The Active Choices Project  
Evaluation and Social Return on Investment Analysis  
Summary Report

Key Points

- The aim of this research was to evaluate the impact of the Big Lottery funded Active Choices project on its participants. The research also sought to assess the wider social value that the project created using a Social Return on Investment (SROI) analysis.

- Healthy Living Wessex’s Active Choices Project is a community based project in Dorset which aims to help people reduce their risk of developing Cardiovascular Disease (CVD) in the next ten years, in adults aged 40-74, by building physical activity into people’s daily lives.

- Social Return on Investment (SROI) is a framework for measuring and accounting for change in ways that are relevant to the people or organisations that experience or contribute to it. It seeks to capture social, environmental and economic outcomes and uses monetary values to represent them.

- Cardiovascular Disease (CVD) is a general term used to describe a disease of the heart or blood vessels. It is estimated that every year 17 million people die globally of CVD. CVD is the leading cause of mortality in the UK killing approximately 160,000 people each year and is a significant public health issue.

- The evaluation includes data from 34 people at risk of CVD who completed a 12 week programme of exercise classes during the first 21 months of the project.

Key Findings

- The evaluation found clear evidence of benefits of The Active Choices Project to its participants using a mixture of baseline and 12 week validated questionnaires, and one to one interviews. After 12 weeks, 9 out of 9 participants interviewed (N=34) confirmed increased levels of physical activity, in line with the projects aim of reducing the risk of developing CVD through increasing levels of physical activity.

- The data also suggests that participants who attended all 12 sessions of the Active Choices project continued to exercise after this period and have incorporated exercise into their lifestyles.

- The qualitative data analysis also highlighted improvements for participants in other outcomes such as improved mental well being, reduced social isolation, increased independence and increased confidence and self-worth.

- This evaluation provides further evidence to support the use of community based physical activity programmes to support individuals to reduce their risk of developing CVD and improve their physical and mental health and wellbeing.

- The analysis found that the SROI ratio is £1:1.91, which means that for every £1 spent on Active Choices Project there is £1.91 of social value created.
Active Choices Project

Active Choices is one of a range of projects provided by Healthy Living Wessex. It is a 12 week Big Lottery funded project which aims to help people reduce their risk of developing CVD in the next ten years, in adults aged 40-74 in vulnerable communities. This is done through the development of a new community physical activity network to build physical activity into people’s daily lives.

Individuals are referred to the Active Choices project if they have been assessed by their healthcare professional as being at moderate or high risk of developing Cardiovascular Disease (CVD) at their NHS Health Check should they continue with their current lifestyle and lifestyle choices.

The project is based upon the premise that regular moderate exercise such as 3 sessions of 30 minutes per week can significantly reduce an individual’s chance of developing CVD.

With research demonstrating that it takes 3 months to establish a new habit, individuals are offered 3 months of highly-discounted exercise in order to achieve the maximum health benefit.

Individuals are offered one session of exercise per week, led by a specialist instructor, and follow the format of the traditional Phase IV cardiac rehabilitation class and are taken by Phase IV trained staff.

All exercise sessions have a circuit class format to exercise all parts of the body. Individuals are encouraged to exercise at their own level and pace. All classes are subsidised by the Big Lottery, with participants paying £1 per session for 12 sessions.

As a community based and third sector led project, Active Choices is designed to promote a non-medical and self-directed approach to health improvement.

Cardiovascular Disease

CVD is a general term which is used to describe a disease of the heart or blood vessels.

The World Health Organization (WHO) estimates that globally 17 million people die every year of CVD. The predominant forms of CVD deaths recorded are heart attacks and strokes.¹

There are a number of known risk factors for CVD and it is estimated that through the control of the main risk factors approximately 80% of worldwide deaths from CVD could be avoided. The recognised risk factors for CVD include²:

- High blood pressure (hypertension)
- Smoking
- Diabetes
- Lack of exercise
- Being overweight or obese
- Family history of heart disease

If regular exercise is not part of a person’s lifestyle it is far more likely that they will have a number of the risk factors for CVD such as high blood pressure, along with higher cholesterol levels, be overweight and have higher stress levels. Another linked risk factor is often smoking; evidence shows that people who smoke are less likely to exercise.³

¹WHO.Cardiovascular disease: http://www.euro.who.int/en/health-topics/noncommunicable-diseases/cardiovascular-diseases
³Campaign for Tobacco-free kids: Smoking, Physical Activity and Poor Physical Performance. www.tobaccofreekids.org
Poor mental health is also associated with an increased risk of CVD, and mental illness is identified in a number of studies as an independent risk factor for the development of CVD. Depression alone is associated with a 67% increased mortality from CVD, with mental ill health linked to less healthy lifestyle choices and more frequent health risk behaviour leading to poorer physical health outcomes.

**Interventions to reduce the risk of CVD**

There is clear evidence that demonstrates the benefits of prevention programmes to reduce the risk of developing CVD which are not medically based. A large number of individuals within the population will have at least one of the risk factors for developing CVD, and given that these factors are so often linked to others, it is vital that prevention is one of the main approaches to reducing CVD.

Prevention programmes with a focus on increasing physical activity have been shown to impact positively on a number of the risk factors for CVD, such as a decrease in body weight and blood pressure, and a reduction in cholesterol levels. However, a common limitation of prevention programmes is the lack of long term compliance amongst individuals and studies have demonstrated that individuals must be engaged and fully perceive their high level of risk in order to improve the levels of lifestyle change required to actually reduce the risk of CVD.

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5 No Health Without Public Mental Health – the case for action. Royal College Psychiatrists Position Statement PS4/2010

6 Butter, HS. Li, T. Ravi, N. Prevention of cardiovascular diseases: Role of exercise, dietary interventions, obesity and smoking cessation. Experimental and Clinical Cardiology, 2005, vol./iss 10/4(229-249), 1205-6626


10 Craciun L et al. Increasing the regular physical activity level reduced the cardiovascular risk in asymptomatic high risk patients from EuroAspire III Romania Follow-Up. European Journal of Cardiovascular Prevention and Rehabilitation, April 2011, vol./iss.18/1 SUPPL. 1(547), 1741-8267

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**Research Aim and Methods**

This research is part of a wider University of the West of England (UWE)-led study of projects funded by the Big Lottery under the South West Well-being Programme. In this study we sought to evaluate the impact of the Active Choices Project on its participants, and examine the social value that the project is creating using Social Return on Investment (SROI) analysis.

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**What is Social Return on Investment?**

SROI is a framework for measuring and accounting for change in ways that are relevant to the people or organisations that experience or contribute to it. It seeks to measure social, environmental and economic outcomes and uses monetary values to represent them. SROI captures wider forms of value often left out of more traditional methods of economic evaluation such as cost benefit analysis.

Interest in social value has been raised by The Public Services (Social Value) Act (2013). The Act requires public bodies to consider how the services they commission and procure might improve the economic, social and environmental well-being of the area.

The act defines social value as “the benefit to the community from a commissioning/procurement process over and above the direct purchasing of goods, services and outcomes”.

The evaluation focuses on the first 21 months operation of the Active Choices Project (April 2013-December 2014) and includes all those who registered and took part in project activities and during this time (n=34). Participants completed baseline and follow up questionnaires at 12 weeks following enrolment onto an Active Choices class. The measures covered physical activity, depression, anxiety, wellbeing and life impact.

**Project Participants**

The main beneficiaries of the Active Choices Project were the participants who attended Active Choices Exercise sessions. All participants were referred into the programme by their GP practice as a result of their NHS Health Check.
Main outcomes
Quantitative data was collected for the Active Choices project by each individual exercise class instructor through a participant survey at the first class, and again at a 12 week follow-up session for all individuals referred to the Active Choices project.

However, data collection for the project encountered difficulties relating to class instructors not completing the 12 week questionnaires accurately for all participants and resulted in matched data not being available for the analysis. This was despite HLW contacting participants by telephone to encourage data completion.

Qualitative data was also collected through one to one interviews which were conducted with a total of 14 stakeholders, 9 of which were participants representing 10% of people who participated in one or more sessions.

Clear themes which emerged from the interviews with participants highlighted their feelings about first attending the project, as well as providing useful indicators of the impact the project has had on them, and thus of the project outcomes.

Increased Physical Activity
Accelerometry data which was recorded from participants during the project showed a total increase in the minutes of activity done by all individuals. This equated to an average increase of activity in bouts from baseline to 12 weeks of 85.5 mins per week per participant.

Weight loss
Of the 7 measured participants who had baseline and 12 week weight measurements recorded, (15% of all participants), the average weight loss over 12 weeks in pounds was 10.1lb’s. This equates to a 6.4% decrease in overall bodyweight on average per participant.

Improved mental wellbeing
Participants were asked to indicate their level of optimism about the future at baseline and 12 weeks. The results are shown below and show that there was an overall increase in the proportion of people feeling optimistic about the future at 12 weeks. In addition there was a shift in the proportion of people feeling optimistic ‘Some of the time’, ‘Often’ and ‘Rarely’ resulting in a higher proportion feeling optimistic about the future ‘All of the time’ at 12 weeks when compared to baseline.

Alison found that the session’s really helped with her overall mental wellbeing: “It’s understanding that the older you get your body needs more effort to keep fitter and it’s difficult due to other constraints. It’s difficult to say I’m going to have that slice of time for me. Better mental health and wellbeing has to come from the head first. I have complete grip on everything I’m doing to my body and feel completely in charge of my life and it’s wonderful.”

Liz enrolled with the Active Choices Project, said that: “I was nervous to go at first, but they were so friendly and the instructor was so attentive, really explaining everything to us and pushing us on. I really enjoy the activities, some are hard but I really enjoy how I feel afterwards.”
Increased Independence
Participants were asked to indicate how often they had been able to make up their own mind about things at baseline and 12 weeks. The results are shown below and show that there was an overall increase in the proportion of people able to make up their own mind about things ‘Often’ and ‘All of the time’ at 12 weeks when compared to baseline.

One to one interviews also highlighted the change in participant’s sense of growing independence as their physical and mental health improved.

Lorna explained: “The programme has increased my self-confidence, I can go to groups now and do hard physical exercise.”

The change for Daisy in coming to Active Choices was life altering: “I started off with a ten minute walk and built it up to 5 miles a day. The programme is very good as the whole of my life was completely changed. I was made to feel very welcome and was impressed with what I could do. I’m pretty good and I felt 20 years younger, my self-esteem and confidence have both increased. Before the class it was starting to be an effort to get out of a chair or take the stairs, I felt the next step would be a zimmer frame, and now I can walk miles and miles, fantastic!”

Social Return on Investment Analysis
The SROI analysis involves a stage-based process that involves mapping outcomes from the perspective of stakeholders; defining the relationship between inputs, outputs and outcomes; evidencing outcomes and giving them a value; identifying those aspects of change that would have happened anyway or are a result of other factors to ensure that they are taken out of the analysis; and then calculating the SROI.

Inputs
The total funding budget used by HLW for the Active Choices Project in the time period of evaluation was £63,080. This included funding for a part-time project coordinator, a part-time project manager, two part-time phone centre staff, physical activity session costs and general overhead costs for the buildings and staff training.

Outputs – Delivering the Project
335 referrals were made during the period of evaluation to the Active Choices project with 92 participants attending at least one session of the Active Choices project. In total during this time 34 participants attended all 12 sessions of the project.

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

The table at the end of this report provides a summary of all the outcomes included in the SROI analysis and the way in which they were valued.
Calculating the Social Value

SROI analysis found that the SROI ratio is £1:1.91, which means that the SROI analysis estimates that for every £1 spent on Active Choices Project there is £1.91 of social value created.

The total impact for the 34 participants who participated in 21 months of the Active Choices Project calculated from this analysis is £120,535. Whilst project participants are the greatest beneficiaries of Active Choices Project (98%) there is also benefit to local NHS services, and the Local Authority in terms of savings related to reduced GP attendance and reduced need for adult social care support.

Limitations of the Research

There are a number of limitations of this study. Within the timescale and resources it was not possible to collect data for all participants and the sampling methodology used in this SROI analysis may have led to the inclusion of bias within the results.

The number of participants with baseline and 12 month data was small, and for the majority the data was not matched, inevitably this means that the results of the quantitative analysis contain a number of assumptions which lead to a degree of uncertainty.

Assigning a proxy value to identified outcomes is a subjective process which can inevitably lead to questions about the validity of the proxies chosen. In order to maximise the validity of the values, assumptions made in this analysis was based upon analysis done in other SROI’s.

Information from referring GP practices and the Active Choice exercise instructor’s was limited due to low response rate to survey questionnaires. In addition there was not enough resource available in the analysis to capture information from family and friends of participants.

Therefore some of the wider impacts of Active Choices may not have been identified in the analysis, for example the degree to which engagement with Active Choices may lead to family members increasing their own levels of physical activity and experiencing some of the identified outcomes, or of increased levels of confidence in professional groups in dealing with patients at high risk of developing CVD.

Conclusion and Recommendations

In this evaluation and SROI report we have monetised the benefits of the Active Choices Project to its participants and other agencies working with the community in Dorset, Bournemouth & Poole. The report demonstrates a positive social return for the investment made, and the feedback from participants and stakeholders clearly illustrate the programme’s positive impact to participants’ physical and mental health, wellbeing and life circumstances.

CVD is the leading cause of mortality in the UK, with an overall financial cost to the UK estimated to be £30 billion. National policy frameworks and programmes include aims to reduce premature mortality from CVD and there is clear evidence that demonstrates the benefits of prevention programmes in reducing the risk of developing CVD.

Prevention programmes with a focus on increasing physical activity have demonstrated positive results and there are clear financial benefits to investing in prevention programmes like the Active Choices project.

The qualitative data analysis highlighted improvements of participants of increased levels of physical activity and weight loss but in addition it also identified other outcomes such as improved mental well-being, reduced social isolation, increased independence and increased confidence and self-worth.
This evaluation demonstrates the potential of the Active Choices project to reduce the risk of developing CVD in those individuals participating.

Key recommendations arising from this study are:

- To use this report as a tool to demonstrate the value of the Active Choices project model to potential funders and commissioners to improve the physical and mental health of individuals, whilst helping to reduce their risk of developing CVD.

- To investigate appropriate alternative forms of physical activity that can be used to reduce the risk of CVD in the target population of people aged 40-74 which may enable improved uptake and adherence to the exercise sessions.

- Ensure collaborative partnerships between organisations that deliver physical activity classes within the geographical area to improve the availability of classes for reducing the risk of CVD at times when people in employment are still able to access them in order to maximise uptake within the target population.

- Work with key stakeholders to identify appropriate data capture methodology for ongoing community based physical activity programmes to ensure robust evaluation of future projects can be successfully undertaken.

This study was led by Kate Blackburn (Public Health Specialty Registrar), with support from Mat Jones (UWE), Olly Biggs (UWE), Dr Richard Kimberlee (UWE) and Phil Aubrey (Well UK).

We would like to acknowledge and thank all the Healthy Living Wessex staff – particularly Charlie Bartlett - participants and partner agency staff linked to the Active Choices Project for their support and assistance in undertaking this research.

June 2015

For full Evaluation & SROI Report and details of the wider evaluation of the South West Well-being Programme go to:

http://westbank.org.uk/

or contact:

matthew.jones@uwe.ac.uk
# Social Return on Investment – outcomes included and their values

<table>
<thead>
<tr>
<th>Outcome</th>
<th>n</th>
<th>Financial Proxy</th>
<th>Value per beneficiary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of participants reporting increased levels of physical activity.</td>
<td>34</td>
<td>Cost of casual gym membership.</td>
<td>£25.20</td>
</tr>
<tr>
<td>Raised awareness of the importance of physical activity in HLW staff.</td>
<td>4</td>
<td>Cost of casual gym membership.</td>
<td>£25.20</td>
</tr>
<tr>
<td>Improved wellbeing.</td>
<td>4</td>
<td>Workplace mental wellbeing intervention.</td>
<td>£83</td>
</tr>
<tr>
<td>Improved levels of physical activity and ability.</td>
<td>34</td>
<td>Cost of casual gym membership.</td>
<td>£25.20</td>
</tr>
<tr>
<td>Weight loss.</td>
<td>34</td>
<td>Cost of Weightwatchers/Slimming world.</td>
<td>£52.90</td>
</tr>
<tr>
<td>Improved mental well-being.</td>
<td>34</td>
<td>A course of CBT to build psychological resilience and self-esteem.</td>
<td>£930</td>
</tr>
<tr>
<td>Reduced symptoms of depression.</td>
<td>34</td>
<td>Cost of counselling.</td>
<td>£180</td>
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<tr>
<td>Sense of pride and self-worth.</td>
<td>34</td>
<td>Attendance at a community art group.</td>
<td>£14.40</td>
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<tr>
<td>Increased sense of independence.</td>
<td>34</td>
<td>Half an hour domiciliary care visit to the home.</td>
<td>£2106</td>
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<tr>
<td>Reduced social isolation.</td>
<td>34</td>
<td>Cost of be-friending service.</td>
<td>£90</td>
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<tr>
<td>Increased confidence.</td>
<td>34</td>
<td>Cost of lifestyle coaching package.</td>
<td>£750</td>
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<tr>
<td>Less reason to go to the GP.</td>
<td>34</td>
<td>Cost of one GP appointment.</td>
<td>£42</td>
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