There is good national data collected on the drop off of physical activity in general. When looking at the physical activity national data there is a decrease in activity among people as they get older which will have an effect on walkers. The national figure of drop out of physical activity by those who are active has been used. The annual drop out figure by active people is 2.9% per year and this figure has been applied.¹⁶

In relation to walk leaders in a survey recently undertaken by PFA and Queen Margaret University the average time that the PFA volunteers sampled lasted was 3.5 years.¹⁷ As a result of these surveys and discussions with Scheme Coordinators drop out has been calculated as corresponding to 3%.

8:3 CALCULATIONS

The calculation of SROI is undertaken by dividing the impact value by the investment. Before this is done the impact value is adjusted to reflect the present value of the impact and enable the value to be projected in the future. The net present value is calculated by adding up the costs and benefits paid and received in different time periods. In order for these figures to be comparable a process called discounting is used which takes into account the time value of money. A standard rate for discounting is used in line with what government recommend as a discount rate for all public services of 3.5%.

	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Present Value each year	£63,625.42	£61,721.91	£22,752.73	£5,658.78	£0.00	£153,758.84

The net present value (net impact) of the project is calculated as the total present value less the total investment: £153,758.84 - £18,005.99 = £135,752.85

In order to calculate the social return on the investment the total impact is divided by the investment generating **a social return of around £9 for every £1 invested.**

8:4 SENSITIVITY ANALYSIS

In calculating the social return on investment it has been necessary to make certain assumptions or to use data which is not subject to universal agreement. To assess how much influence this has had on the final value that is calculated a sensitivity analysis is carried out and the results recorded. By doing this the value of the benefits can be expressed within defined limits. The most significant assumptions that were made were tested in the sensitivity analysis as detailed below: The key assumptions to be tested are:

(a) Deadweight:

Deadweight of 7 % has been assumed by taking into account that a number of individuals might have started walking independently if the programme had not been in existence. As the programme targets those who are hardest to reach it is very unlikely that they would have begun walking on their own. Deadweight has been calculated at 31% for walk leaders as this is the number according to research who would be volunteering anyway.

Deadweight for all outcomes is varied to 10% and 40%

(b) Attribution

Fairly low attribution levels (10%) have been applied to outcomes experienced by walkers as the walking programme is the only exercise programme that offers the degree of involvement and support necessary to sustain activity. A higher level of attribution (20%) has been applied to the changes reported by volunteer walk leaders to reflect the fact that other volunteering opportunities or life experiences might have resulted in the changes identified.

Attribution in relation to local authority cost savings as a result of reduced demand for home care as a consequence of walkers having improved mobility and fewer falls is expected to be significant and is set at 75%.

Attribution for each of these outcomes is reduced by 50%.

(c) Numbers affected by the intervention

500 individuals take part with varying degrees of regularity in the Stirling Walking programme. In the analysis it has been assumed that the intervention is only having an impact on those that take part in sufficient walks to fulfil national physical activity guidelines. However this can be tested and it could be argued that many of the benefits will also be available to those who do not fulfil activity guidelines if they are being active on a regular basis. To test the assumption the figures have been doubled. Only those walk leaders who took part in the survey have been included in calculating the impact, however it is likely that a significant number of those who did not participate will experience similar outcomes. On this basis the number of walk leaders counted has been doubled.

Walker and walk leader numbers are doubled

(d) Financial Proxies

A fairly high financial proxy has been used to value the reduced demand for home care and support provided by the local authority as a result of walkers having better mobility, and fewer falls. This has been selected using fairly robust costings and recognition has been made of the significant contribution that is likely to have been provided by others in achieving this outcome. Never the less this is a high financial proxy and should be tested.

Financial proxy used to value reduced demand for care and support is reduced by 50%

(e) NHS Cost savings

It is likely that the health benefits of walking have a profound and lasting effect on NHS cost savings as a result of reduced demand for health services due to improved physical and mental health that go beyond what it was possible to measure in this analysis

Cost savings to the NHS are increased by a factor of 10.

Revised Assumptions	Social Return
Deadweight across all outcomes is 10%	£8.74
Deadweight across all outcomes is 40%	£5.83
Attribution across all walker, volunteer walk leader and local authority outcomes is reduced by 50%	£9.96
Walker and walk leader numbers are doubled	£14.47
Financial proxy used to value reduced demand for care and support is reduced by 50%	£8.17
Cost Savings to the NHS are doubled	£8.81

Changes to the amounts apportioned to deadweight (unless subject to substantial variance), attribution, high value financial proxies and cost savings to the NHS are not particularly significant and would vary the rate of return by between -£0.37 and £1.42.

A substantial increase in the figure allocated to deadweight would significantly affect the results. However it should be noted that the level of deadweight apportioned to the outcomes experienced by the stakeholders is based on both national research and stakeholder view and as a result is reasonably reliable.

The element that impacts most significantly on the social return is the number of walkers and volunteer walk leaders who participate in the programme. As this analysis has taken a very strict approach and only used direct evidence from stakeholders it is fair to say that number of beneficiaries is likely to have been underestimated. In all probability there are others in the stakeholder groups, whom it was not possible to consult, who will experience similar outcomes to those recorded. On this basis it can be claimed, with a degree of confidence, that the social return is likely to be significantly higher.

8:5 MATERIALITY CONSIDERATIONS

At every stage of the SROI process judgements have to be made about how to interpret and convey information. Sometimes the rationale behind the decision is obvious and fully evidenced, on other occasions additional explanation or information may be required. SROI demands total clarity and complete transparency about the approach that is taken so that there is no possibility for confusion or misinterpretation. Applying a concept of materiality means that explanations

must be offered for information that can be interpreted in different ways and which can exert influence on the decisions others might take.

The concept can be of particular importance in ensuring that outcomes for stakeholders are not perceived as being duplicated and that the different values individual stakeholders may ascribe to the changes they experience are understood.

In assessing issues that are material SROI requires that various factors are taken into account. Stakeholder view is of paramount importance and from the outset, and throughout the preparation of this analysis, stakeholders were invited to comment on the interpretation of data and the inclusion of information. Engagement took various forms including e mail requests for comment, telephone interviews and meetings.

Target Groups

It had been intended to identify the outcomes for each of the four target groups described in section 2.1.2 on an individual basis. However, it was not possible to collect data in a way which allowed this to be achieved and at the same time respect confidentiality. The outcomes for each of the target groups were subsumed in the wider consultation with all walkers. It is possible, based on research evidence, that the nature of the change experienced and the significance placed on it might have been slightly different for each target group but it was not possible to assess this on an individual group basis.

Anticipated outcomes

In initial discussions to scope out likely outcomes it had been envisaged that the activity would offer significant health benefits to individuals and cost savings to the NHS. In the course of stakeholder engagement it became clear that there is a disconnect in the way such benefits are measured between individual and agency. It is difficult to obtain data from the NHS that reflects general improvements in health and wellbeing, as the monitoring systems they use are generally condition based. Walkers did report significant improvements in relation to fitness or activity levels, weight management and improved wellbeing. Whilst this will impact by raising overall health levels and reducing the demand for health services (and as a result allow resources to be allocated to other areas) it was not possible to fully evidence this.

Avoiding double counting

Walkers with diagnosed medical conditions and walkers from the wider population identified similar outcomes in relation to improved health and wellbeing. As the value of the benefits was rated much more significantly by walkers with diagnosed conditions and had a much greater impact on their lives they were treated separately. If the reported benefits had been valued for them in both capacities, as walkers **and** as walkers with medically diagnosed conditions then there would have been double counting.

Chain of events

Research clearly demonstrates the long term health benefits of physical activity. For many walkers and volunteer walk leaders taking part in the walking programme is part of a long term chain of events that results in better health that will last for some years, or in a reduced rate of decline. Unfortunately given the short time period of the study this was not possible to

demonstrate. This analysis has demonstrated the integral value of the walking experience and highlighted, although not valued, the part it plays in delivering enduring health benefits.

Exclusion of outcomes with minimal impact

Some outcomes were identified and valued by stakeholders but their impact is not material and hence they have been excluded from the calculation of the rate of return.

Stakeholder	Outcome	Quantity	Value	Less Deadweight	Less Displacement	Less Attribution	Less Dron Off	Impact
Walkers	Walker with diagnosed physical medical conditions are able to engage in physical activity and as a result feel fitter and become healthier	16	£13.52	28%	5%	10%	3%	£133.17
Walk Leaders	Walk leaders are much fitter and have improved health as a result of becoming more regularly physically active	11	£13.52	28%	10%	20%	3%	£77.10
	Walk leaders have improved self-esteem and a sense of worth as they feel valued by the community	7	£114.40	31%	10%	20%	3%	£397.84
NHS	Cost savings to the NHS arising as a result of 10 individuals taking part in the programme on a regular basis reducing their blood pressure and requiring less drug therapies	10	£29.64	7%	5%	5%	3%	£248.78

9 RECOMMENDATIONS

9:1 COMPLYING WITH SROI GOOD PRACTICE

This SROI analysis of a walking project benefited from having in depth monitoring data on the participants/ walkers. As a result it has not been necessary to use estimates which would have resulted in less accurate calculations. As the relationship between physical activity and health conditions is well researched and evidenced it has been possible to use it to support and enhance direct reporting by stakeholders. Throughout the process stakeholders have been consulted and involved and their support and willingness to contribute and feedback on the process has been essential.

9:2 KEY FINDINGS

The robust monitoring of the walking programme has been essential to undertaking an SROI analysis of the walking programme and it is in the programme's interest that this monitoring continues and is supported by the stakeholders. Without the established systems of monitoring and data collection the process would have been more difficult and significantly more time consuming. Additional ways of measuring change were introduced in the course of the analysis and it would be useful to incorporate these methodologies into existing systems.

There is no doubt that the walking programme is providing a valuable service and that the programme contributes to the better health of the participants. There are clear benefits to delivering the programme using a partnership approach that reflects the interest and expertise of the partners/ stakeholders. It is important to note that it is through the partnership that many outcomes are successfully delivered and that this area could be strengthened even more through increased work in linking in with health referrals and new participation pathways which sustain activity. Without the support of the partners in the project the outcomes would be diminished. The model of delivery of health walks is a volunteer led model and this needs to be continually supported and mainstreamed in the services that are provided. As a model it works but it needs to be sustained, supported, and be financially stable in order to grow and reach its true potential.

Although the walk leaders/ volunteers are also stakeholders it is important to recognise the value they bring to the programme and that their grass roots delivery is supporting the project. Although it can be translated into volunteering hours the work and personal engagement of the walk leaders is difficult to translate into an economic measure and more monitoring of volunteers is needed to better establish impact.

It would be interesting to assess the value of walking from the perspective of a wide range of groups who would all be likely to experience subtly different changes and would ascribe different values to them. For example, individuals who have not developed any life limiting health conditions and the benefits a walking project might offer them.

9:2 RECOMMENDATIONS FOR STAKEHOLDERS

- The programme needs to be supported by all partners to grow and maximise its potential.
- The programme needs to be mainstreamed to ensure long lasting impact and sustainable delivery.
- A partnership approach needs to continue and be developed to ensure increased spread of programme.
- A forecast SROI should be undertaken looking at a wider group of participants and mass participation figures.
- Volunteers need to be supported and sustained to ensure sustainability of the programme.
- Partners need to take a lead in establishing further development opportunities for the project.
- The report should be shared with all stakeholders and with other walking schemes.

10 APPENIDICIES

APPENDIX A: AUDIT TRAIL

In the SROI a number of stakeholders were identified but not included in the financial analysis. The Lomond and Trossachs National Park are funders of the project and are included only in that capacity. This is due to the fact that their outcomes are linked to strategies set by National and Local Government and that they fulfil an enabling role

1. STAKEHOLDERS INCLUDED AND EXCLUDED

Stakeholder	Reason for Exclusion
Loch Lomond and Trossachs National Park	Funder. Have an enabling role but do not achieve outcomes
Walkers families/ carers	No significant outcomes anticipated following initial discussion with walkers
Walk leaders families/ relatives	Limited consultation did not reveal significant outcomes

Stakeholder	Outcome	Reason for Exclusion
Local authority	Better maintained paths	No data available/ difficult to demonstrate impact
	Increased employment	No data available and minimal impact as majority of individuals retired
	Increased community cohesion and uptake of community activities	Outcome for local community. Not considered significant
Police	Safer streets/ communities	Not -material
	Less crime	Not-material
Local Shops and retailers	Spending more locally as walking to shops etc.	Not material

2. STAKEHOLDER ENGAGEMENT

Stirling Walking Network



- FEBRUARY 2011

We are required to evaluate the walking project over the past year and we would really appreciate if you would complete the following questions / comments and return in the enclosed SAE .

Please feel free to comment of any aspect of your experience of walking (i.e. from a health angle, general well-being, increased confidence and/or activities you can now do which you could not before joining the walking group).

- Have you increased your physical activity? YES NO

Comments _____

- What do you enjoy most about being part of the walking groups?

Comments _____

- Any other comments you would like to add about the walking project.

Comments _____

Evaluation Form Analysis

HEALTH BENEFITS

WEIGHT LOSS	3
MORE ENERGY	3
INCREASED WELL-BEING	12
GETTING FITTER	7
INCREASED CONFIDENCE	6
LESS PAIN	2
IMPROVED MENTAL HEALTH	5
HAPPIER	2
IMPROVED POSTURE	1
HELPED RECOVERY FROM ILLNESS	3
INCREASED ACTIVITY	87

ENJOYABLE ASPECTS OF WALKS

COMPANY	39
MEETING PEOPLE/NEW FRIENDS	27
VARIETY OF WALKS /GOING TO NEW PLACES	21
FRESH AIR	7
SAFETY	5
SCENERY/COUNTRYSIDE	10
LUNCH/TEA AFTERWARDS	4

Evaluation Form Comments

“Better health and happier outlook on life.”

“My spirits are lifted knowing I will be meeting friends every Wednesday.”

“I feel as if I am in a different time and place.”

“I’d like to do all the walks in the week, Monday, Wednesday and Thursday.”

“I’ve lived in Stirling all my life and I’ve discovered things I didn’t know existed.”

“The walking group is an essential part of my week.”

“Without this group I would just sit in the house.”

“Having made the commitment to the group it gets me going.”

“I find myself looking forward to the walk each coming week.”

“The company is good, all very interesting and friendly people.”

“To lose the group would be detrimental to my health.”

“I look forward to every Wednesday regardless of the weather.”

“It’s a great way to meet new people when you first move into a new community.”

“I have had an all over improvement in my general health as well as sleeping better.”

“I can walk much more without being breathless and the company is a great support.”

“I feel that I have built up more stamina.”

“It benefits arthritis and mental well-being.”

VOLUNTEER WALK LEADER PROFILES ANALYSIS

Total number of profiles is 449 137 male, 362 female

AGE RANGES

16 – 24	24
25 – 34	62
34 – 44	85
45 – 54	123
55 – 64	85
65 – 74	61
75+	9

TOTAL 449

ETHNIC ORIGIN

Scottish	338
English	33
Welsh	23
African (incl. African Scottish/British)	2
Pakistani (incl. Pakistani Scottish/British)	2
N. Irish	3
Irish	3
British	36
Caribbean (incl. Caribbean Scottish/British)	1
Bangladeshi (incl. Bangladeshi Scottish/British)	
Gypsy/Traveller	
Indian (incl. Indian Scottish/British)	
Chinese (incl. Chinese Scottish/British)	1
Other European	1
Other	5 (2 x Australian, 2 x American, 1 x Arabic)
No origin entered on form	1

TOTAL 449

EMPLOYMENT STATUS

Full time	161
Part time	87
Unemployed	46
Retired	119

Student	8
Other	28 (Volunteer Carer 1, Homemaker 2, Volunteer Job Seeker 1, Self-employed 4, Volunteer 6, Housewife 4, Full-time mother 6, Gardener 1, At home 1, incapacitated 1.)

Question not answered 1

TOTAL 449
REGISTERED DISABLED

Yes	11
No	436
Question not answered	2

TOTAL 449

MEDICAL CONDITIONS DIAGNOSED BY DOCTOR/HEALTH PROFESSIONAL

Diabetes 8
 Diabetes/Overweight 2
 Diabetes/High Blood pressure 3
 Diabetes/Heart Disease/High Blood Pressure 2
 Diabetes/Overweight/High Blood pressure 5
 Diabetes/Anxiety or Depression/Overweight/High Blood Pressure 1
 Diabetes/Heart Disease/Anxiety or Depression/Overweight/High Blood Pressure 1
 Heart Disease 3
 Heart Disease/Anxiety or Depression/Overweight/High Blood Pressure 2
 Heart Disease/High Blood Pressure 4
 Anxiety or Depression 32
 Anxiety or Depression/Overweight 3
 Anxiety or Depression/High Blood Pressure 1
 Anxiety/Overweight/High Blood Pressure 1
 Anxiety or Depression/High Blood Pressure 2
 Overweight 17
 Overweight/High Blood Pressure 4
 High Blood Pressure 29

A total of 120 people have medical conditions (listed above) diagnosed by a doctor or health professional.

A total of 329 people have none of the medical conditions listed on the profile form i.e. diabetes, heart disease, anxiety or depression, overweight or high blood pressure.

TOTAL 449

3.DEDUCTIONS TO AVOID OVERCLAIMING

3. Deadweight, Displacement , Attribution and Drop Off

Stakeholder	Outcome	Deadweight	Displacement	Attribution	Duration	Drop Off
Walkers	<i>Walker with diagnosed physical medical conditions are able to engage in physical activity and as a result feel fitter and become healthier</i>	28%	5%	10%	1 year	3%
	Walkers are fitter and have improved physical health as a result of becoming more regularly physically active	28%	5%	10%	1 year	3%
	Walkers who have experienced mental health problems are able to engage in physical activity and feel happier and positive	7%	5%	10%	1 year	3%
	Walkers have more social contacts and are now more confident, experience less isolation and take part in new experiences	7%	5%	10%	2 years	3%
	Walkers form close relationships with friends made on walks after experiencing social isolation after losing partners- the new friends provided significant support	7%	5%	10%	3 years	3%

	Walkers know more about their local area and find new places to visit which increases the sense of satisfaction and enjoyment they derive from the place in which they live	7%	5%	10%	3 years Greater awareness/ interest in the area will endure for a significant amount of time	3%
Walk Leaders	<i>Walk leaders have more social contacts and are now more confident, experience less isolation and take part in new experiences</i>	31%	10%	20%	2 years	3%
	<i>Walk leaders are much fitter and have improved health as a result of becoming more regularly physically active</i>	28%	10%	20%	2 year	3%
	Walk leaders have improved self-esteem and a sense of worth as they feel valued by the community	31%	10%	20%	1 year Feelings of value will not last if the activity stops	3%
	Walk leaders have undertaken and achieved Walk Leader and First Aid certificates. This has increased their levels of confidence and given them practical skills (administration, planning, team working, first aid etc.) to enhance employability or volunteering prospects	31%	10%	20%	3 years This is in line with the average length of time a certificate lasts before it has to be renewed.	3%

NHS	Cost savings to the NHS arising as a result of 10 individuals taking part in the programme on a regular basis reducing their blood pressure and requiring less drug therapies	7% Based on the % that would have become active regardless of the programme taking into account targeting of inactive people	5% Limited other opportunities for appropriate supported activities	5% Limited other opportunities for appropriate supported activities	1 year	3%
	Cost savings to the NHS arising as a result of 16 individuals with clinically diagnosed mental health conditions taking part in the programme on a regular basis and requiring less drug therapies	7% Based on the % that would have become active regardless of the programme taking into account targeting of inactive people	5% Limited other opportunities for appropriate supported activities	5% Limited other opportunities for appropriate supported activities	1 year Direct contact with a walking programme is needed to provide the requisite skills and experience for delivery	3%
Local Authority	Value in reduced demand for home care as walkers have better mobility, and fewer falls due to increased agility and movement	7% Based on the % that would have become active regardless of the programme taking into account targeting of inactive people	5% Limited other opportunities for appropriate supported activities	75% It is likely that factors other than increased physical activity may be contributing e.g. external support/ social circumstances	1 year	3%

Paths for All	Cost savings/As a result of the walks PFA can recruit, train and retain volunteer walk leaders who provide services that would otherwise have to be provided by paid staff. Volunteers acquire the requisite experience by participating in the walk and this allows PFA to expand the scope of the programme as it is possible to use savings to provide more walking opportunities	31% % of volunteers who might have participated in other PFA walking programmes	5% Minimal contribution from other activities	5% Minimal impact on other activities	1 year	3%
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4. CALCULATING IMPACT

Stakeholder	Outcome	Quantity	Value	Less Deadweight	Less Displacement	Less Attribution	Less Drop Off	Impact
Walkers	Walkers are fitter and have improved physical health as a result of becoming more regularly physically active	99	£120.00	28%	5%	10%	3%	£7,313.33
	Walkers who have experienced mental health problems are able to engage in physical activity and feel happier and positive	16	£655.20	7%	5%	10%	3%	£8,335.72
	Walkers have more social contacts and are now more confident, experience less isolation and take part in new experiences	66	£320.00	7%	5%	10%	3%	£16,793.57
	Walkers form close relationships with friends made on walks after experiencing social isolation after losing partners- the new friends provided significant support	3	£655.20	7%	5%	10%	3%	£1,562.95

	Walkers know more about their local area and find new places to visit which increases the sense of satisfaction and enjoyment they derive from the place in which they live	31	£150.00	7%	5%	10%	3%	£3,697.45
Volunteer walk Leaders	Walk leaders have more social contacts and are now more confident, experience less isolation and take part in new experiences	11	£218.40	31%	10%	20%	3%	£1,193.51
	Walk leaders have undertaken and achieved Walk Leader and First Aid certificates. This has increased their levels of confidence and given them practical skills (administration, planning, team working, first aid etc.) to enhance employability or volunteering prospects	11	£169.00	31%	10%	20%	3%	£923.55
NHS	Cost savings to the NHS arising as a result of 16 individuals with clinically diagnosed mental health conditions taking part in the programme on a regular basis and requiring less	16	£85.00	7%	5%	5%	3%	£1,141.48

	drug therapies							
Local Authority	Value in reduced demand for home care as walkers have better mobility, and fewer falls due to increased agility and movement	6	£3,041.92	7%	5%	75%	3%	£6,681.80
Paths for All	Cost savings/As a result of the walks PFA can recruit, train and retain volunteer walk leaders who provide services that would otherwise have to be provided by paid staff. Volunteers acquire the requisite experience by participating in the walk and this allows PFA to expand the scope of the programme as it is possible to use savings to provide more walking opportunities	0.5	£8,750.00	31%	5%	5%	3%	£2,724.42

Appendix 2: The Principles of SROI

Principle	Description
Involve stakeholders	Inform what gets measured and how this is measured and valued by involving stakeholders
Understand what changes	Articulate how change is created and evaluate this through evidence gathered, recognising positive and negative changes as well as those that are intended or unintended
Value the things that matter	Use financial proxies in order that the value of the outcomes can be recognised. Many outcomes are not traded in markets and as a result their value is not recognised
Only include what is material	Determine what information and evidence must be included in the accounts to give a true and fair picture, such that stakeholders can draw reasonable conclusions about impact
Do not over-claim	Only claim the value that organisations are responsible for creating
Be transparent	Demonstrate the basis on which the analysis may be considered accurate and honest, and show that it will be reported to and discussed with stakeholders
Verify the result	Ensure independent appropriate assurance

The SROI Network has published a comprehensive guide to SROI. This can be downloaded at www.sroinetwork.org.uk

REFERENCES

- 1 Scottish Health Survey, 2008
- 2 Interviews/Database and evidence in research. 20% less spend on health products. Relationship Between Regular Walking, Physical Activity, and Health-Related Quality of Life Rachel E. Blacklock, Ryan E. Rhodes, and Shane G. Brown
- 3 Warming up Blue with Green: the effects of walking in the countryside on people with depression and bi-polar disorder. By PFA, as well as by other studies such as Robert Thyer, calm Energy 2003 and in richardson et al who reports improved moods in 40% participants of PA
- 4 Volunteering works; Volunteering and social policy by The Institute for Volunteering Research and Volunteering England 20078.
- 5 Rachel E. Blacklock, Ryan E. Rhodes, and Shane G. Brown Relationship Between Regular Walking, Physical Activity, and Health-Related Quality of Life
- 6 Volunteering works; Volunteering and social policy by The Institute for Volunteering Research and Volunteering England 20078.
- 7 University of Maryland Medical Center, Hypertension, <http://www.umm.edu/altmed/articles/hypertension-000087.htm>
- 8 BHF Factfile No.5 September 2008 <http://www.cardiacrehabilitation.org.uk/docs/scientific.pdf>
- 9 Promoting Active lifestyles among older adults. US surgeon general, 1996
- 10 Stamatakis, Weiler, Blair Should Health Policy Focus on Physical Activity rather than Obesity. in BMJ 2010;340:c2603
- 11 Health Foundation quoting Psychiatry in the Elderly (3rd edition) Oxford University Press (2002) and in National Schizophrenia Fellowship, Mind, Manic Depression Fellowship survey 2000, A Question of choice London.
- 12 Freiberger E, Menz HB, Abu-Omar K, Rütten A: Preventing Falls in Physically Active Community-Dwelling Older People: A Comparison of Two Intervention Techniques.
- 13 Scottish Health Survey 2009 and Sportscotland Older People and Physical Activity report 2007
- 14 Scottish Household survey 2009.
- 15 Foster C, Hillsdon M, Thorogood M; Interventions for promoting physical activity (a literature review) The Cochrane Collection of Systematic Reviews vol 3 2005.
- 16 National health Survey 2008 data of physical activity per age group. Census data on population groups 2001
- 17 Stuart MacKenzie; 2010. A research collaboration between PFA and QMU.

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¹ Scottish Health Survey 2008

² Interviews/Database and evidence in research. 20% less spend on health products. Relationship Between Regular Walking, Physical Activity, and Health-Related Quality of Life Rachel E. Blacklock, Ryan E. Rhodes, and Shane G. Brown

³ Warming up Blue with Green: the effects of walking in the countryside on people with depression and bi-polar disorder. By PFA, as well as by other studies such as Robert Thyer, calm Energy 2003 and in richardson et al who reports improved moods in 40% participants of PA

⁴ Volunteering works; Volunteering and social policy by The Institute for Volunteering Research and Volunteering England 20078.

⁵ Rachel E. Blacklock, Ryan E. Rhodes, and Shane G. Brown Relationship Between Regular Walking, Physical Activity, and Health-Related Quality of Life

⁶ Volunteering works; Volunteering and social policy by The Institute for Volunteering Research and Volunteering England 20078.

⁷ University of Maryland Medical Center, Hypertension, <http://www.umm.edu/altmed/articles/hypertension-000087.htm>

⁸ BHF Factfile No.5 September 2008 <http://www.cardiacrehabilitation.org.uk/docs/scientific.pdf>

⁹ Promoting Active lifestyles among older adults. US surgeon general 1996

¹⁰ Stamatakis, Weiler, Blair Should Health Policy Focus on Physical Activity rather than Obesity. in BMJ 2010;340:c2603

¹¹ Health Foundation quoting Psychiatry in the Elderly (3rd edition) Oxford University Press (2002) and in National Schizophrenia Fellowship, Mind, Manic Depression Fellowship survey 2000, A Question of choice London.

¹² Freiburger E, Menz HB, Abu-Omar K, Rütten A: Preventing Falls in Physically Active Community-Dwelling Older People: A Comparison of Two Intervention Techniques.

¹³ Scottish Health Survey 2009 and Sportscotland Older People and Physical Activity report 2007

¹⁴ Scottish Household survey 2009.

¹⁵ Foster C, Hillsdon M, Thorogood M; Interventions for promoting physical activity (a literature review) The Cochrane Collection of Systematic Reviews vol 3 2005.

¹⁶ National health Survey 2008 data of physical activity per age group. Census data on population groups 2001

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