

Creative Alternatives:

A Social Return Investment Analysis
of Sefton's 'Arts on Prescription' Service

Jessica Bockler, PhD

10th October 2012



Contents

1. Introduction	2
2. Creative Alternatives	3
3. Methodology	5
3.1. The question of 'worth'	6
3.2. Five Steps to Showing a Social Return	6
4. Analysis	9
4.1. Determining the Perspective	9
4.2. Identifying Costs and Benefits	9
4.3. Assigning Values	11
4.4. Attribution & Drop-off Rates	18
5. Results and Discussion	22
5.1. The SROI Ratio:	22
5.2. Uncertainties and Limitations	22
5.3. Sensitivity Analysis	23
6. Conclusion	25
7. References	27
8. Appendices	28

1. Introduction

Since it commenced operations in 2007, Sefton's 'arts on prescription' service Creative Alternatives has been extensively evaluated, drawing on a range of qualitative and quantitative evaluation tools. The evaluation consistently demonstrates the service's positive effects on the participants' wellbeing and health (see Bockler & Lovell, 2009), yet in the current economic climate one question prevails: Does the service provide good value for money?

This report which has been developed with support from the economic consultancy **GHK Consulting** considers the impact of the investment made in Creative Alternatives. It does so by providing a *Social Return on Investment* (SROI) analysis which aims to address the question of impact by comparing costs and benefits in monetary terms. SROI is a variant of Cost-Benefit Analysis (CBA). As GHK Consulting (2011) explain,

“In very general terms, CBAs are typically more rigorous and technical (and so have a greater standing / make more substantive claims – often derived from primary research), and SROI is less rigorous and more indicative (and typically relies more heavily upon the uses of inferences, assumptions and judgements).

Despite these distinctions, the underlying aim is the same: to compare the outcomes (benefits) derived from an investment (cost). In this case, the benefits are 'social'. This point is crucial. It means that the benefits we are interested in have typically not been bought and sold in a market. As such, they are not valued in the way that other goods and services are - i.e. they have no explicit 'price'. The attempt to value outcomes in this way is therefore an attempt to put a price on them” (p. 5).

To put a monetary value on such intangible benefits as an 'increase in confidence' or 'improved social support' is clearly not a straight forward enterprise. As such, a word of caution before we begin: Any SROI analysis has its drawbacks and can only be indicative, for it builds on monetary estimates which are, to a certain extent, arbitrary. In this analysis it the attempt has been made to give the most defensible and conservative estimates available.

The report consists of following sections:

- Section 2 provides a brief description of the service provided by Creative Alternatives.
- Section 3 provides an outline of the approach taken to this SROI.
- Section 4 presents the SROI analysis.
- Section 5 provides the results of the SROI and it considers the sensitivity of the results.

2. Creative Alternatives

Creative Alternatives is an 'arts on prescription' service which offers a range of stimulating creative activities to adults experiencing mild to moderate depression, stress or anxiety. The creative activities are offered alongside or as an alternative to other forms of medical treatment, such as medication and talking therapies. The service commenced in late 2006 and it is commissioned by NHS Sefton and Sefton MBC's Arts & Cultural Services.

Service Features:

Creative Alternatives provides a core programme of creative workshops which run on a weekly basis and which operate in five-week blocks at regular intervals throughout the year. The workshops are held in four locations across the borough of Sefton, from Southport and Formby in the north, to Crosby, to Bootle in the south. Each of the programme's clients is invited to make a weekly commitment to one of these workshops. The workshops last for two hours at a time; and each of the four groups accommodates up to 12 clients and is facilitated by two artists with complementary skill sets. The creative processes explored reach across a multitude of arts media; and they range from more process-oriented, self-exploratory activities to product-oriented projects, focusing on the creation of particular artistic outcomes, such as a public exhibition.

In addition, clients are invited to partake in a varied specialist workshop programme which covers more technologically complex or otherwise more demanding art forms, such as photography, drama, dance, and drumming. Furthermore, each client is invited to a varied social outings programme which encompasses visits to galleries, festivals, concert halls and theatres.

Creative Alternatives is entirely free of charge and all materials for activities are provided to the clients. Each client can be involved with Creative Alternatives for up to five workshop blocks which spread out over eight to nine months. The service has a rolling intake; new clients can join at the start of a workshop block as soon as a place becomes available. The service has approximately 96 places per year. The client pathway through the programme is outlined in figure 2.1. on the following page.

Social Prescribing in Sefton:

Social prescribing is the use of non-medical interventions within community settings to improve mental health and well-being. Creative Alternatives operates as part of a network of social prescribing programmes within Sefton that also includes Active Sefton (physical activity), Relax and Revive (physical activity, including yoga and tai chi), Active Reading (bibliotherapy) and the Citizens Advice Health Outreach scheme. These programmes recognise the importance of social, economic and cultural factors on well-being and provide Sefton residents with a 'menu' of treatment options that encourage levels of self-help, personal responsibility and social and community engagement.

Client Pathway

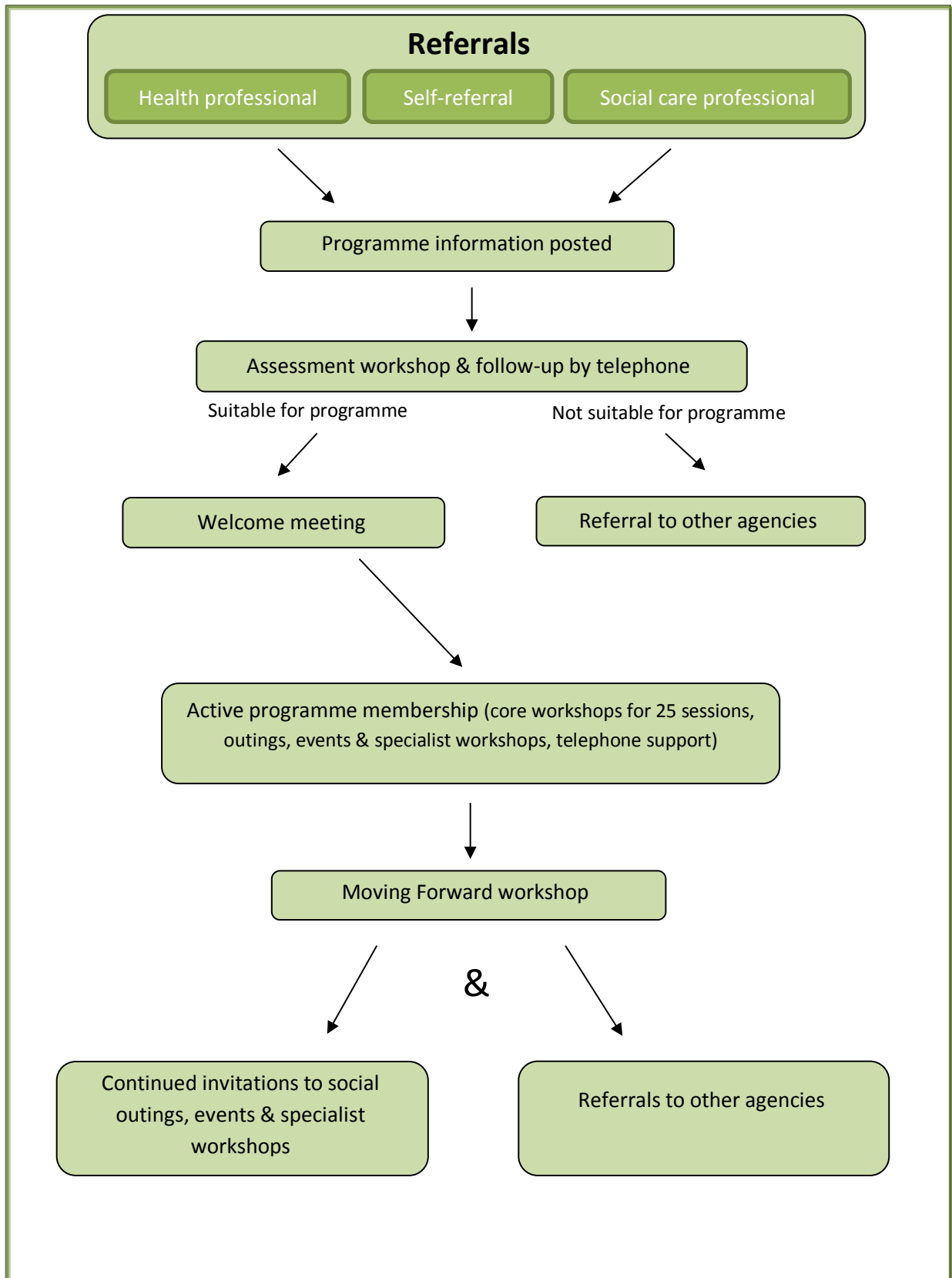


Figure 2.1: Individual client pathway through Creative Alternatives.

3. Methodology

GHK Consulting outline a range of different types of analysis that can be used to inform an assessment of value for money. Each analysis compares costs to benefits, but they differ in the way that benefits are measured. The following table by GHK Consulting (2011) summarises the different approaches:

Type	Summary
Cost-Effectiveness	Results are presented as a 'cost per outcome' (e.g. 'cost per improvement in mental wellbeing') and decision makers have to compare alternatives to find the cheapest means of achieving the desired outcome. The challenges here are: firstly, to decide which outcome is most appropriate (interventions may have several); and secondly for decision makers to compare interventions with very different types of outcome – i.e. how to compare better mental wellbeing to gains in life years to symptom-free days to improvements in diet (etc)?
Cost-Utility	To get round the problem of comparability, in Cost-Utility analysis, the measurement of outcomes is standardised (typically to a Quality Adjusted Life Year – QALY) and results are expressed as a 'cost per QALY'. Comparisons can then be made across different types of intervention. This is the favoured approach of NICE in its health technology assessments.
Cost-Minimisation	In Cost-Minimisation, the benefits of the interventions under consideration are assumed (ideally known) to be equivalent, so the analysis focuses on costs only. The aim is to find the cheapest intervention. This is very closely related to Cost-Effectiveness, except there is no explicit measurement of outcomes.
Cost-Consequence	Here costs and benefits are not combined to any significant degree; instead, they are presented to the decision maker 'as they are', so that they see a set of costs and benefits (e.g. <i>'The investment was x and this has bought benefits a, b, c, d and e'</i>). This is especially useful where benefits are very diverse, but again the problem of comparability is present.
Cost-Benefit	Both costs and benefits are measured monetarily. This type of analysis therefore has several important strengths: it allows the comparison of a very wide range of possible interventions; and, it is also the only type of analysis that does not necessarily require comparison, since if costs exceed benefits then we can conclude that it would be irrational to proceed. The central challenge here is the monetary valuation of benefits. This challenge is exacerbated when the benefits are of a social nature, which is one of the key areas of focus for SROI.

Table 3.1 Types of economic analysis, GHK Consulting (2011, p. 5)

3.1. The question of ‘worth’

Economists describe price as a function of supply and demand. Prices depend on a multiplicity of factors, such as consumers’ preferences and willingness to pay, as well as the availability of supplies. As such, the central step in an SROI of valuing personal and social benefits in monetary terms is not as far from everyday reality as one might think. As GHK Consulting (ibid) assert, the question is “how much a hypothetical consumer might be willing to pay for the benefit in question” (p. 6). An SROI thus draws on proxy figures, estimates of how much one might be willing to pay for, say, an improvement in confidence.

Whilst an SROI may rely on assumptions and at best be indicative, it does provide a framework which enables funders and stakeholders to compare the effectiveness of one service against another, which may prove particularly useful in the case of Creative Alternatives which operates as part of a wider net of social prescribing programmes and initiatives in Sefton.

3.2. Five Steps to Showing a Social Return

The approach to SROI taken in this report is described in ‘A Brief Guide to Economic Analysis’ by GHK Consulting (2010). The company sets out a five-step process, as follows.

Step 1: Determining the Perspective

An SROI analysis must determine the perspective from which costs and benefits are considered. It must answer the question if costs and benefits are considered in the broadest, societal sense, or if they are considered in a more narrow way, perhaps focusing on individuals or a specific organisation.

Step 2: Identifying Costs and Benefits

Creating a list of all of the relevant benefits and costs for the service is a key step in a SROI analysis. In order to do this, a simple logic model is used. Logic models help to identify the various inputs (costs) and outcomes (benefits) of an intervention. The process of establishing a logic model is also very helpful in identifying why activities take place, allowing projects to see how the work they do will lead to outcomes and impacts in the future.

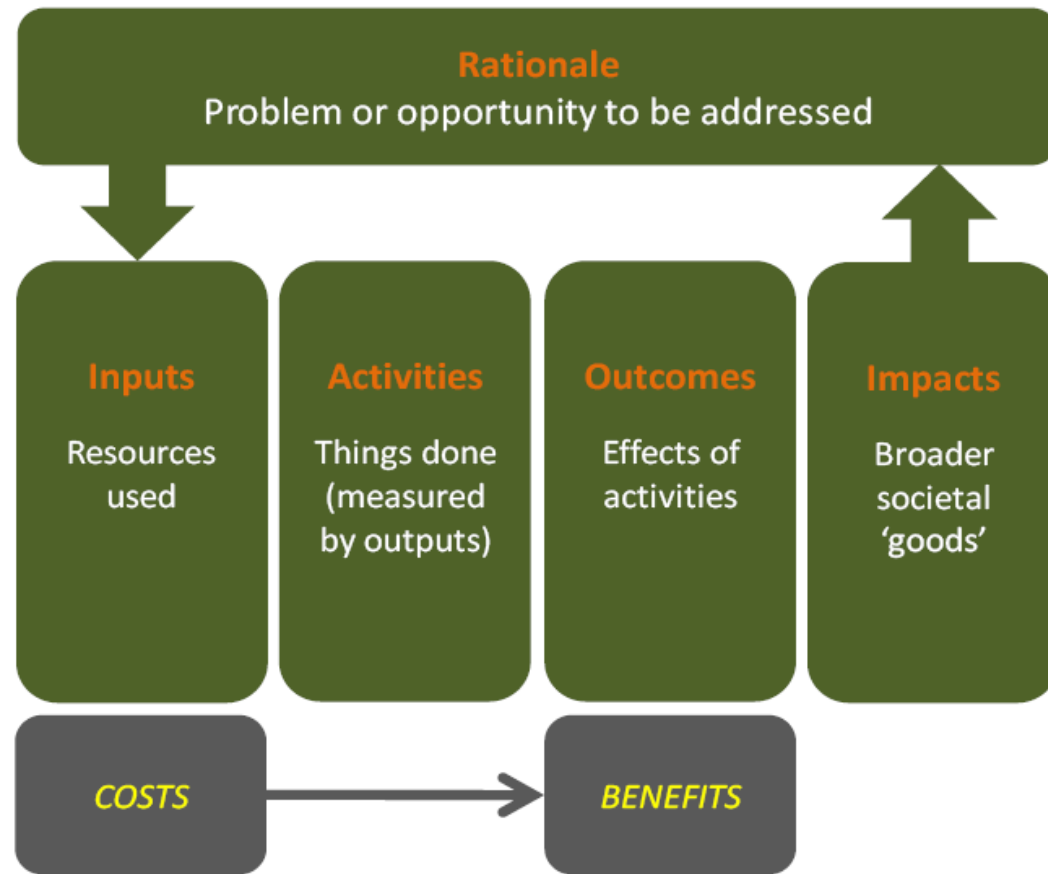


Figure 3.1 Logic model used for the economic analysis of Creative Alternatives

For the logic model depicting Creative Alternatives please see figure 4.1.

Step 3: Assigning Values

Valuing costs is a relatively straightforward process. In this economic analysis cash, as well as in-kind, contributions from NHS Sefton and Sefton MBC have been included. In-kind inputs include staff time, provision of free venues amongst other things.

Valuing benefits has been a more difficult and a challenging part of the SROI analysis. Assigning a monetary value to a personal or social benefit is a controversial step. There is a lack of data which may support one or another monetary proxy. There is also the question whether such intangible phenomena as the quality of our life, the support we receive from family and friends and our emotions and general wellbeing should in principle not be assigned a monetary value. An SROI takes a pragmatic approach, highlighting the need for caution, whilst recognising the lack of viable alternatives.

GHK Consulting (2011, p. 8) outline a range of approaches and methods available in attempting to put a 'proxy' monetary value on benefits. These include amongst others "the cost of poor outcomes avoided" and "actual spending on similar benefits", two methods which have in the main been used in this analysis. The proxy values used were also supplied by GHK Consulting, which in turn derived the figures from a range of sources. So as to achieve a high level of transparency, the sources of proxy figures have been listed in the relevant sections of the analysis.

Step 4: Setting the Time Period, Attribution & Drop-off

As well as perspective (step 1), the time period chosen for the analysis is a key parameter. The critical question here relates to the duration of costs and more importantly benefits. In this analysis a one-year time period has been chosen to allow for a higher degree of certainty that benefits occur, and it is reasonable to assume that the core outcomes identified in the analysis would unfold within that time period. Assumptions have also been made about the degree to which benefits can be attributed to Creative Alternatives and to which degree they begin to tail off, once a participant has left the service. Attribution and drop-off rates are depicted in section 4.4.

Step 5: Results and Discussion

As described above, an SROI requires the use of assumptions. The degree to which these assumptions hold is critical to the success of the analysis. The final step thus involves a sensitivity analysis, varying the assumptions to discern how results may differ as assumptions are changed. This step increases the transparency of the economic analysis, allowing the reader to consider if the assumptions used are reasonable. Uncertainties and limitations are discussed in section 5 of the report.

4. Analysis

This section applies the 5-step approach depicted above to Creative Alternatives.

4.1. Determining the Perspective

In the analysis of Creative Alternatives, the attempt has been made to illustrate value of the service from a broad societal perspective. In doing so, all possible costs and benefits have been taken into account. Yet, throughout the analysis, it has been specified where the costs and benefits fall, by showing the relevant 'stakeholders', such as 'individuals', 'local economy' and 'State'.

4.2. Identifying Costs and Benefits

A simple logic model was used to outline the costs and benefits of Creative Alternatives, see figure 4.1.

4.2.1. Inputs:

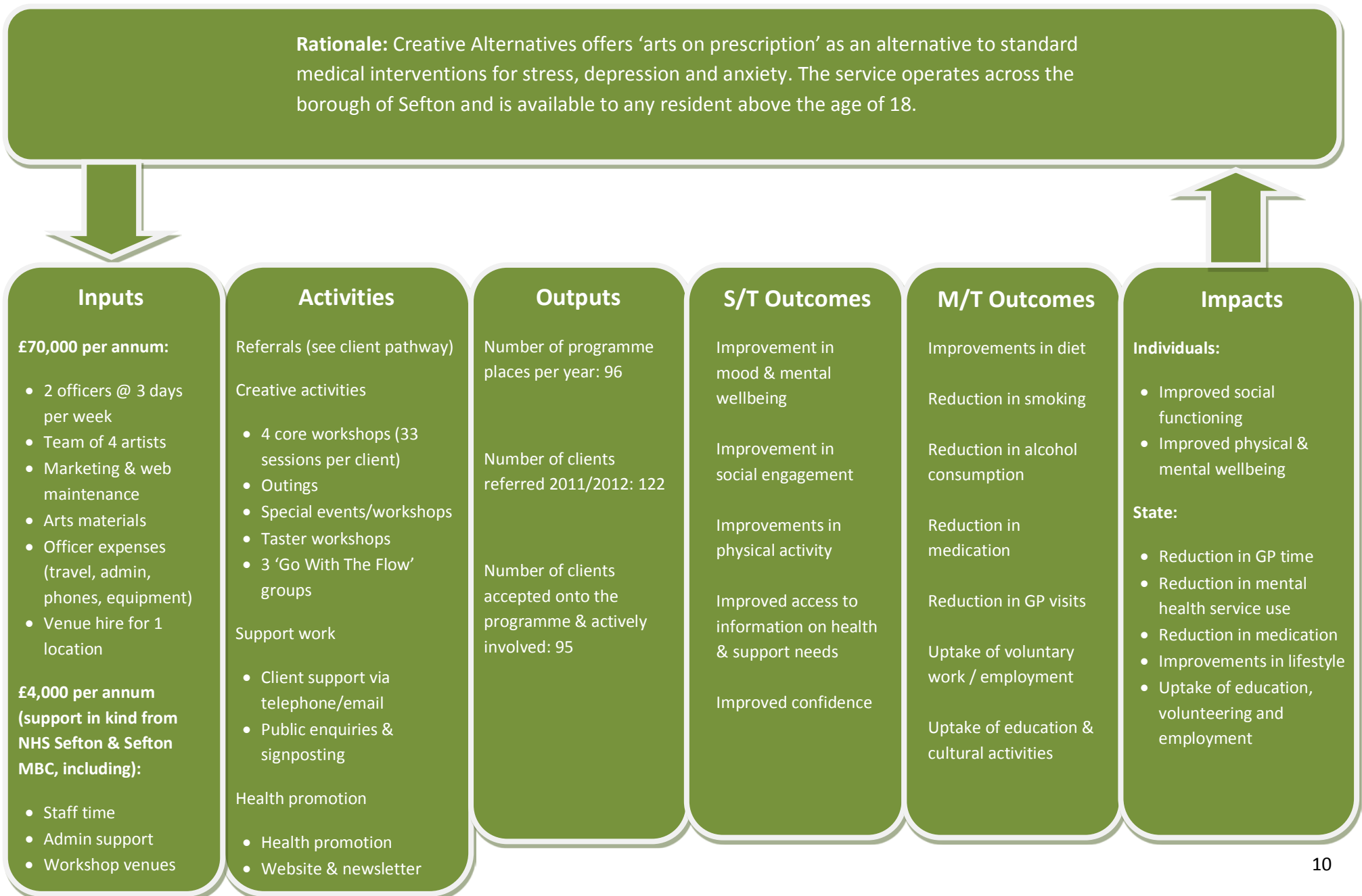
Creative Alternatives receives £70,000 per annum in funding from NHS Sefton (£40,000) and Sefton MBC (£30,000). The service further receives support in kind from both stakeholders, which is in the region of £4,000 per annum. Over the last six months the service has had access to additional funding which has enabled it to initiate a volunteer strand. However, we have excluded the new volunteer strand from the analysis (both costs and benefits), because the strand was initiated only at the beginning of 2012 and has not yet been evaluated.

Creative Alternatives spends £55,000 per annum on salaries, including:

- 2 officers who each work 3 days per week
- 4 artists who deliver a total of 120 core workshop sessions per year (i.e. 5 weekly sessions x 6 workshop blocks per year x 4 locations)

Additional costs which amount to £15,000 per annum include: additional specialist workshop & taster workshop output (of approx. 20 sessions per year), marketing (e.g. printing of publicity materials and costs for the maintenance of the service's website), arts materials, admin expenses (such as phone costs and officer travel costs) and venue hire (in the case of Parenting 2000 in Southport where the service currently hires a room for the delivery of its core workshop). In kind costs include: Managerial time from both NHS Sefton and Sefton MBC, venue hire (in Crosby, Formby and Bootle core workshops are delivered at venues which the service can access free of charge) and admin support (e.g. newsletter mail-outs and office stationary).

Figure 4.1: Creative Alternatives Logic Model



4.2.2. Activities: Creative Alternatives activities have been described in detail in section 2.

4.2.3. Outputs: The data provided in column 3 'Outputs' relate to the period of 1st April 2011 to 31st March 2012.

4.2.4. Outcomes & Impact:

Outcomes and impact of Creative Alternatives are measured through a combination of qualitative and quantitative methods. The service utilises the short Warwick-Edinburgh Mental Well-being Scale (WEMWBS) to measure the participants' wellbeing prior to and post programme participation. The service further employs a Lifestyle Questionnaire which was designed in-house to gauge the participants' improvements in mental wellbeing, as well as considering the service's impact upon the following lifestyle choices: physical activity, diet, social engagement, medication, alcohol consumption, and smoking. The questionnaire also measures if programme participation reduces GP visits, and if it increases uptake of cultural activities, education, volunteering and employment.

Creative Alternatives furthermore gathers extensive feedback from its clients through a number of channels – from individual feedback throughout programme membership captured in communication trails, to artist diaries which are written following each workshop session, to written and verbal feedback gathered at the end of programme participation.

In this review of the programme the results from the Lifestyle Questionnaire were used to populate the logic model and to conduct the analysis. The Lifestyle Questionnaire was first introduced in October 2008. The data from the questionnaire, which is used in this analysis, is cumulative and is based on 105 questionnaires which have been completed to date (10th October 2012), see Appendix 8.1.

4.3. Assigning Values

4.3.1. Valuing Costs:

The inputs and costs of the service are met broadly by two stakeholders: NHS Sefton and Sefton MBC.

Table 4.1 shows the total costs as they relate to each stakeholder, in line with inputs as set out in Figure 4.1.

Table 4.1: Creative Alternatives Costs

Stakeholder	Contribution	Value
Sefton MBC	Cash	£30,000.00
NHS Sefton	Cash	£40,000.00
Sefton MBC	In kind	£3,000.00
NHS Sefton	In kind	£1,000.00
TOTAL		£74,000.00

4.3.2 Valuing Benefits:

Using the framework provided by the logic model, as well as data on outcomes provided by Creative Alternatives, the following measurable outcomes were defined. These outcomes fall to various stakeholders, as is set out in Table 4.2. Each outcome has an indicator which allows us to determine how many people are likely to have gained that outcome. Later on, this allows for the assignment of a total value per year, considering each outcome in turn. The rationale for including each outcome is given in the table below.

Table 4.2: Outcomes and Indicators

Stakeholder	Outcome	Indicator	Rationale for inclusion / exclusion
Individuals	Improvement in mood & mental wellbeing	Clients feel that the programme has a positive impact on their mood and also improves their mental wellbeing over the longer term.	Data gathered through the Lifestyle questionnaire shows that 73% of clients report an improvement to their mental health. ¹

¹ The Lifestyle Questionnaire was first introduced in October 2008. The data from the questionnaire, which is used in this analysis, is cumulative and is based on 105 questionnaires which have been completed to date (10th October 2012). A copy of the questionnaire and a summary of the results upon which this analysis is based can be found in Appendix 8.1. To arrive at the figure of 73% we have added up the percentages of clients who report that their mental health has 'improved' or 'much improved'; from this figure we have then deducted the percentage of clients who report that their mental health has deteriorated. We have repeated the procedure for the all the other percentages listed here.

Individuals	Improved confidence	Clients describe that the programme improves their confidence and self-esteem.	Extensive qualitative feedback gathered at programme completion demonstrates improvements in clients' confidence. ²
Individuals	Improvements in physical activity	Clients report that the programme has a positive impact on their levels of physical activity.	Data gathered through the Lifestyle questionnaire shows that 59% of clients report an increase in physical activity.
Individuals, State & local economy	Improved social engagement	Clients report an increase in social activities following programme participation.	Data gathered through the Lifestyle questionnaire shows that 62% of clients report an increase in social activity.
Individuals	Improved access to information on health & support needs		Though this outcome is likely to be important, we do not know the number of individuals who actually take up additional services, or what services these might be. They have therefore been excluded from the analysis.
Individuals & State	Improvements in diet	Clients report an improvement in diet following programme participation.	Data gathered through the Lifestyle questionnaire shows that 35% of clients report an improvement in diet.
Individuals & State	Reduction in smoking	Clients smoke less.	Data gathered through the Lifestyle questionnaire shows that 15% of clients report a reduction in smoking.
Individuals & State	Reduction in alcohol consumption	Clients reduce their alcohol consumption.	Data gathered through the Lifestyle questionnaire shows that 27% of clients report a reduction in alcohol consumption.
Individuals & State	Reduction in medication	Clients reduce their medication.	Data gathered through the Lifestyle

² See Appendix 8.2 for examples of client feedback.

			questionnaire shows that 18% of clients report a reduction in medication.
State	Reduction in GP visits	Clients visit their GPs less often.	Data gathered through the Lifestyle questionnaire shows that 26% of clients visit their GP less frequently.
State & local economy	Uptake of voluntary work	Clients become volunteers.	Though data gathered through the Lifestyle questionnaire shows that 28% of clients take up volunteering it is unclear how many hours of volunteering they commit to. Hence volunteering has been excluded from the analysis.
State & local economy	Uptake employment	Clients take up employment.	Data gathered through the Lifestyle questionnaire shows that 7% of clients take up employment.
Individuals	Uptake of education	Clients take up education.	Data gathered through the Lifestyle questionnaire shows that 18% of clients take up education. ³
State & local economy	Uptake of cultural activities	Clients join cultural activities.	Data gathered through the Lifestyle questionnaire shows that 33% of clients take up cultural activities. However, this data has been excluded from the analysis because it is already captured in the uptake of social activities.

³ As can be seen in Appendix 8.3, client feedback supports this outcome, highlighting that Creative Alternatives was instrumental in enabling a number of clients to access (part-time) adult education, including courses in counselling, skills for life, English literature, fine art and holistic therapies.

4.3.3. Valuing Outcomes:

Financial proxies were used to value the benefit of each outcome for each year of the project. Table 4.3 shows why the financial proxies for each outcome were chosen, and it gives the calculation for the number of times that a benefit occurred per year.

The occurrences of the benefit for each outcome were calculated as follows:

In the year 2011 – 2012, 95 clients were actively engaged with the programme. This number is used as the baseline. Data from the Lifestyle Questionnaire is then used to calculate the percentages of clients who report each particular benefit. The data is cumulative and is based on a total of 105 questionnaires completed to date (10th October 2012).

Table 4.3: Value of Outcomes

Outcome	Indicator	Unit Value of Benefit	Explanation	Source of financial proxy	No. of occurrences per year	Explanation	Gross value per annum
Improvement in mood & mental wellbeing	Clients report a positive impact on their mood & mental wellbeing.	£800 (£841 in 2012 prices)	Av. cost of reducing depression using CBT + non-directive counselling	Boyce et al, 2010	69	To date, 73% of clients reported an improvement in the Lifestyle questionnaire.	£58,029 ⁴
Improved confidence	Clients describe that the programme improves their confidence.	£318	Cost of confidence training	Average taken from the price of a variety of workshops: www.crackingconfidence.co.uk: £394 www.life4coaching.co.uk: £450 www.glow-coaching.co.uk: £87 www.reedlearning.co.uk: £479 www.recrion.co.uk: £180	71	Along with improvement in mental health, improvement in confidence is one of the most commonly reported outcomes of the service. The level of occurrence reported here suggests that 75% of all clients experienced an increase in confidence. It is based on notes in the client communication trails &	£22,578

⁴ This figure is based on an inflation of the value of £800 (the unit value of the benefit in 2010) to present day prices, using an inflation rate of 3% per annum. This means that the present day unit value of the benefit is approx. £841.

						in feedback gathered at programme completion.
Improvements in physical activity	Clients report that the programme has a positive impact on their levels of physical activity.	£225	Gym membership	Average cost of 6-months local gym membership: www.fitnessfirst.co.uk www.lafitness.co.uk	56	To date, 59% of clients reported an improvement in the Lifestyle questionnaire. £12,600
Improved social engagement	Clients report an increase in social activities following programme participation.	£14,900 (£15,807 in 2012 prices)	'Feeling part of the community'	This figure is from the 2010 national evaluation of the New Deal for Communities Programme and was found using a variety of methods including „shadow pricing” and reviews of other studies	59	To date, 62% of clients reported an improvement in the Lifestyle questionnaire. £932,613
Improvements in diet	Clients report an improvement in diet following programme participation.	£121.50	Slimming club membership	Average cost of 6-months club membership: Weight watchers: £124.20 Slimming World: £118.80	33	To date, 35% of clients reported an improvement in the Lifestyle questionnaire. £4,010
Reduction in smoking	Clients smoke less.	£89 (£100 in 2012 prices)	Cost of a smoking advisor delivering smoking cessation therapy sessions, based on 6 sessions per individual costing £14.82 each.	NICE (2008) Smoking Cessation Services costing template	14	To date, 15% of clients reported an improvement in the Lifestyle questionnaire. £1,400
Reduction in alcohol consumption	Clients reduce their alcohol consumption.	£370 (£416 in 2012 prices)	Cost of alcohol related counselling per individual, costing £37 per hour for 10 hours	Department of Health (2008) The cost of alcohol harm to the NHS in England	26	To date, 27% of clients reported an improvement in the Lifestyle questionnaire. £10,816
Reduction in medication	Clients reduce their medication.	£72	The average cost of six common selective	NICE 2011 - Quality Standard Program Cost	17	To date, 18% of clients reported an improvement in the Lifestyle £1,241

		(£73 in 2012 prices)	serotonin reuptake inhibitors (SSRI)	impact and commissioning assessment: quality standard for depression in adults		questionnaire.	
Reduction in GP visits	Clients visit their GPs less often.	£120 (£124 in 2012 prices)	Reduced GP consultation from following psychosocial interventions	NICE 2011 - Quality Standard Program Cost impact and commissioning assessment: quality standard for depression in adults	25	To date, 26% of clients reported an improvement in the Lifestyle questionnaire.	£3,100
Uptake of employment	Clients enter employment.	£4,900 (£5,198 in 2012 prices)	'Being employed'	This figure is from the 2010 national evaluation of the New Deal for Communities Programme and was found using a variety of methods including „shadow pricing” and reviews of other studies	7	To date, 7% of clients reported taking up employment.	£36,386
Uptake of education	Clients enter education.	£1,167	Economic benefit of partaking in a part-time adult learning course.	National Institute of Adult Continuing Education (2012)	17	To date, 18% of clients reported taking up education.	£19,839

4.4. Attribution & Drop-off Rates

Attribution is the extent to which an outcome was caused by a particular intervention. The question is how much of each outcome listed above can be attributed to Creative Alternatives. Clearly in a number of cases programme participants will be accessing several agencies which work with them to achieve similar outcomes. Therefore it is important to consider to what extent Creative Alternatives may be responsible for achieving each outcome. Table 4.4 on the following page lists the attribution rates used in this analysis.

Drop-off rates take into account the extent to which outcomes are sustained over time. GHK Consulting (2011) suggest that when determining drop-off rates, a number of sources can be considered, including:

- ✓ evidence from existing literature;
- ✓ qualitative data from project staff and beneficiaries; and
- ✓ any quantitative data collected relating to outcomes over time

Table 4.4: Attribution Rates (from GHK, 2011, p. 19)

Attribution	Description
0%	The intervention was not responsible for the outcome at all.
20%	The intervention has a small amount of responsibility for the outcome but most lies with other interventions that were working to achieve the same outcome.
40%	The intervention has slightly less responsibility for the outcome than other interventions that were working to achieve the outcome.
60%	The intervention has slightly more responsibility for the outcome than other interventions that were working to achieve the outcome.
80%	The intervention has the most responsibility for the outcome but other interventions contributed a little.
100%	The intervention is solely responsible for achieving the outcome.

Table 4.5: Attribution & Drop-off for Creative Alternatives

Outcome	Indicator	Attribution	Explanation	Drop-off	Explanation
Improvement in mood & mental wellbeing	Clients report a positive impact on their mood & mental wellbeing.	80%	Clients reported extensively in programme evaluation that the service improved their mood and wellbeing.	40%	It is reasonable to assume that once the clients leave the service, improvement in mood and mental wellbeing will tail off gradually unless some creative activity is sustained. It is estimated that 60% of clients maintain a commitment to creative practice or make other lifestyle choices as a result of programme participation that maintain their mental wellbeing.
Improved confidence	Clients describe that the programme improves their confidence.	80%	Clients reported extensively in programme evaluation that the service improved their confidence.	40%	As with improvement of mental wellbeing, it is assumed that once the clients leave the service, improvement in confidence gradually tails off unless creative activities and positive lifestyle choices are maintained.
Improvements in physical activity	Clients report that the programme has a positive impact on their levels of physical activity.	40%	Increase of physical activity is not a main focus of Creative Alternatives, however, some of the programme's workshops and outings involve physical activities.	60%	It is reasonable to assume that improvements in physical activity tail off relatively fast unless the participants access other programmes.
Improved social engagement	Clients report an increase in social activities following programme participation.	80%	Creative Alternatives has a programme of social activities and outings which remains accessible to those leaving the programme.	40%	It is reasonable to assume that social networks are maintained even beyond programme completion. One of the key outcomes of the service is that it helps participants build new friendships and that it helps improve existing relationships.
Improvements in diet	Clients report an improvement in diet following programme participation.	20%	Improvement in diet is not a main focus of Creative Alternatives.	60%	It is reasonable to assume that improvements in diet tail off relatively fast unless other support structures remain in place.
Reduction in smoking	Clients smoke less.	40%	Those clients who have stopped smoking, have directly attributed smoking cessation to the service. They expressed having found the motivation to stop smoking.	60%	It is reasonable to assume that reduction in smoking tails off fast unless other support structures remain in place.
Reduction in	Clients reduce their	20%	Clients who reported reduction in alcohol	60%	It is reasonable to assume that reduction in

alcohol consumption	alcohol consumption.		consumption were often supported by other services which were mainly responsible for enabling this lifestyle change.		alcohol consumption tails off fast unless other support structures remain in place.
Reduction in medication	Clients reduce their medication.	60%	Reduction in medication is linked to improvements in mental health, and in this area the service performs particularly well.	60%	It is reasonable to assume that reduction in medication tails off fast unless other support structures remain in place.
Reduction in GP visits	Clients visit their GPs less often.	40%	The reduction in GP visits may only be partly attributed to the service, because people visit their GPs for a diverse number of reasons, only some of which are related to mental health and wellbeing.	60%	It is reasonable to assume that reduction in GP visits tails off relatively fast unless other support structures remain in place.
Uptake of employment	Clients enter employment.	50%	Clients entering into employment express having found the motivation and confidence to do so as a result of accessing Creative Alternatives.	40%	It is reasonable to assume that once individuals enter employment, the benefits of being employed will make this change self-sustaining.
Uptake of education	Clients enter education.	80%	Clients who enter education link taking this step to an increase in confidence and motivation which they attribute directly to Creative Alternatives.	20%	We have chosen a low drop-off rate because the financial benefit relates to only one course per adult. Many of the courses chosen by our clients are fairly short and we have not inflated the figure to an annual value.

Now that attribution and drop-off rates have been determined for each benefit, the value of the benefit over a one-year period can be calculated.

Table 4.6: Value of benefits over time

Outcome	Indicator	Gross Value (p.a.)	Attribution	Net Value (p. a.)	Drop-off	Total Net Benefit over a one-year period
Improvement in mood & mental wellbeing	Clients report a positive impact on their mood & mental wellbeing.	£58,029	80%	£46,423	40%	£27,854
Improved confidence	Clients describe that the programme improves their confidence.	£22,578	80%	£18,062	40%	£10,837
Improvements in physical activity	Clients report that the programme has a positive impact on their levels of physical activity.	£12,600	40%	£5,040	60%	£2,016
Improved social engagement	Clients report an increase in social activities following programme participation.	£932,613	80%	£746,090	40%	£447,655
Improvements in diet	Clients report an improvement in diet following programme participation.	£4,010	20%	£802	60%	£321
Reduction in smoking	Clients smoke less.	£1,400	40%	£560	60%	£224
Reduction in alcohol consumption	Clients reduce their alcohol consumption.	£10,816	20%	£2,163	60%	£865
Reduction in medication	Clients reduce their medication.	£1,241	60%	£745	60%	£298
Reduction in GP visits	Clients visit their GPs less often.	£3,100	40%	£1,240	60%	£496
Uptake of employment	Clients enter employment.	£36,386	50%	£18,193	40%	£10,915
Uptake of education	Clients enter education.	£19,839	80%	£15,871	20%	£12,697
TOTAL						£514,178

5. Results and Discussion

From the above analysis the value of the annual social return for Creative Alternatives for 2011 – 2012 is £440,178.

Table 5.1: Total value of social return for 2011 – 2012

Net Benefits	£514,178
Costs	-£74,000
<i>Value of Annual Social Return</i>	<i>£440,178</i>

Having established the value of costs and benefits for the year, we are now in a position to calculate the Social Return on Investment. The return on investment is calculated as follows: $SROI \text{ Ratio} = \text{Total benefits} \div \text{Total costs}$.

A value greater than 1 indicates a positive return on investment.

5.1. The SROI Ratio:

The approximate social return on investment generated by Creative Alternatives is around **£6.95 for every £1** invested.

If we include only costs and benefits that fall to the **State** then Creative Alternatives provides around **£6.23 worth of benefit for every £1 invested**.

5.2. Uncertainties and Limitations

It is important to highlight that the accuracy of the social return determined above is dependent on the proxy figures used to value the various benefits Creative Alternatives generates. In particular, the proxy figure used for 'improved social engagement' is high. There is no universal way to value a social outcome, and thus the results are open to discussion. However, the sources for proxies used in this analysis are widely accepted and have been recommended by GHK Consulting. Furthermore, overall fairly conservative attribution rates and drop-off rates have been used, generally suggesting that

Creative Alternatives was only slightly more responsible for producing the benefit than any other organisation which the clients may have been accessing. It is also important to note that, so as to make the analysis as solid as possible, several outcomes were entirely omitted, as follows:

- 1.) **Improved access to information on health & support needs:** Creative Alternatives provides extensive support to its client base, providing information of local services and sign-posting clients to other agencies as appropriate. This service continues even when clients leave the programme, and as such it is likely to generate benefits to the local economy and the State.
- 2.) **Uptake of volunteering:** Uptake of volunteering was excluded from the analysis even though data gathered through the Lifestyle Questionnaire shows that 28% of clients take up volunteering following programme completion. This was because we could not determine how many hours clients volunteer and what kind of work they do as volunteers. Nonetheless, volunteering is likely to generate benefits to the local economy and the State.
- 3.) **Uptake of cultural activities:** Data gathered through the Lifestyle questionnaire shows that 33% of clients take up cultural activities. This data was excluded from the analysis because it may already be captured in the uptake of social activities.

In addition, the above analysis does not take into account that there is a differentiation on the Lifestyle Questionnaire between 'improved' and 'much improved'. This differentiation was ignored, because there is no procedure to establish the variation in economic value which we may ascribe to 'much improved'. It stands to reason, however, that a greater improvement in health and positive lifestyle choices should also generate a greater economic benefit.

5.3. Sensitivity Analysis

According to GHK (2011), a sensitivity analysis tests the findings by varying the assumptions, upon which the analysis is built. The largest attribution rates were assumed for the following four outcomes:

Improvement in mood and wellbeing: 80%

Improvement in confidence: 80%

Improvement in social engagement: 80%

Uptake of education: 80%

If we assume a 20% reduction in attribution to any one of the outcomes we see a very small reduction in the return on investment, with one exception:

Improvement in mood and wellbeing: attribution reduced to 60% - results in a reduction of the ratio to around **£6.85 for every £1 invested**.

Improvement in confidence: attribution reduced to 60% - results in a reduction of the ratio to around **£6.91 for every £1 invested**.

Improvement in social engagement: attribution reduced to 60% - results in a reduction of the ratio to around **£5.44 for every £1 invested**.

Uptake of education: attribution reduced to 60% - results in a reduction of the ratio to around **£6.91 for every £1 invested**.

We can see that the findings are slightly more sensitive to a reduction in attribution where 'improvement in social engagement' is concerned. However, Creative Alternatives' evaluation is particularly strong in this area, illustrating firmly that improvement in social engagement is a primary outcome of the service.

According to GHK, a technique which is further used to test the sensitivity of findings is to find how much the benefits would have to be reduced in order for the ratio to become 1:1, meaning the return on investment would be 0 (and therefore, the service would not be worth the investment). **In the case of Creative Alternatives, the value of all benefits would have to be reduced by around 85% in order for the return on investment to be 0.**

6. Conclusion

We have explored to what extent Creative Alternatives' broad social and health/wellbeing outcomes might generate economic benefit for the State, the local economy and the individuals involved. It can be difficult for funders and commissioners to identify the value of such interventions as Creative Alternatives provides. An SROI can help to build the economic case, by showing the monetary value of all the different social outcomes which the service generates.

The final results of the analysis showed that for every £1 invested,

- ✓ there was an overall **social return of £6.95** and
- ✓ there was a **return to the State of £6.23**.

These figures show that Creative Alternatives has a value that significantly outweighs its operational costs. They also show that the service provides a very strong return to the State, effectively increasing the investment made by the public sector six-fold. The returns in the analysis are also based on conservative and cautious assumptions, and several outcomes were entirely omitted, so that claims about the social value generated are robust and defensible and most likely represent an underestimation of the value of the service.

“Everything has come from Creative Alternatives. I’ve been on courses, such as assertiveness and confidence and presentation skills. If I hadn’t felt comfy in the group at Creative Alternatives I couldn’t have done any of these other things. Creative Alternatives has opened so many other doors, it’s given me so much motivation, it’s all about building bridges. Creative Alternatives was THE starting point for me, there was nothing else going on in my life. I needed it. That two-hour window on a Wednesday just opened up all these things, everything on here came from Creative Alternatives. I’ve met new people, had new ideas, I’ve looked into re-education, it’s definitely been time well spent 100%.”

Martin, Creative Alternatives participant

7. References

Boyce, C. J. and Wood, A.M. (2010). "Money or Mental Health: The Cost of Alleviating Psychological Distress with Monetary Compensation versus Psychological Therapy". *Health Economics, Policy and Law*.

Department of Health (2008). *The cost of alcohol harm to the NHS in England*. From the SROI database provided by GHK Consulting.

GHK (2010). *A Brief Guide to Economic Analysis*. Available online at: www.livingwellwestmidlands.org

GHK (2011). *A Social Return on Investment analysis of Evergreen Children's Centre's Family Support Worker Service*.

National Institute of Adult Continuing Education (2012). *Valuing the Impact of Adult Learning: An analysis of the effect of adult learning on different domains in life*. Available online at: http://shop.niace.org.uk/media/catalog/product/v/a/valuingimpact_web_1.pdf

NICE (2008). *Smoking Cessation Services Costing template Implementing NICE guidance*. From the SROI database provided by GHK Consulting.

NICE (2011). *Quality Standard Program Cost impact and commissioning assessment: quality standard for depression in adults*. From the SROI database provided by GHK Consulting.

8. Appendices

8.1. Lifestyle Questionnaire & Summary of Results

Lifestyle Evaluation Form					
Your opinion matters to us; please take your time to complete this form. Your feedback will help us greatly to improve the Creative Alternatives service and secure its future for the years ahead.					
This form helps us evaluate how your lifestyle has changed since your involvement with Creative Alternatives (CA). Please rate each element by circling a number from 1 to 5. If any questions do not apply to you then please circle 0.					
Since your involvement with CA how are your levels of physical activity?					
0 Does not apply	1 Much reduced	2 Reduced	3 Unchanged	4 Improved	5 Much improved
Since your involvement with CA has the quality of your diet improved?					
0 Does not apply	1 Much worse	2 Worse	3 Unchanged	4 Improved	5 Much improved
Since your involvement with CA how are your smoking habits?					
0 Does not apply	1 Much worse	2 Worse	3 Unchanged	4 Improved	5 Stopped smoking
Since your involvement with CA have your levels of alcohol consumption changed?					
0 Does not apply	1 Much worse	2 Worse	3 Unchanged	4 Improved	5 No longer drink
Since your involvement with CA have your levels of medication (anti-depressants or anti-anxiety only) altered?					
0 Does not apply	1 Much increased	2 Increased	3 Unchanged	4 Reduced	5 Stopped medication
Since your involvement with CA how frequently do you visit your GP? <i>Please estimate.</i>					
0 Does not apply	1 Much increased	2 Increased	3 Unchanged	4 Reduced	5 Much reduced
Since your involvement with CA have your levels of social activity changed?					
0 Does not apply	1 None	2 Reduced	3 Unchanged	4 Increased	5 Much increased
Since your involvement with CA have you noticed any changes in your mental health?					
0 Does not apply	1 Much worse	2 Worse	3 Unchanged	4 Improved	5 Much improved
Since your involvement with CA have you taken part in any voluntary work?					
0 Does not apply	1 No	2 Yes			

Since your involvement with CA have you entered paid employment?		
0 Does not apply	1 No	2 Yes
Since your involvement with CA have you entered education?		
0 Does not apply	1 No	2 Yes
Since your involvement with CA have you tried any of Sefton's cultural activities, e.g. arts workshops or theatre visits?		
0 Does not apply	1 No	2 Yes

Results:

The following table includes the cumulative results from 105 questionnaires completed to date (10th October 2012).

Levels of physical activity (3 clients selected 'does not apply')				
Much reduced: 2%	Reduced: 5%	Unchanged: 27%	Improved: 56%	Much improved: 10%
Quality of diet (7 clients selected 'does not apply')				
Much worse: 0%	Worse: 2%	Unchanged: 61%	Improved: 29%	Much improved: 8%
Smoking habits (77 clients selected 'does not apply')				
Much worse: 0%	Worse: 14%	Unchanged: 57%	Improved: 22%	Stopped smoking: 7%
Levels of alcohol consumption (64 clients selected 'does not apply')				
Much worse: 0%	Worse: 5%	Unchanged: 63%	Improved: 29%	No longer drink: 3%
Levels of medication (22 clients selected 'does not apply')				
Much increased: 1%	Increased: 13%	Unchanged: 54%	Reduced: 21%	Stopped medication: 11%
Number of GP visits (9 clients selected 'does not apply')				
Much increased: 0%	Increased: 8%	Unchanged: 58%	Reduced: 30%	Much reduced: 4%
Levels of social activity (No clients selected 'does not apply')				
None: 0%	Reduced: 6%	Unchanged: 26%	Increased: 60%	Much increased: 8%
Changes in your mental health (2 clients selected 'does not apply')				
Much worse: 1%	Worse: 4%	Unchanged: 17%	Improved: 63%	Much improved: 15%
Uptake of voluntary work (5 clients selected 'does not apply')				
No: 72%		Yes: 28%		

Uptake of paid employment? (23 clients selected 'does not apply')	
No: 93%	Yes: 7%
Entered into education (13 clients selected 'does not apply')	
No: 82%	Yes: 18%
Uptake of cultural opportunities (No clients selected 'does not apply')	
No: 67%	Yes: 33%

8.2. Sample quotes from client communication regarding increase in confidence

"Creative Alternatives boosted my confidence and gave me a push to try and meet people."

"I was more artistic than I thought ... and more capable."

"I have learned about my need for social interaction and I have put my name down for a confidence group."

"It gets me out and encourages me to mix with other people."

"Getting a little better, coping with all the distressing events of the last few years ... meeting new people but not feeling intimidated or suspicious of their intentions."

"I have attended more social gatherings, such as Christmas parties."

"I have visited museums and become more confident and interested in art in general."

"I have gained so much. I have a little bit of a life going on away from the family. My doctor (shrink!) has put me in touch with a group the CMHT run. I go out to line dancing and the art group 'Go With The Flow', and I swim. All thanks to the confidence Creative Alternatives gave me!"

"My time in CA built my confidence and helped me to deal with problems I couldn't deal with before."

"I have never thought of myself as being artistic at all, but have been quite surprised at my ability to create a couple of things that are not bad."

"It gave me confidence. I'm not as quiet as I used to be."

"It gets me out of the house and stops me from isolating myself. It generally improves my mood and self-esteem."

"The social aspect of meeting different people boosted confidence in myself that I could still interact and get on well with people. It is a place and time where I can give my mind a rest and let my imagination take over, and the benefit of it helps me through the week."

"Creative Alternatives has definitely made a marvellous impact in many different areas of my life. I have found new friends, a new belief in myself and hope for the future for myself and others. If I can get well, so can others."

"I would advise anybody who is considering attending to give Creative Alternatives a go. It has helped me in many ways, e.g. getting my confidence back and meeting people who are in the same situation as myself."

"I am learning to express my feelings through creative outlets. I have always struggled to express my feelings. I find it hard to speak about things – this has made counselling difficult. Now I take my art with me and I am benefitting from counselling more."

"I am just very grateful for you to let me join this course. I don't think I would have looked into myself as much as I have done because I have been afraid of what I might see. I feel so much better in myself and I think that is because of time spent concentrating on putting my feelings into pictures, using colours as a way of showing how I feel."

"It has given me more confidence and helped me to learn how to relax and take more time for myself."

8.3. Sample quotes from client communication regarding uptake of education

Alice: "I have undertaken two courses at a local college: Skills for Life & Introduction to Flower Arranging."

Carl: "I've started a college course."

Deborah: "I've enrolled to start a 12-week counselling course at Southport."

Dave: "I've just enrolled on a Forensics course with the Open University!"

Lucie: "I have enrolled on an English Literature course."

Joann: "I'm going back to university for a degree in fine art and to do this as a job as well."

Louise: "I've enrolled for a HND in photography and digital arts!"

Dawn: "I'm now accessing a one-year art course at Liverpool Community College which reminds me of Creative Alternatives. Creative Alternatives was a haven. It made me feel better and gave me the impetus to move forward in my life."

Rosemarie: "I've just started the 'Counselling Concepts' course at Southport College and I plan to do some more courses after Christmas which focus on a range of holistic therapies. I'm also establishing my own business in holistic therapies."

Lucie: "I feel more confident and more self-assured. I'm now planning to go to university to study photography."

Alice: "I've now started a full-time two-year course at Southport College in Graphic Design. I hope that this qualification will work well with my Creative Writing degree and help me get work in advertising."

Graham: "I've started a local collage course in literature."

Steven: "I'm now doing computer courses at the Bridge Centre."

Several more people indicated on the Lifestyle Questionnaire that they had taken up education but did not give further details.