The Balsam Centre Wellbeing Support 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 Wellbeing Support project on its participants. The research also sought to assess the wider social value that the project is creating using a Social Return on Investment (SROI) analysis.

- The Balsam Centre’s Wellbeing Support Project is aimed at improving the mental health, wellbeing, and resilience of people with mental health needs in Wincanton and South Somerset. The project offers individual therapy alongside group-based arts, craft and social horticultural activities.

- 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.

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

- The evaluation includes data from 128 people who took part in individual therapeutic sessions during the first 22 months of the project; 80 of whom also took part in group-based activities.

Key Findings

- Over a third of people self-refer, with the rest referred from over 10 agencies including NHS services. Baseline assessments show that participants have a wide range of mental health and wider social problems, including a minority with complex and severe difficulties.

- The evaluation found clear evidence of benefits of the Wellbeing Support Project to its participants using before-and-after validated questionnaires. After 4-6 months, 9 out of 10 participants (N=53) showed reduced signs of depression, anxiety, and improved life impact / wellbeing scores.

- Participant self-reports and project records provided evidence of wider positive impacts on community engagement, volunteering, employment, education and training. Multiple data sources suggest reductions in GP visits and the avoidance of crisis support from NHS mental health services.

- Participants and agency partners attribute the benefits of the Wellbeing Support Project to a history of strong local engagement; to the flexible, holistic and social approach; and to the personal qualities of staff and volunteers at the Balsam Centre and The Growing Space (a sister agency).

- SROI analysis identified a significant social return for the investment made; for every £1 spent on the Wellbeing Support Project there is £3.21 of social value created.
Balsam Centre Wellbeing Support Project

The Balsam Centre’s Wellbeing Support Project is aimed at improving the mental health, wellbeing and resilience of people with mental health needs in Wincanton and the surrounding area of South Somerset.

The Wellbeing Support Project offers participants a flexible number of 1:1 sessions with a Wellbeing Worker who uses an integrative therapeutic approach to support participants emotionally, explore their situation, identify future strategies and develop personal goals. The support provided also includes referral and introduction to other elements of the Balsam Centre’s group-based activities, these include art and craft groups and social horticultural activities at the Growing Space – a sister charity.

All adults with mild to moderate mental health needs living in Wincanton and surrounding area are eligible for the project. In addition the service is available to young people, mainly 14-16 years old, on referral from education and social care services.

Previous evaluation of the Balsam Centre and partner organisations’ services\(^1\) identified positive changes in mental health, personal and social well-being for participants. The current evaluation sought to build upon this evidence, and to examine the wider social and economic value of a leading Balsam Centre project.


Importance of mental health & wellbeing

Mental wellbeing is a fundamental component of good health. Mental illness is hugely costly to the individual and to society, and lack of mental wellbeing underpins many physical diseases, unhealthy lifestyles and social inequalities in health\(^2\).

It is estimated that mental health problems impose a total economic and social cost of over £105bn a year\(^3\). The economy loses more than £30bn a year from sickness absence and unemployment caused by mental ill health, while treating mental health problems cost the NHS and social care over £21bn a year. But the majority of the financial burden of mental illness falls on patients and their families, with the impact on quality of life costing £53.6bn.

Access to Mental Health Support

Despite a wealth of published evidence about effective interventions to promote mental wellbeing and prevent and treat mental illness, both anxiety and depression often go undiagnosed and many individuals do not seek treatment. Certain groups are known to have particular difficulty in accessing mental health services, especially those in low income groups and those with other health and social problems. This is relevant to Wincanton and the surrounding rural area in Somerset which has few community services and has pockets of social deprivation.

There is good evidence that interventions that seek to improve wellbeing at individual and community levels can help to increase resilience to the wider impacts of the social determinants of health and risky behaviours. Changes may also impact on health and social care service use, limiting dependence on more costly intensive services. Supporting social engagement and reducing social isolation also provides benefits to the wider community by enabling a possible ‘harnessing’ of potential contribution to the community through, for example volunteering and caring responsibilities\(^11\).

\(^2\) Faculty of Public Health. Better Mental Health for All. http://www.fph.org.uk/better_mental_health_for_all
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 (SWWB). In this study we sought to evaluate the impact of the Balsam Centre’s Wellbeing Support Project on its participants, and examine the social value that the project is creating using Social Return on Investment (SROI) analysis. Finally we used the RE-AIM framework to review the learning from evaluation.

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 22 months operation of the Wellbeing Support Project (June 2013–March 2015) and includes all those who registered and took part in project activities and during this time (n=128). Participants completed baseline and follow up questionnaires at 4-6 months following enrolment. The measures covered depression (PHQ9), anxiety (GAD7), wellbeing and life impact (LIQ). Staff recorded self-reported personal and social difficulties, goals - and changes at 4-6 months.

Project Participants
The main beneficiaries of the Wellbeing Project are the participants who receive 1:1 therapeutic support and, in the majority of cases, also take part in group activities. Of the 128 registered participants, 37% self-referred or attended through a personal recommendation. A wide range of agencies made referrals including GPs (12%), Health Visitors (8%), Family Support Workers (11%) and Youth Workers (7%).

Sixty eight percent of participants were female and 98% defined themselves as White British. The modal age bracket for adults was 35-44 (range 16-84). A minority (20.4%) were in any kind of paid employment; 30.4% were unemployed and 18% described themselves as long term sick or disabled. Forty one percent reported having childcare responsibilities and 11.7% reported caring for an adult.

Self-reported Health Issues at Registration
A majority of participants (68%) reported at least one mental health problem. However it is likely that there is significant under reporting, many participants come to the project with complex needs that are only disclosed at a point after registration.

<table>
<thead>
<tr>
<th>Issue</th>
<th>n</th>
<th>%</th>
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<tbody>
<tr>
<td>Depression</td>
<td>80</td>
<td>68%</td>
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<tr>
<td>Low mood</td>
<td>49</td>
<td>45%</td>
</tr>
<tr>
<td>Anxiety / panic attacks</td>
<td>34</td>
<td>31%</td>
</tr>
<tr>
<td>Physical ill health / pain management</td>
<td>19</td>
<td>18%</td>
</tr>
<tr>
<td>Self esteem (under 24 year olds)</td>
<td>10</td>
<td>9%</td>
</tr>
<tr>
<td>Bipolar disorder</td>
<td>8</td>
<td>7%</td>
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<tr>
<td>Alcoholism</td>
<td>5</td>
<td>5%</td>
</tr>
<tr>
<td>Bereavement</td>
<td>3</td>
<td>3%</td>
</tr>
<tr>
<td>Suicidal ideation and/or self harm</td>
<td>3</td>
<td>3%</td>
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</tbody>
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Over half (55.5%) of participants said they had at least one long term physical condition or disability, including muscular sclerosis, joint pain, diabetes and cardio-vascular disease. A small number of participants reported having a learning disability.
Outcomes for Depression
Using the PHQ9 tool, matched scores for the baseline and follow-up were available for 54 participants aged 16 years old and over. A paired T test showed statistically significant difference (p<0.001) between these mean scores (baseline mean 12.8, SD 5.8; follow-up mean 5.2, SD 4.7). Fifty two per cent (n=28/54) reported a change from ‘severe’ to ‘moderate’ depression to ‘mild’ or ‘moderate’ depression. Mild to severe depressive symptoms fell from 98% (n=53) at baseline to 27% (n=15) at follow up. There was a positive change in the raw measurement score in depressive symptoms for 53 out of 54 (98%) participants.

Outcomes for Anxiety
Using the GAD7 tool, matched scores for the baseline and follow-up were available for 55 participants 16 years old and over. A paired T test showed statistically significant difference (p<0.001) between these mean scores (baseline mean 11.8, SD 4.15; follow-up mean 5.9, SD 3.7). Fifty three per cent (n=29/55) reported a change from ‘moderately severe’ and ‘severe’ anxiety to ‘moderate’ or ‘mild’ anxiety. Nearly all (91%, n=50/55) had a positive change in the raw measurement score.

Outcomes for Wellbeing
Using the LIQ tool, matched scores were available for 53 participants 16 years old and over. A paired T test showed statistically significant difference (p<0.001) between these mean scores (baseline mean 17.7, SD 8.3; follow-up mean 7.5, SD 6.9). There was a positive change in the score for 48 out of 53 (90%) of participants.

Additional Reported Outcomes
Project exit and review records provided descriptive data for 124 participants on a wide range of areas of change:
- 27 individuals reporting reduced GP attendance as a result of taking part in the Project activities.
- 3 people who obtained full time paid employment and 4 people who obtained part time work in the period of engagement with the Wellbeing Support Project.
- 20 people who retained their jobs in difficult circumstances or returned to work early.
- 26 people who tried reported engagement in volunteering or supporting the delivery of community activities. These were both activities at the Balsam Centre and in other local settings.

Chris enrolled with the Wellbeing Support Project, said that his mental health suffered due to low income, isolation and poor physical health: “I felt like I was falling from the sky. I arrived here from another part of the country after losing my job and all my money. I’d had a heart attack and I’d broken my legs in an accident. I didn’t have any friends, any social contacts”

Sue and Bryony appreciated the therapeutic approach: “For me it’s a kind of time out, I feel so supported. I don’t feel judged… I can be myself.” Sue

“[The Wellbeing Worker] is very hands on. She actually helps sort the problem out and doesn’t just signpost on to others.” Bryony
7 referrals to other counselling/listening services or talking therapies in the area.

12 engaging more effectively with social care (statutory or voluntary sector services) – particularly for people with learning disabilities and older people - for assessment for support services. Most of these have related to maintaining independent living.

7 people who went on to register for vocational or non-vocational qualifications as a direct result of exploring their goals with the Wellbeing Support Project.

3 people who reported improved physical activity and healthier eating.

Jim felt that the Wellbeing Support Project helped his confidence: “I used to go out at night to avoid contact with people. I wouldn’t even have made eye contact before. But now they can’t shut me up. I managed to stand up and read a poem in front of 200 people!”

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 annual budget for the Balsam Centre Wellbeing Support Project is £50,263. This includes funding for a full time Wellbeing Support Worker, general overheads, running costs and additional expenses associated with delivering group-based sessions.

Outputs – Delivering the Project
Analysis of 128 records shows a mean number 9.9 (SD 12.1) one-to-one therapeutic sessions per client. The therapeutic model is based upon at least 6 sessions. The Project registered an average of 1.6 new clients per week. After factoring in wider costs, it is estimated that the 1:1 therapeutic element of the project costs £45 per hour to deliver. Over time the flow of new client registrations has increased, such that the cost is nearer to £36 per hour when running at project capacity.

Records of group-based activities suggest an average attendance of 8 participants, although this is an estimate given the semi-structured format of the activities. Groups were attended by 80 out of the 128 participants who are the focus of the present study. It is estimated that group activities cost £13.70 per session for these participants. This includes wider costs, although arguably further Balsam Centre, Growing Space and volunteer costs might be factored in.

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.

Some participants found it hard to put a value on service: “I would be in the looney bin by now if it wasn’t for therapy. I nearly lost everything” Jane

“[The Wellbeing Support Worker]’s help has been invaluable for me - worth her weight in gold” Brian

“I don’t know what I could have done without [counselling] and the group. I really think I wouldn’t be here. I would have ended it...I can’t put a price on that.” Miriam
Calculating the Social Value

SROI analysis found that the net SROI ratio which takes account of the amount invested is 1:3.21. This means that the SROI analysis estimates that for every £1 spent on Wellbeing Support Project there is £3.21 of social value created.

The total impact for the 128 participants who participated in 22 months of the Wellbeing Support Project calculated from this analysis is £156,979. Whilst project participants are the greatest beneficiaries of Wellbeing Support Project (58%), there is also substantial benefit to local NHS services (19%), and the wider fiscal system (DWP) in terms of savings related to Employment and Support Allowance (18%), as well as the Balsam Centre (3%) and the Local Authority (1%).

Strengths and Limitations of the Research

The evaluation and SROI built upon a good set of quantitative baseline and follow-up data collected by the Balsam Centre. Questionnaires used validated measures and the research team externally audited the data collection process. Additional written records held by staff provided supplementary information on the quantitative records.

There are also a number of limitations. Within the timescale and resources it was not possible to collect data for longer-term outcomes beyond 4-6 months from enrolment. Some benefits important to stakeholders have not been monetised. Wider impacts of the Wellbeing Support Project on the Balsam Centre and the local community have not been captured in the analysis. It was beyond the scope of the study to fully explore the costs and benefits of the combined Balsam Centre and Growing Space activities. This means that the study did not capture some of the benefits for members of the local community who take part in open day and other Centre activities that run in parallel to the Wellbeing Support Project.

Conclusion and Recommendations

In this evaluation and SROI report we have monetised the benefits of the Wellbeing Support Project to its participants and other agencies working with the community in Wincanton and surrounding area. The report demonstrates a significant social return for the investment made, and the feedback from participants and stakeholders clearly illustrate the programme’s positive impact to participants’ mental health, wellbeing and life circumstances. These findings fit with theories of change for integrated interventions that seek to improve mental wellbeing at an individual level and promote community participation through supported group-activities.

Balsam Centre Wellbeing Support Project Model

Using the Re-AIM review framework4 we can summarise some key areas of learning from the evaluation:

- **Reach.** The project clearly reaches adults, and some young people, with mild to moderate mental ill health in the target area. Some adults with higher levels of mental ill health and social need accessed the therapeutic service.

- **Effectiveness.** There is baseline-follow up evidence of short-term impacts. There is plausible evidence of longer term and wide ranging personal and social effects. No negative outcomes to participants or partner agencies were identified. SROI analysis helps communicate the overall social value of the project.

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- **Adoption.** The project evolved from locally felt needs, is integrated with other community activities. Partner agencies are supportive, although there are occasional inappropriate referrals.

- **Implementation.** The project draws upon a clear set of agency values. Delivery costs compare favourably to similar initiatives. Further development would help refine the model and help transfer the learning to other settings.

- **Maintenance.** The project is well established and has good ‘participant throughput’. There is positive qualitative evidence of long term effects and the SROI analysis modelled effects for three years post intervention. Secure funding represents a major problem for the future of the project.

### What is the RE-AIM Framework?

RE-AIM is a useful framework for reviewing community projects that have public health goals.

**Reach**  
Does the intervention reach the target population?

**Effectiveness**  
Does the intervention achieve the assumed goals, without negative outcomes?

**Adoption**  
Was the intervention broadly adopted at the community level?

**Implementation**  
Was the intervention consistently implemented at a reasonable cost?

**Maintenance**  
Does the intervention have the ability to be sustained, with long-lasting effects?

A key concern for the Balsam Centre is securing ongoing funding once the current Big Lottery funding ends. This report provides a tool for working with local commissioners and other funding bodies to identify possible sources of funding to secure ongoing delivery of the project.

It also highlights ways in which improvements could be made to the project to maximise benefit to individuals and other local projects and services in the Balsam Centre and in Wincanton and surrounding area. For example since the Balsam Centre is a provider of community and family services there is opportunity for the Wellbeing Support Project to work more closely with the local GP and Primary Care services to target their registered patients, working with the Practice and perhaps also the IAPT service to take referrals and work with clients to identify solutions that enable them to help themselves, and also to access other support services more appropriately.

Key recommendations arising from this study are:

- Use this report as a tool to demonstrate the value of the Wellbeing Support Project and the Balsam Centre and for working with local commissioners and other funding bodies to identify possible sources of funding to secure ongoing delivery of the project.

- Explore opportunities for undertaking a whole system evaluation and SROI of the Balsam Centre to provide insight in to the ways in which it benefits the local community and promotes health and wellbeing in Wincanton and the surrounding area.

- Identify ways for other local services, particularly the GP Practice and IAPT service, to take appropriately refer clients to Balsam Centre services, and to access other support services.

- Review data collection methods used by the Wellbeing Support Project in light of the outcomes captured by this SROI and identify ways to capture all relevant outcomes to project and future funders whilst ensuring that paperwork is minimised.

This study was led by Mat Jones (UWE), Sarah Weld (Specialty Public health Registrar), Olly Biggs (UWE), Dr Richard Kimberlee (UWE) and Phil Aubrey (Well UK).

We would like to acknowledge and thank all the Balsam Centre staff – particularly Sue Place and Debbie Kendall - participants and partner agency staff for their support and assistance in undertaking this research. Photographs in this report show work produced by participants in the Balsam Centre Wellbeing Support Project Arts & Craft Groups.

**April 2015**

For the full SROI Report and the SWWB programme evaluation go to:  
[http://westbank.org.uk/](http://westbank.org.uk/)  
or contact:  
matthew.jones@uwe.ac.uk

For details on the Balsam Centre contact:  
Sue.Place@balsamcentre.org.uk
<table>
<thead>
<tr>
<th>Outcome Indicator</th>
<th>n (%)</th>
<th>Financial Proxy</th>
<th>Value per participant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of participants reporting positive change in diagnostic category for moderately severe/severe anxiety and depression.</td>
<td>66 (52%)</td>
<td>Cost of counselling.</td>
<td>£240</td>
</tr>
<tr>
<td>Number of participants reporting reduced GP attendance.</td>
<td>27 (21%)</td>
<td>Cost of GP appointment – average. Calculated as 1 fewer appointments per participant per year.</td>
<td>£42</td>
</tr>
<tr>
<td>Number of participants who report improved social wellbeing and improved relationships with partner, other family members or friends.</td>
<td>42 (32%)</td>
<td>Cost of social club membership and attendance at activities.</td>
<td>£50</td>
</tr>
<tr>
<td>Number of participants reporting improved physical activity and diet.</td>
<td>3 (2%)</td>
<td>Cost of gym membership/local activity session. Calculated as 1 session per fortnight per participant.</td>
<td>£124.40</td>
</tr>
<tr>
<td>Number of participants reporting improved ability to perform day-to-day tasks in their lives.</td>
<td>115 (90%)</td>
<td>A course of CBT to build psychological resilience and self-esteem.</td>
<td>£930</td>
</tr>
<tr>
<td>Number of participants reporting engagement in volunteering or supporting the delivery of community activities.</td>
<td>26 (20%)</td>
<td>Economic value of volunteer time. Calculated as 1 hour per week for 6 months.</td>
<td>£335.92</td>
</tr>
<tr>
<td>Number of participants reporting having obtained paid employment.</td>
<td>5 (4%)</td>
<td>Employment and Support Allowance (overall fiscal benefit to government from a workless claimant entering work).</td>
<td>£8,632</td>
</tr>
<tr>
<td>Number of participants reporting better work life balance or working patterns.</td>
<td>25 (20%)</td>
<td>Life coaching style course - Managing Yourself and Personal Effectiveness Training Course.</td>
<td>£480</td>
</tr>
<tr>
<td>Number of participants reporting retention of employment or early return to employment.</td>
<td>20 (16%)</td>
<td>Workplace mental wellbeing intervention.</td>
<td>£83</td>
</tr>
<tr>
<td>Number of participants referred to other 1 to 1 counselling/listening services.</td>
<td>7 (5%)</td>
<td>Preparation for counselling.</td>
<td>£240</td>
</tr>
<tr>
<td>Number of participants engaging more effectively with support services for people with learning disabilities or older people.</td>
<td>12 (9%)</td>
<td>Cost of sessions with social care support worker. Calculated as 8 sessions per participant.</td>
<td>£120</td>
</tr>
<tr>
<td>Number of participants who report registering for a course and/or achieving new qualification.</td>
<td>7 (5%)</td>
<td>Cost of part time course at a further education college.</td>
<td>£300</td>
</tr>
<tr>
<td>Prevention of referral to secondary mental health services.</td>
<td>12 (9%)</td>
<td>Cost of secondary mental health care outreach service for 6 months.</td>
<td>£3,832</td>
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</tbody>
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