THE VALUE OF 'living a great life!'

An Evaluation of Social Value created for Magna Vitae Physical Activity Service Users

JULY 2018

Magna Vitae is a Registered Charity. Charity Number 1160156.
A Partner to East Lindsey District Council.

MAGNA VITAE
TRUST FOR LEISURE & CULTURE

Acknowledgments

This analysis was carried out by morethanoutputs, led by Tim Goodspeed, an SROI practitioner accredited by Social Value UK.

Data for the primary research was collected by Magna Vitae. The data collection methods, analysis and report were developed and written by Tim.

Contents

1. Living a Great Life

Magna Vitae is a culture and leisure trust providing services predominantly for East Lindsey District Council. This is a social value evaluation, using the Social Return on Investment approach, of all Magna Vitae's physical activity services: swimming, a gym, and other activities across 4 sites and community-based sessions.

This analysis focused on the difference physical exercise and activities makes to users of these services. Users were consulted on what they thought had changed for them as result of Magna Vitae's work. Desk research was also undertaken to look for other outcomes that users might not identify for themselves. These outcomes were then measured and valued in a survey with users. 165 users completed the survey, and their results were extrapolated to produce a model for a year for the whole population of 42,316 users.

The survey showed:

- 87% of survey respondents were exercising with Magna Vitae at levels that satisfy the Sport England definitions of exercise and participation.
- A proportion of survey respondents (36%) were also previously inactive or exercised less in the previous year. However, a proportion (21%) also said they were exercising less than last year. Overall, this would indicate that Magna Vitae is contributing to a net increase in exercise amongst its' users compared with last year.
- The key outcomes, in order of importance to users (combined quantity and value) were:
  - Service Users' **physical health improved**, because they exercised, were fitter, increased their mobility or lost weight
  - Service Users' **mental health improved**, felt a sense of achievement or increased self-esteem because they exercised, were fitter, lost weight, made new friends or just had fun doing activities
  - Service Users were **less isolated** and socialised more because they had made new friends, got out more, or lost weight
  - Service Users experienced **less injuries**
  - Service Users experienced **more injuries** because they exercised more
  - Service Users' **mental health worsened**
  - Service Users' **physical health worsened**
  - Service Users were more **isolated**
- A significant proportion of survey respondents (45%) are likely to have displaced activity – if Magna Vitae services were not available to them they would have exercised the same amount and so, likely would have achieved the same outcomes and value without Magna Vitae.
- Conversely, 51% depend on Magna Vitae for their exercise and the outcomes and value it leads to; they said they would not exercise or would exercise less if Magna Vitae services were not available to them.

A regression model was developed to test for relationships in the survey data between the value that individual Service Users put on their outcomes and their profile. Despite the small sample size (n=165) some relationships were observed:

- Service Users exercising at Moderate and Vigorous levels of intensity, valued their outcomes higher than Service Users exercising at Mild levels. This was statistically significant.
- Compared with Horncastle, as a constant, Service Users in Louth and Mablethorpe valued their outcomes lower, but results were in a range.
- Compared with Horncastle, Service Users in Skegness valued their outcomes lower (and lower than Louth and Mablethorpe). This was statistically significant. The range of values from Skegness Service Users was within an acceptable 95% interval.
- Compared with Service Users who exercised about the same in the previous year, Service Users who exercised less in the previous year valued their outcomes more. This was statistically significant.
- Compared with Service Users whose physical health had not changed, Service users whose physical health had improved valued their outcomes more. This was statistically significant.
- Compared with Service Users who skipped the question, Service Users whose mental health improved valued their outcomes more. This was statistically significant.
- Compared with Service Users who had less disposable income, Service Users with more disposable income valued their outcomes more.
- Compared with Service Users who experienced less injuries, Service Users who experienced more injuries valued their outcomes less. This was statistically significant.
- Compared with Service Users who experienced less isolation, Service Users who experienced more isolation valued their outcomes less. This was statistically significant.

Beyond the survey, additional outcomes were identified in the literature and valued from the perspective of public health and social care systems who would bear the costs of these conditions:

- At risk Service Users have **reduced risk of Coronary Heart Disease (CHD) and Stroke** who participated in moderate exercise
- At risk Service Users **have reduced risk of dementia** (including Alzheimer's disease, Parkinson's disease and general neurodegenerative disease) who participated in moderate exercise
- At risk Service Users **have reduced risk of Type 2 diabetes** who participated in moderate exercise
- At risk Service Users (women) have **reduced risk of breast cancer** who participated in moderate exercise
- At risk Service Users have **reduced risk of developing colon cancer** who participated in moderate exercise

Finally, if the total value is compared with the investment and inputs required to create the value, a ratio of return can be calculated.

Total Investment	£5,900,925
Users Outcomes	£17,706,210*
Fiscal Value	£4,740,515*
Total Value	£22,446,725
Social Return on Investment	3.8
**after discounting*	

This means for Magna Vitae: for every pound of expenditure on physical activities and exercise (including User's spend on equipment and clothing), there was 3.8 times as much value created for Users and public health and social care systems.

Services for 42,316 Users cost £5.9M and created value of approx. £22M.

2. Introduction

Magna Vitae is a culture and leisure trust – Non-Profit Distributing Organisation (NPDO), company limited by guarantee with charitable status. Magna Vitae provide services predominantly for East Lindsey District Council. Operating since 1st January 2015, the mission is to provide an extraordinary range of cultural, leisure and health related facilities and services that allow people to live a great life.

3. Scope

The analysis was an evaluation of all Magna Vitae's physical activity services.

3.1 Activity

Magna Vitae facilitated 828,000 participants to benefit from some form of physical activity and social wellbeing across four core sport/leisure facilities in 2017/18; with a registered user base of 40,827 local residents. 9,525 of those residents were 'concession' users i.e. young people/ older people / people with a disability etc. In addition, 209,000 participants benefited from our cultural activities through participation/attendance at high quality arts festival/event or theatre show/ performance.

The four core facilities include: Meridian Leisure Centre, Louth; Horncastle Swimming Pool & Fitness Suite; Skegness Swimming Pool & Fitness Suite; and Station Sports Centre, Mablethorpe. The main physical activity provisions support participation in e.g. fitness activity, exercise to music, swimming, walking, football, cricket, badminton, triathlon, gymnastics, dance, martial arts etc.

Health referral programmes provide advice and supported activity and in 2017/18 had supported 420 otherwise inactive residents through programmes including healthy walks, exercise referral and nutrition advice. Participant reported outcomes through these programmes include weight loss and improved diet, improved mobility and reduced pain, reduction in stress, increased self-confidence/self-esteem with an average of 90% participants reporting these benefits; and 30% of participants reporting reduced visits to GP and/or reductions in prescribed medications.

3.2 Activity Duration

Delivery from 1 April 17 to 31 March 18 was evaluated to produce an annual model.

3.3 Funding and Inputs

For Magna Vitae a year's financial inputs were summarised as follows.

	Expenditure 2017/18
MV Community	£1,365,999
Skegness Pool	£655,965
Meridian Leisure Centre	£1,304,683
Horncastle Pool	£542,541
Station Sports Centre	£194,838
Total	£4,064,026

In addition to these costs which include fees user's pay to use the facilities and exercise, user's also spent money on clothing and equipment in order to exercise at Magna Vitae and this is also included as an input.

4. Objectives

4.1 Measuring Social Impact

Magna Vitae's mission is to provide an extraordinary range of cultural, leisure and health related facilities and services that allow local people to lead a great life; in doing so the vision is to enable more people to be physically and culturally active, more often.

Through the many opportunities Magna Vitae provide for participation in physical activity, sport and the arts they aim to support more people to lead healthier, more active, happy and fulfilled lives; doing so in a way that supports local economic prosperity, helps to create a 'sense of community' and to influence local 'place shaping'.

Core work provides benefit to the residents of and visitors to East Lindsey, which was a large sparsely populated district with population of 139,700 (mid-2017) over a 700sq mile area consisting of small market and seaside towns, rural villages and settlements. The district has a predominantly older population and amongst the most deprived communities in the country with high levels of multiple deprivations, including health deprivation. Through Magna Vitae's work in providing opportunities for participation and engagement in physical activity, sport, arts and culture they work successfully to achieve positive outcomes and engaging inactive people. They had approx. 40,827 registered users of which 2945 (end Mar 17) were very active participants.

Whilst Magna Vitae had a good track record in respect of the social outcomes, they recognised there was significant scope to improve how they record and report those impacts to move from tracking outputs to outcomes. Similarly, having improved an ability to demonstrate the impacts they need support to be able to articulate this appropriately to be of interest to social investors and to raise awareness of Magna Vitae amongst potential social investors.

The overall aim of this work was to look beyond the stats (outputs) to understand in depth the social impact (outcomes) services had in terms of priorities for physical activity service users. To achieve this, the project aimed to:

1. Determine the key social outcomes
2. Measure them

3. Develop a simple system for monitoring them in the future, to complement outputs data

The primary audience for the analysis was current and potential funders, commissioners and partners (Local District and County Councils, Health Agencies and relevant national bodies such as Sport England and Arts Council England).

The analysis explored equally:

- planned and unplanned outcomes
- positive and negatives outcomes

4.2 Secondary Considerations

Outcomes for service users were valued to understand which outcomes are most important and who values them the most, but within the resource available, this was a simplified value model for service user's outcomes only.

5. Method

This analysis adhered to the principles and followed the 6 stages of an SROI. This analysis had been carried out to the standard approach to SROI as documented by the UK Government, Cabinet Office sponsored guide to SROI (Social Value UK, 2009).

5.1 About SROI

Every day our actions and activities create and destroy value; they change the world around us. Although the value we create goes far beyond what can be captured in financial terms, this is, for the most part, the only type of value that is measured and accounted for. As a result, things with financial value take on a greater significance and many important things get left out. Decisions made like this may not be as good as they could be as they are based on incomplete information about full impacts.

Social Return on Investment (SROI) is a framework for measuring and accounting for change and this much broader concept of value. Magna Vitae has used SROI to understand the impacts of their activities and show how they understand the value created.

SROI is about value, rather than money. Money is simply a common unit and as such is a useful and widely accepted way of conveying value. In the same way that a business plan contains much more information than the financial projections, SROI was much more than just a number. It was a story about change, on which to base decisions, that includes case studies and qualitative, quantitative and financial information.

SROI measures change in ways that are relevant to the people or organisations that experience or contribute to it. It tells the story of how change is being created by measuring social outcomes and uses monetary values to represent them. This enables a ratio of benefits to costs to be calculated.

SROI is a principles-based methodology. This report does not contain an explanation of the principles or every step of the SROI process. For details of the principles and process and why they are important and a worked example, the Cabinet Office sponsored Guide to SROI (Social Value UK, 2009) should be referred to. For example, this report does not explain how outcomes have been valued (in the same way that the account of an organisations finances would not explain how an asset had been valued in the accounts).

Equally, this report does conclude any actions. It is simply an account of the social value using the SROI method. Business planning, strategic and management processes should conclude what actions should be taken now the value of stakeholder's outcomes is known and the most important outcomes revealed.

5.2 Being Transparent

Magna Vitae commissioned morethanoutputs to carry out this analysis. The analysis was undertaken by Tim Goodspeed who had no links with or interests in Magna Vitae outside of this analysis.

6. Stakeholder Analysis

Potential stakeholders and their outcomes were identified in consultation with Magna Vitae. Only Service Users were included. Funders objectives and Fiscal value (savings for or reduced demand on public systems) was represented with national average data.

Other identified stakeholders could be included at a later stage when value for Service Users has been understood and is being managed. It is important to ensure that creating value for Service Users was not at the expense of value for any other stakeholders.

7. Outcomes Consultation

Service User's diversity was assessed. The most relevant (material) differences were:

- The site accessed: Mablethorpe; Skegness; Horncastle; or Louth (4 options)
  - Meridian Leisure Centre (Louth)
  - Horncastle Pool & Fitness Suite
  - Skegness Pool & Fitness Suite
  - Station Sports Centre (Mablethorpe)
- The activities undertaken: Swim; Gym; or Other (3 options)
- Age: under 18; adult; over 65 (3 options)
- When they attend: Day; or Evening (2 options)

These 4 categories produced 70 permutations of options (there was no swimming available at Mablethorpe, or Other at Horncastle). A sample frame aimed to consult people in as many of the permutations as possible. 1-to-1 interviews were undertaken by Magna Vitae staff during October and November 2017.

37 people were consulted, covering every category and option and 31 of the possible permutations.

The numbers involved in outcomes consultation were considered adequate for determining outcomes qualitatively.

No material negative outcomes were identified.

8. Literature Review

Desk research was also undertaken to look for additional outcomes that could have been missed (including possible negative outcomes) or that Service Users would not have been able to identify themselves (for example, a reduced risk of a disease).

The literature commonly terms exercise as mild/moderate/vigorous. Although not completely consistent, the terms in the literature are broadly comparable with Sport England definitions (Sport England, 2017) that we have used for this social value model.

There was evidence that exercise in average populations can lead to a range of benefits, predominantly Health, but also including Education, Economic and Criminal Justice (Davies et al, 2016). The focus on Health outcomes was a potential bias in the literature for our purposes of understanding all the outcomes in Service Users lives. Comparing the literature to outcomes Service Users told us about, there appears to be less evidence of mental health benefits and other social outcomes.

Benefits in the literature include:

- Coronary Heart Disease (CHD) and Stroke - Participation mild/moderate exercise in adults reduces risk of CHD and Stroke in active men and women
- Cancer (Breast) - Participation moderate exercise in adults reduces risk of breast cancer in active women
- Cancer (Colon) - Participation moderate exercise in adults reduces risk of developing colon cancer
- Type 2 diabetes - Participation moderate exercise in adults reduces risk of Type 2 diabetes
- Dementia (including Alzheimer's disease, Parkinson's disease and general neurodegenerative disease) - Participation moderate exercise in adults reduces risk of developing dementia
- Participation in mild intensity exercise was more than twice as valuable to people 50 and over.
- Participation in moderate intensity exercise was twice as valuable to people 50 and over.
- Participation in sports leads to a 1% increase in educational attainments (aged 11-18)
- Graduates who participate in sport at university earn an average of 18% more per year than their non-sporting counterparts
- Sports participation leads to a 1% reduction in criminal incidents for males aged 10-24 years

Literature also shows that exercise can lead to:

- Increased injuries
- Less disposable income

These outcomes may not all be relevant or appropriate. Those that relate to exercise (as opposed to (organised) Sports) appeared more appropriate and were included.

There is, as a result of these benefits, considerable effort in policy to increase participation in physical activity. There does not appear, however, to be any measurement or discernment of the value for a new participant who was previously sedentary, as opposed to the value for an individual who had been physically active all their life. This analysis, therefore, added measures of activity in the previous year and 'sense of achievement and self-esteem' to the model as a proxy for this to test if this results in higher value for an individual who starts or significantly increases exercising, as opposed to an individual who was maintaining their exercise.

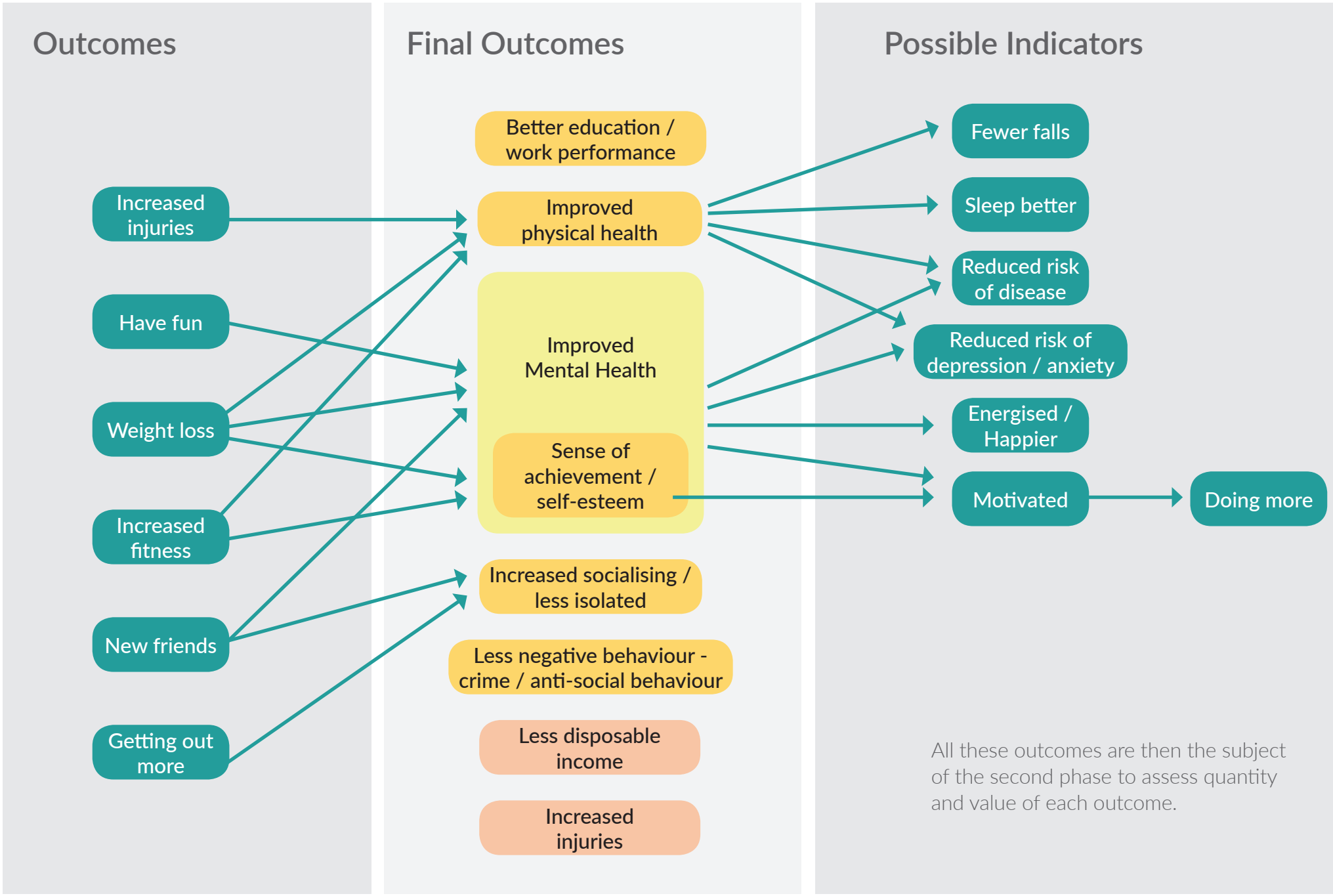
9. Understanding Outcomes

The data from Service User interviews, and the literature review, shows that Magna Vitae leads to chains of events of outcomes in Users' lives. Although appearing similar to a traditional Theory of Change showing how inputs and activities (outputs) are designed to lead to changes (outcomes), in this case, the presentation was an evaluation, based on data from Service User interviews and the literature review. It would be better thought of as an Evaluation of Change.

Where an individual reported the same changes as another individual, these were grouped. All the reported changes were analysed to understand dependant outcomes. It was important to understand which outcomes are dependent on each other and which are independent. If this was not done, double counting and over claiming occurs. The resulting Evaluation of Change presents independent outcomes, expressed in chains of events, that demonstrate changes in people's lives. This includes some description of change from Service Users that are indicators of change rather than outcomes.

The outcomes are expressed as Service Users described them in response to the question "What had changed for you as a result of coming to [Magna Vitae activity or site]?".

(It was implicit, therefore, that they are describing the change from not being a Magna Vitae Service User and some were describing the change over a number of years, as opposed to a change in the last year. In the quantitative survey (see later section) this was tested explicitly with questions referring to 'the last year').


Outcomes
Final Outcomes
Possible Indicators
Increased injuries
Have fun
Weight loss
Increased fitness
New friends
Getting out more
Better education / work performance
Improved physical health
Improved Mental Health
Sense of achievement / self-esteem
Increased socialising / less isolated
Less negative behaviour - crime / anti-social behaviour
Less disposable income
Increased injuries
Fewer falls
Sleep better
Reduced risk of disease
Reduced risk of depression / anxiety
Energised / Happier
Motivated
Doing more
All these outcomes are then the subject of the second phase to assess quantity and value of each outcome.

10. Deciding what to Measure

It was agreed not to define outcomes according to funders or investors priorities, but to use definitions from users from the outcome consultation.

10.1 Developing a Value Model

For each outcome, indicators were developed (informed by possible indicators identified by Service Users above where appropriate) and then data collected, or existing data used to quantify outcomes were appropriate.

However, any system and model must be proportional and the scope for this project concludes with developing a simple system for monitoring [outcomes] in the future, to complement outputs data. Therefore, measurement of the baseline included discussion of the design of any future monitoring system.

The simplest models, requiring the least resource going forward, were based on existing data about number of Service Users and the activities they undertake. To build a Social Value model based on this, existing data will need to be reviewed to see what variables are available and what can be achieved from existing data.

Objectives for the model, building on the original scope, included the following dimensions.

a. The model will show the outcome quantities and values for a year of delivery of the 4 MV sites. Within this data we also aim to:

- Test, participation and exercise levels (definitions above)
- Show any differences by sub groups (site, activity, age)
- Report (statistically) numbers of people likely to avoid disease etc.
- Test how many people are gaining outcomes and how many are, rather, maintaining outcomes in any year.
-

b. A survey instrument for these objectives was designed, including:

- Site
- Activity
- Age (including a change to the previous options to include 50+)
- Outcome value scale for each outcome as a result of 1 year with MV
- Spend on exercise activities, equipment and clothing
- Mild/mod exercise
- Participation (frequency and duration)
- Change in exercise from last year
- Causality

10.2 Defining Outcomes to Measure

The definition of outcomes used in the model from Service User consultations was, therefore:

Service Users' physical health improved, because they exercised, were fitter, increased their mobility or lost weight
Service Users' mental health improved, felt a sense of achievement or increased self-esteem because they exercised, were fitter, lost weight, made new friends or just had fun doing activities

Service Users' were less isolated and socialised more because they had made new friends, got out more, or lost weight

Negative outcomes that Service Users would be aware of from the literature review were also added:

Service Users' had less disposable income because of the costs of activities or equipment and clothes

Service Users' experienced more injuries because they exercised more

Additionally, from the Literature Review, outcomes that Service Users were unlikely to be aware of and would be less able to self-report were also modelled separately:

Service Users' have reduced risk of Coronary Heart Disease (CHD) and Stroke

Service Users' (women) have reduced risk of breast cancer

Service Users' have reduced risk of developing colon cancer

Service Users' have reduced risk of Type 2 diabetes

Service Users' have reduced risk of dementia (including Alzheimer's disease, Parkinson's disease and general neurodegenerative disease)

These outcomes from the literature are far from exhaustive and focus on physical health benefits of exercise.

These definitions were sense checked with Magna Vitae before being used in the next phase.

11. Service User Profile

11.1 Responses

A good response to the survey was received, including representation of all the sub-groups identified.

	17 or under	18 - 24	25-49	50-64	65 or over	Total
Horncastle Pool & Fitness Suite		3	7	19	4	33
I use the Gym		2	3	6	1	12
Other activities				3		3
Swimming		1	4	10	3	18
Meridian Leisure Centre (Louth)	1	2	35	48	32	118
I use the Gym		1	17	17	12	47
Other activities		1	6	14	9	30
Swimming	1		12	17	11	41
MV Community Based Session			1	2		3
Other activities			1	2		3
Skegness Pool & Fitness Suite	1	2	7	8	14	32
I use the Gym			4		3	7
Other activities		2	1	1	5	9
Swimming	1		2	7	6	16
Station Sports Centre (Mablethorpe)		1	5	7	10	23
I use the Gym		1	5	5	3	14
Other activities				2	7	9
Grand Total	2	8	55	84	60	209

11.2 Profiling

The breakdown within the sample of the profiling variables was as follows.

(For these tables a subset (165) has been used for consistency with the value tables in the following sections.)

Age	Freq	%
17 or under	1	1%
18 – 24	6	4%
25-49	48	29%
50-64	67	41%
65 or over	43	26%
(n)	165	

Site	Freq	%
Horncastle Pool & Fitness Suite	26	16%
Meridian Leisure Centre (Louth)	96	58%
MV Community Based Session	2	1%
Skegness Pool & Fitness Suite	25	15%
Station Sports Centre (Mablethorpe)	16	10%
(n)	165	

Activity	Freq	%
I use the Gym	63	38%
Other activities	45	27%
Swimming	57	35%
(n)	165	

Sport England definitions of intensity and participation were used. (https://www.sportengland.org/research/active-lives-survey/measuring-sport-and-activity/)

Intensity:

MILD; It doesn't noticeably raise my heart rate or breathing

MODERATE; It raises my heart rate and I feel a little out of breath

VIGOROUS; It raises my heart rate and I feel out of breath a lot

Participation:

Taking part in sport and physical activity is measured as the equivalent of 30 minutes' activity at least twice in the last 28 days. Each session must last at least 10 minutes and be of at least moderate intensity.

Intensity	Freq	%
MILD	43	26%
MOD+	122	74%
(n)	165	

87% of survey respondents were exercising at Magna Vitae at levels that satisfy the Sport England definitions of exercise and participation.

Participation	Freq	%
Not	22	13%
MILD	36	22%
MOD+	107	65%
(n)	165	

A proportion of survey respondents (36%) were also previously inactive or exercised less in the previous year. However, a proportion (21%) also said they were exercising less than last year. Overall, this would indicate that Magna Vitae is contributing to a net increase in exercise amongst its' users compared with last year.

Previous activity	Freq	%
I did not exercise in 2016	18	11%
I exercised less in 2016	41	25%
About the same in 2016	72	44%
I exercised a little more in 2016	21	13%
I exercised a lot more in 2016	13	8%
(n)	165	

12. Developing a Value Map

For each of the outcomes identified, indicators were developed and then data collected.

12.1 Choosing data and indicators

As existing data for these newly identified outcomes was limited, a primary data collection tool was developed. This aimed to:

- Test and quantify outcomes
- Measure outcomes with indicators; and
- Involve Service Users in valuing outcomes and assessing causality

12.2 Testing Outcomes

In the data collection, each outcome was tested. If, for example, the conclusion of the outcomes consultation stage was that Service Users felt their physical health was improved, then in the data collection, this was tested by asking Parents.

Some users felt physically better, because they exercised, were fitter, increased their mobility or lost weight. Which of these statements best describes you in the last year (please select only one)?

- *My physical health has improved*
- *My physical health has not changed*
- *My physical health has worsened*

In this way, the opposites of each outcome were checked, and some additional outcomes identified where some individuals responded with the opposite of the outcome identified in the outcomes consultation.

An online survey was developed to quantify outcomes.

12.3 Indicators

Indicators were developed for each outcome to quantify the frequency and depth of outcome each outcome.

For example, for self-reported Physical Health, Service users who reported that their physical health had worsened, were also asked:

How does your worse physical health show (please select all the options that apply to you)?

- ☐ *I sleep less well*
- ☐ *I am over tired*
- ☐ *I have more aches and pains*
- ☐ *I have gained weight*
- ☐ *I am less fit*
- ☐ *I am less mobile*
- ☐ *I go to the Doctors more*

12.4 Modelling quantities of outcomes

Outcomes were treated in two different ways for quantification, according to ability of Service Users to recognise and value them:

- Outcomes Service Users recognise (including some from the literature review) were measured and valued with primary data from Service Users;
- Outcomes from the literature review that Service Users would not recognise and be able to report were measured and valued assuming average quantities and values

12.5 Volume of Outcomes

From the sample that responded to the data collection surveys, results were projected on to the total populations with a simple pro-rata. The sample sizes represented a good response to the survey, but statistically small and small in comparison to national studies, reducing the confidence in results.

(For these tables a subset (165) has been used for consistency with the value tables in the following sections)

Physical Health	Freq	%
My physical health has worsened	4	2%
My physical health has not changed	42	25%
My physical health has improved	119	72%
(n)	165	

Mental Health	Freq	%
(Skipped)	4	2%
My mental health has worsened	5	3%
My mental health has not changed	77	47%
My mental health has improved	79	48%
(n)	165	

Money	Freq	%
I have less disposable income	42	25%
My disposable income hasn't changed	119	72%
I have more disposable income	4	2%
(n)	165	

Isolation	Freq	%
I am more isolated	2	1%
My isolation has not changed	109	67%
I am less isolated	54	33%
(n)	165	

Injuries	Freq	%
I have more injuries	14	8%
Other (please specify)	5	3%
I haven't experienced any change in injuries	132	80%
I have less injuries	14	8%
(n)	165	

The outcomes, in order of quantity (or occurrence), were as follows (not all outcomes are shown; smaller insignificant quantities are omitted from this table):

Outcomes	Freq	%
Service Users' physical health improved, because they exercised, were fitter, increased their mobility or lost weight	119	72%
Service Users' mental health improved, felt a sense of achievement or increased self-esteem because they exercised, were fitter, lost weight, made new friends or just had fun doing activities	79	48%

Outcomes	Freq	%
Service Users' were less isolated and socialised more because they had made new friends, got out more, or lost weight	54	33%
Service Users' had less disposable income because of the costs of activities or equipment and clothes	42	25%

12.6 Value of Outcomes

Practice of Social Return on Investment analysis includes the value of outcomes to service users to see which outcomes are most important.

This is not always practiced in cost benefit analysis. However, government guidance recommends that this was done. The Social Value Act (Public Services (Social Value) Act 2012), requires consideration of social value. HM Treasury guidance on cost benefit analysis also recommends that this was done (The Green Book).

In this analysis, we aimed to prioritise the SROI principle of stakeholder involvement and empower users directly to tell us how much they valued their outcomes using a consistent comparable quantitative scale. Values for Service Users in this report are, therefore, all from primary data.

Another benefit of this approach was that there was no method bias between any outcome valuation for Service Users, enabling confident comparison and conclusion about the most important outcomes.

12.7 Financial Proxies

The priority order of outcomes, according to value, for Service Users was as follows. (This was the mean value for one outcome, according to Service Users).

Outcomes	Relative Value
Service Users' experienced less injuries	£705
Service Users' physical health improved, because they exercised, were fitter, increased their mobility or lost weight	£691
Service Users' mental health improved, felt a sense of achievement or increased self-esteem because they exercised, were fitter, lost weight, made new friends or just had fun doing activities	£634
Service Users' were less isolated and socialised more because they had made new friends, got out more, or lost weight	£585
Service Users' experienced more injuries because they exercised more	-£436
Service Users' mental health worsened	-£431
Service Users' were more isolated	-£269
Service Users' physical health worsened	-£224

The absolute values here are in a range and also quite close to each other. The absolute values were tested statistically (see section on statistical insights) and shown to be in a big range such that confidence in the absolute order is low at this unit level.

12.8 Value of literature review outcomes

Several sources were reviewed for the public (fiscal) costs of the identified health conditions avoided by exercise. The Unit Costs of Health and Social Care (Personal Social Services Research Unit, 2013) was used as it provided comparable costs for all the conditions included. (These valuations were used under a commons attribution license (https://creativecommons.org/licenses/by/4.0/).

12.9 Duration of Outcomes

The duration of outcomes can be considered in terms of how long each outcome would last after the intervention of activities (without Magna Vitae). This could be thought of as 'would someone still continue to experience the outcome if they stopped going to Magna Vitae?' for example. To be confident about the duration of outcomes, users would need to be studied for a period without Magna Vitae, and this would mean postponing any conclusions until this longitudinal data was available.

In this case, duration was largely irrelevant to material conclusions as the scope was limited and outcomes were likely to be closely linked to the intervention – in other words, it was judged that if users stopped going to Magna Vitae, the outcomes would likely stop in a short period of time. The analysis aimed, therefore, to produce a snap shot of a year of Magna Vitae; its inputs and outcomes. Duration of all outcomes has been considered as 1 year (occurring in the year after the intervention in the case of physical health outcomes).

12.10 Causality of Outcomes

Users were asked what they would have done if Magna Vitae was not available. A significant proportion of survey respondents (45%) are likely to have displaced activity – if Magna Vitae was not available to them they would have exercised the same amount and so, likely would have achieved the same outcomes value without Magna Vitae.

Conversely, 51% depend on Magna Vitae for their exercise and the outcomes and value it leads to and said they would not exercise or exercise less if Magna Vitae services were not available to them.

What would have happened anyway?	Freq	%
I would not have done any exercise	21	13%
I would have done less exercise	62	38%
I would have found somewhere else to do the same activities	74	45%
I would have done a little more exercise	5	3%
I would have done a lot more exercise	3	2%
(n)	165	

Additionally, there will be different causality and attribution associated with each outcome, but this was not within the scope of this analysis. Only the global figure of displacement (above) was included. Therefore, causality is not included in which outcomes are most important as it is a global figure applied to all outcomes and does not differentiate them.

13. Total Value

When combined quantity, duration, value and causality of the outcomes was calculated the total value of each outcome for all the Service Users who achieved it can be derived.

In order of magnitude, the most important outcomes were

	Total Value
Service Users' physical health improved, because they exercised, were fitter, increased their mobility or lost weight	£10,079,097
Service Users' mental health improved, felt a sense of achievement or increased self-esteem because they exercised, were fitter, lost weight, made new friends or just had fun doing activities	£6,139,916
Service Users' were less isolated and socialised more because they had made new friends, got out more, or lost weight	£3,872,992
Service Users' experienced less injuries	£1,210,166
Service Users' experienced more injuries because they exercised more	-£748,102
Service Users' mental health worsened	-£264,019
Service Users' physical health worsened	-£109,909
Service Users' were more isolated	-£65,796

Not only do positive outcomes outweigh negative outcomes, but the least important positive outcome is still more important overall to users than the most important negative outcome tested.

The total value of outcomes, in terms of fiscal value to Health and Social Services, was also calculated for health conditions avoided (statistically) by users who exercised.

	Total Value
At risk Service Users' have reduced risk of Coronary Heart Disease (CHD) and Stroke who participated in moderate exercise	£2,956,880
At risk Service Users' have reduced risk of dementia (including Alzheimer's disease, Parkinson's disease and general neurodegenerative disease) who participated in moderate exercise	£1,197,398
At risk Service Users' have reduced risk of Type 2 diabetes who participated in moderate exercise	£708,653
At risk Service Users' (women) have reduced risk of breast cancer who participated in moderate exercise	£31,072
At risk Service Users' have reduced risk of developing colon cancer who participated in moderate exercise	£12,430

These fiscal outcomes focus on physical health and, currently, there is little literature to support the other outcomes that users identified. They are, therefore, just a proxy for the potential knock-on effect on public health and social care systems of User's outcomes.

14. Social Return

Finally, if the total value is compared with the investment and inputs required to create the value, a ratio of return can be calculated.

Total investment	£5,900,925
Users Outcomes	£17,706,210 *
Fiscal Value	£4,740,515 *
Total Value	£22,446,725
Social Return on Investment	3.8
**after discounting*	

This means for Magna Vitae: for every pound of expenditure on physical activities and exercise (including User's spend on equipment and clothing), there was 3.8 times as much value created for Users and public health and social care systems.

Services for 42,316 Users cost £5.9M and created value of approx. £22M.

15. Statistical Insights

A regression model was developed to test for relationships between the value that individual Service Users put on their outcomes and their profile. The survey sample was relatively small (n=165) and was not expected to give statistically significant results, however some were found, and some other results were found at lower levels of confidence (acceptable for a smaller sample size).

All regression results are detailed in Annex 1, including a graphical representation of the confidence range of each result.

The absolute values of outcomes were tested and the absolute order of outcomes according to value was not statistically significant.

15.1 Statistically Significant Results

Using a common measure of statistical significance in a regression (p-value), all the profile categories and outcomes were tested for relationships with value.

Profile	Results	p-value
Intensity	• Service Users exercising at Moderate and Vigorous levels of intensity, valued their outcomes higher than Service Users exercising at Mild levels. This was statistically significant. • There was a strong relationship between intensity and total value. This was statistically significant.	2%
Site	• Compared with Horncastle, as a constant, Service Users in Louth and Mablethorpe valued their outcomes lower, but results were in a range. • Compared with Horncastle, Service Users in Skegness valued their outcomes lower (and lower than Louth and Mablethorpe). This was statistically significant. The range of values from Skegness Service Users was within an acceptable 95% interval. • The relationship between site and total value was significant (but the p-value is fractionally below the threshold for statistical significance).	5%
Previous	• Compared with Service Users who exercised about the same in the previous year, Service Users who exercised less in the previous year valued their outcomes more. This was statistically significant. • The relationship between previous and total value was significant.	8%
Age	• The relationship between age and total value was not significant, appeared random and results were within a wide range	12%
Participation	• The relationship between participation levels and total value was not significant and results were closely bunched and within a wide range	22%
Activity	• The relationship between activity and total value was not significant and results were closely bunched and within a wide range	38%

Outcome	Results	p-value
Physical Health	• Compared with Service Users whose physical health had not changed, Service users whose physical health had improved valued their outcomes more. This was statistically significant. • Compared with Service Users whose physical health had not changed, Service users whose physical health had worsened valued their outcomes more. This was statistically significant, but the sample was very small (4) and in a large range. • There was a very strong relationship between physical health and total value. This was statistically significant	0%
Mental Health	• Compared with Service Users who skipped the question, Service Users whose mental health improved valued their outcomes more. This was statistically significant. • There was a very strong relationship between mental health and total value. This was statistically significant	0%
Spend	• Compared with Service Users who had less disposable income, Service Users with more disposable income valued their outcomes more. • There was a very strong relationship between spend and total value. This was statistically significant.	0%
Injuries	• Compared with Service Users who experienced less injuries, Service Users who experienced more injuries valued their outcomes less. This was statistically significant. • There was a very strong relationship between injuries and total value. This was statistically significant.	0%
Isolation	• Compared with Service Users who experienced less isolation, Service Users who experienced more isolation valued their outcomes less. This was statistically significant. • There was a very strong between isolation and total value. This was statistically significant.	3%

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Annex: Regression Summary

MAGNA VITAE

TRUST FOR LEISURE & CULTURE

Magna Vitae is a Registered Charity. Charity Number 1160156.
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