An evaluation of the Stick ‘n’ Step charity in Wirral, Merseyside

Final report, February 2014
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Applied Health and Wellbeing Partnership

Applied Health and Wellbeing Partnership
The Applied Health and Wellbeing Partnership is an initiative of NHS Wirral Research & Development Team and Centre for Public Health, Liverpool John Moores University. The partnership supports the development, delivery and evaluation of the Wirral Health and Wellbeing Strategy, through the innovative generation and application of evidence for effective and sustainable health and wellbeing commissioning.
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Front cover photo: Stick ‘n’ Step regular, Emily, having fun at the Barnstondale conductive education activity weekend.
Executive summary

Stick ‘n’ Step was set up in 2002 to support families who have children with cerebral palsy, a neurological condition which affects movement and coordination. Stick ‘n’ Step works with around 70 families from across the North West of England and North Wales, who are supported through the use of conductive education (CE), an approach which encourages development of new abilities and skills to promote independence and social inclusion.

This evaluation aimed to explore the impact and social value of the Stick ‘n’ Step charity on its stakeholders (disabled children and young people, families, volunteers and staff) specifically focusing on the health and wellbeing changes brought about as a direct result of engagement with the charity. A social return on investment (SROI) analysis was used to determine the impact and social value of the initiative and the health and wellbeing implications for all stakeholders. The evaluation involved qualitative data gained from 13 stakeholders who participated in a number of engagement activities including focus groups and interviews. This evaluative SROI involved identifying the impact of the charity on participants in the past twelve months between June 2012 and June 2013, and involved: a scoping exercise to identify who the key stakeholders were; desktop-based logic modelling to identify the inputs (activities), outputs (results) and outcomes (impacts) associated with engagement with the charity; and engagement activities to identify the wider impact of the project on stakeholders, including interviews and focus groups. A further case study interview was also conducted.

All children and adult stakeholders involved in this evaluation reported a number of outcomes from which three main themes of impacts emerged, based around social, mental health and wellbeing benefits and the learning of new skills. Social benefits included the meeting of new people, making of new friends and feeling more socially included in society. As a result of engagement with Stick ‘n’ Step, mental health and wellbeing had improved with many respondents stating they felt happy and relaxed after attending. Having learnt new skills which had enabled them to make improvements in their mobility, and the pain reduction that came with CE sessions, many young people reported feelings of pride brought on by how hard they had worked to achieve personal goals set out as part of their holistic programme of care when they first attended Stick ‘n’ Step.

Evaluation participants stated that overall, Stick ‘n’ Step had positively changed the lives of both young people and their family members. As a result, there was much social value gained by engagement with the charity, which is reflected in the SROI ratio which found that for every £1 put into the charity, £4.89 of social value was generated. Most of this value was related to the learning of new skills that were important for everyday functioning – including walking. This had then led to greater feelings of independence. Attending Stick ‘n’ Step was reported as being life changing for many as it resulted in usually being pain-free for the day that they had attended their CE session. An increase in mobility meant that young people were able to do more and were no longer as reliant on parents/carers to support them when doing everyday tasks.

This evaluation found that Stick ‘n’ Step provided a service that was much needed and highly valued by those accessing the charity. As no other similar facilities were available across the North West of England and North Wales, this was an important asset for Wirral, and allowed young people, and their families to have the support necessary to feel happier and more relaxed.

What does this SROI value mean?
In return for an investment of £317,053 per group during the twelve-month study period, a total of £1,550,689 of social value was created by Stick ‘n’ Step. This generated an SROI return of £4.89 when discounting for other attributable factors and the chances that changes
would have occurred anyway. This figure is in no way comparable to other evaluations where SROI calculations have been used. This amount must be considered in conjunction with the accompanying report, and with consideration of the three themes of positive changes identified in the research as having occurred as a result of engagement with Stick ‘n’ Step: social factors, mental health and wellbeing, and new skills. This value can be used to consider what is working well within the charity, while identifying any areas for future development in order to meet the aims and objectives Stick ‘n’ Step. The financial proxies arrived at have been agreed and developed with stakeholders who have been involved in the research. To this extent, the SROI ratios presented in this report are subjective and relevant to the individuals on the day that the research was conducted. The ratio presented offers an insight into the holistic health and wellbeing benefits that are gained, and not an actual financial representation of what has actually been spent by stakeholders. The SROI figure is important in understanding that Stick ‘n’ Step generates a good return on investment: that the benefits experienced have a much wider impact that resonates outside of the charity and into the wider community.

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1. Introduction

This report has been prepared by the Applied Health and Wellbeing Partnership, (AHWP) at the Centre for Public Health, Liverpool John Moores University in conjunction with the Stick ‘n’ Step charity. The AHWP supports the development and delivery of the Wirral Health and Wellbeing Strategy by generating and applying evidence to ensure effective commissioning, while identifying innovative approaches to sustainable health and wellbeing. This report presents a social return on investment (SROI) evaluation by understanding the social value that is created by engagement with Stick ‘n’ Step, which supports young people and their families who are affected by cerebral palsy. The charity uses conductive education (CE) to develop new skills and improve mobility in children and young people, allowing them to manage the difficulties caused by their disability.

This report is one of a series of evaluations conducted by the AHWP as part of a wider project to map community assets on the Wirral, highlighting examples of individual or group initiatives that improve and enhance health and wellbeing. This evidence will be used to inform the development and delivery of health and wellbeing activities in Wirral.

1.1 Context

Cerebral palsy (CP) is the most prevalent type of motor disorder and affects around one in every 500 people (Parkes, Donnelly, Dolk, & Hill, 2002). Approximately 1,800 premature babies are diagnosed with CP each year (NICE, 2013), and there are currently around 110,000 children and adults living with the condition in the United Kingdom (Alexander, 2003). Other motor disorders include spina bifida and muscular dystrophy (Department for Education and Skills, 2003). Children and adults with a neurological motor disorder, such as CP, have damage to the central nervous system which affects their ability to control movement, resulting in a wide range of developmental difficulties. Traditionally, a number of approaches are used to manage CP, including: surgery to correct or prevent deformities; drugs to reduce spasticity; as well as a number of rehabilitation techniques using physiotherapy (Hur, 1997), including CE. CE is one of a small number of non-medical based interventions, which are not routinely offered by the NHS. Developed by Hungarian child neurologist, Andras Petö, CE encourages and supports individuals to reach their own goals for mobility and personal achievements (Sutton, 2002; Wilson, 2001; Lind, 2003).

“Ask me not what I can do for the children with cerebral palsy but ask me what they can learn to do for themselves” (Dr Andras Peto).

CE aims to instil skills which reduce the need for specially adapted equipment (Coleman et al., 1995). Children are taught to overcome motor difficulties with minimum assistance using physical aids including modified footwear or sticks if necessary (Bairstow, 1992). As well as unaided mobility, emphasis is placed on what is otherwise considered basic skills including controlling the bladder, dribble, attention and impulse (Hur, 1997). The philosophy of promoting independence for individuals with significant motor difficulties is considered the strength of CE. The importance of independence as an educational goal was emphasised in the Warnock report, the result of an UK inquiry on special education (Her Majesty's Stationery Office, 1978). The report was deemed important to improving the life quality of individuals with physical and learning disabilities (Dyson, 2005).

CE involves a number of key characteristics, which focus around the integration of a group setting, routine, specific tasks, linking of language with tasks and the use of simple, sturdy furniture and aids. All these aspects are brought together by the conductor. Research has shown a wide range of benefits from the use of CE programmes, including improvements in: motor skills (Sutton, 2002; Catanese et al., 1995), independence (Wilson, 2001; Blank, von Kries, Hesse, & von Voss, 2008), cognitive skills (Wright et al., 2005), and social development and communication skills (Lind, 2003). In addition, increased motivation,
confidence and general wellbeing have also been reported (Sutton, 2006). In contrast to the reported benefits, a number of concerns have been raised about aspects, specifically around the potential for CE exercises to cause physical harm (Hur, 1997; Robinson et al., 1989). However, research is limited and a review of literature has failed to determine the effectiveness or ineffectiveness of the approach, partly due to small numbers engaging in the research (Darrah et al., 2003). However, it is generally felt that the benefits of CE outweigh possible harms, and that for many parents, the approach can be effective, as demonstrated by the high numbers regularly engaging with charities such as Stick ‘n’ Step.

Box 1: Children and adults with a neurological motor disorder (such as cerebral palsy) have damage to the central nervous system, which affects their ability to control movement and can result in a wide range of developmental difficulties. CE helps young people to learn skills such as head control, moving around independently, sitting unaided, walking, dressing, eating and drinking, personal hygiene, as well as social and communication skills. The skills learnt help young people to live more independently at home, school, or work. For babies, this can mean learning to control their head movements; for toddlers, simple self-care needs such as eating and dressing themselves; for juniors, mastering the grip of a pencil to write their names; and for teenagers, skills to help them cope when they leave home to go to college, university or to pursue a career.

CE is dependent on group activities with the aim of stimulating the senses through social interaction, active learning and task achievement. The approach is based on the basis that the damage to the central nervous system which causes motor dysfunction can be overcome by adopting specialist learning techniques which support the nervous system in generating new neural connections. (www.scope.org.uk; www.cerebralpalsy.org)

1.2 Stick ‘n’ Step
Stick ‘n’ Step was established in 2002 by a group of parents of children with cerebral palsy who lived across the North West. The charity was set up to offer much needed therapies and ongoing support for both children and their families. Over the past 11 years, Stick ‘n’ Step has expanded so that at any one time, around 70 children and young people who live in North West England and North Wales are supported (along with their parents and siblings) from birth through to 18 years old. Stick ‘n’ Step receives no mainstream funding, and all its services are offered free and paid through fundraising and sponsorship efforts and from specialist funding streams. The name Stick ‘n’ Step came from many of the young people who use walking sticks to learn to walk correctly and in doing so, repeat ‘Stick… and step… stick… and step….‘ to encourage the movement of their feet and the stick.

Stick ‘n’ Step provides free specialist CE up to twice a week at their centre in Wallasey. CE is not available on the NHS, but is available privately for those who can afford it. Stick ‘n’ Step was set up to allow more families affected by cerebral palsy to benefit from the approach, and offers a holistic programme of care which encourages greater bodily control (Box 1). Parents, or young people themselves, can refer themselves to Stick ‘n’ Step by calling or emailing the charity. The family receive an assessment, and if suitable, a workplan is drawn up to address their specific needs. The young person is encouraged to join an appropriate Stick ‘n’ Step group with others of a similar level of need and difficulty, which is led by a fully qualified specialist professional conductor. Often, one-to-one specialist attention is given until the individual is ready to fully engage with the group. Groups are held on a weekly or twice-weekly basis, building on, and developing goals based on their workplan and developmental needs.

CE sessions are educational and focus on accelerating development and independence while offering the social aspect of meeting others in similar situations and making friends. Young people are grouped according to age and ability and are encouraged to discover new
things about themselves. Each session, which last around two-and-a-half hours is based around fun and promotes activities and opportunities for young people to develop their abilities. At the time of evaluation, while sessions ran throughout the week, Saturday sessions were specifically aimed at older young people.

In addition to the activities offered by the charity, Stick ‘n’ Step also provides a sensory room for children to use as part of their CE sessions, or privately by parents and young people before or after their session (picture 1). The Sage Room contains a large bath where individuals can soak in warm herb-infused water to loosen their muscles before their session (picture 2). Music and glowing lights are used to encourage calmness and relaxation and to physically and mentally prepare young people prior to their CE session.

The charity aims to support both young people and their family members in living with CP and to continue the skills learnt during CE sessions at home in order to enhance the quality of young person’s life. Group sessions are organised to generate a supportive and sociable environment that allows young people to make friends while the CE supports them to develop new skills which can improve their mobility, reduce stiffness and pain and encourages them to become more independent.

1.3 Social return on investment
The aim of this evaluation is to evidence the impact that the Stick ‘n’ Step charity has on individuals and families in relation to health and wellbeing, and the social value that is gained by engagement with the project. With the Public Value (Social Value) Act 2012 requiring public authorities to consider how services they procure might improve the economic, social and environmental wellbeing of communities, it is also timely to consider the wider impacts of community projects on the areas they thrive in.
A social return on investment (SROI) evaluation has been chosen as the most appropriate method of analysis for this evaluation as it involves assessing the social, economic and environmental impact of Stick ‘n’ Step through direct involvement with key stakeholders – young people and their families and service providers (session facilitators, partner organisations and volunteers). The SROI will consider outcomes achieved in the twelve months between June 2012 and June 2013. The SROI process involves identifying the impact of the charity on individuals and families by understanding the changes that have occurred as a direct result of engagement with Stick ‘n’ Step. The analysis uses a combination of qualitative, quantitative and financial information to estimate the amount of ‘value’ created or destroyed by the project, which is typically expressed as: ‘for every £1 invested in the project, £x of social value is created’ (Nicholls et al., 2012).
2. Methodology

An SROI evaluation has been chosen as the most appropriate method for evaluating the Stick ‘n’ Step charity, as this is an effective and meaningful way to evaluate a project by outlining its worth and benefits. SROI methods actively involve key stakeholders (parents, young people and staff and volunteers at Stick ‘n’ Step), which enables a true understanding of the value of change resulting from involvement in the project to emerge. Stakeholders’ direct involvement in the SROI processes ensures that these changes are openly measured, and their value calculated. SROI analysis requires a mixed-methods approach, adopting both quantitative and qualitative tools to assess the wider impact of the project on individuals’ health and mental wellbeing, and accounting for the value of any change.

The project methods were developed in collaboration with key Stick ‘n’ Step staff members. The evaluation approach, feasibility and appropriateness of the selected methods were discussed and agreed upon during the initial phase of the evaluation. This evaluation SROI has looked specifically at the past twelve months and has considered outcomes for one year.

2.1 SROI Analysis
SROI analysis involves three distinct stages: scoping; logic model; and engagement activities.

2.1.1 Scoping exercise
A scoping exercise was undertaken by the principal researcher with the aim of identifying and clarifying what the SROI evaluation would involve and what the analysis would measure and how. This scoping exercise took the form of a meeting with key staff at Stick ‘n’ Step. This stage of the research set out the purpose, background, resources, activities and timescale for the evaluation. A number of key stakeholders were identified for inclusion in the research, and recruitment and the best approaches to engage with them during the next phase of the SROI was also discussed and agreed upon.

During this scoping exercise it was agreed that the evaluation would focus on engagement with young people and parents as well as volunteers and staff members. Following the scoping exercise, key stakeholders were identified as follows:

- Young people who attend CE sessions;
- Parents whose children attend sessions;
- Volunteers and staff facilitators who support CE sessions as part of Stick ‘n’ Step.

2.1.2 Engagement activities
It was agreed that the evaluation would predominantly focus on the impact of the project for young people, their families as well as volunteers engaging with Stick ‘n’ Step. A total of 13 individuals were involved in either interviews, focus groups or as a case study. A total of nine in-depth interviews were conducted; four with volunteers and four with Stick ‘n’ Step staff members (table 1). These engagement activities helped to inform the development of the logic model (section 2.1.3) and provided evidence of impact and gathered evidence for the SROI evaluation.

Table 1: Engagement activities

<table>
<thead>
<tr>
<th>Stakeholder</th>
<th>Method of involvement</th>
<th>Number engaged</th>
</tr>
</thead>
<tbody>
<tr>
<td>Young people</td>
<td>Two focus groups (n=3 and 3)</td>
<td>Total 6 young people</td>
</tr>
<tr>
<td>Parents</td>
<td>One-to-one interviews (n=2)</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Case study interview (n=1)</td>
<td></td>
</tr>
<tr>
<td>Volunteers and staff</td>
<td>One-to-one interviews</td>
<td>4</td>
</tr>
</tbody>
</table>

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**Focus groups**

Two focus groups were conducted with six young people aged between 10 and 18 years attending a Saturday CE session. All young people attending their usual CE session were given information on the purpose of the research and were given the opportunity to take part in the focus group. Each focus group lasted for around half an hour and consisted of three young people and was facilitated by the principal researcher. A Stick ‘n’ Step volunteer was also present to provide support to the young people if required. The focus groups aimed to understand the impact of the charity on young people, how they felt they had benefited and how their lives had changed since engaging with Stick ‘n’ Step.

**Semi-structured interviews**

One-to-one interviews were undertaken with parents (n=3) and a selection of workers and volunteers (n=4). The parents and volunteers were selected to take part in interviews with the assistance of staff. All interviews were conducted at Stick ‘n’ Step’s base in Wallasey and lasted approximately 45 minutes to an hour. The interviews provided in-depth views on how the project has impacted on their lives (i.e. outcomes) as well as the perceived effect on the young people and their families who use the service.

**Case study**

An anonymised family were invited to participate as a case study. The researcher worked with project staff and the case family, to gain a picture of their involvement with the charity, specific needs and the associated outputs, outcomes and impact of engagement with Stick ‘n’ Step. This was gained during an hour-long interview, conducted at Stick ‘n’ Step’s Wallasey base.

**2.1.3 Logic model**

As a result of engagement activities with key stakeholders, a logic model document was created based on findings from these activities which were thematically analysed (Appendix 1). The logic model outlined the inputs, outputs and outcomes of engagement with Stick ‘n’ Step and was used to identify the changes that occurred as a result of being involved with the charity. The logic model helped to identify the benefits gained from engagement with Stick ‘n’ Step and helped to inform the impact map which calculated the social value created from the identified outcomes.

**2.1.4 Ethical approval**

Ethical approval for the research was sought from Liverpool John Moores University’s Research Committee prior to starting the evaluation to review the ethical implications of the evaluation. In March 2012, the evaluation design and methods were approved as being ethically sound (ethical approval reference 13/HEA/054).

**2.2 SROI calculations**

A range of financial information was provided by the Stick ‘n’ Step charity which included the annual cost of running the project including staff salaries, equipment, expenses and petty cash. These inputs were balanced with social value calculations, based on qualitative data collected in interviews and focus groups. These financial proxies were sourced either directly from the stakeholders themselves, from other sources, including a database of financial proxies (www.wikivois.org), or directly from the Internet (see section 4). These calculations were input onto a Microsoft Word Excel impact map and a pre-set formula determined the SROI ratio.

**2.2.1 Sensitivity testing**

Further verification of the SROI process and financial amounts was also conducted among focus group attendees who were asked to verify financial amounts or agree on assumptions. Furthermore, a sensitivity analysis was conducted which tested any assumptions that were made as part of the financial calculations process. This identified which assumptions had the greatest impact on the final calculation, and how this changed the final SROI total. This
analysis tested changes to estimates of deadweight, attribution and drop-off; the quantity of outcomes; and, the value of non-financial inputs. This final process ensured transparency in analysis results.
3. Results

Thematic analysis of the qualitative data collected from stakeholder interviews and focus groups revealed three key themes relating to: social, health and wellbeing, and new skills. Many of these were interrelated, for example, an improvement in feelings of wellbeing were related to increased mobility, and confidence came from the learning of new skills which also led to greater feelings of wellbeing. The following section includes analyses of stakeholder experiences and comments (parents, young people, Stick ‘n’ Step staff and volunteers). A number of quotes have been included from each stakeholder to illustrate the key themes. For the purposes of this report, case study (Box 2), interview and focus group participants have been anonymised and labelled as parent, young person focus group 1 and 2, or Stick ‘n’ Step.

Social outcomes:
Parents and young people reported that they enjoyed attending Stick ‘n’ Step and meeting with other families who shared similar experiences. The young people enjoyed seeing the same faces each week during their sessions, and described how they missed the sessions during school holidays. They had made many new friends, some of whom they were only able to see during their Stick ‘n’ Step CE sessions or at social events organised by the charity. As many families travelled from across the North West and North Wales to visit Stick ‘n’ Step, the sessions were for many, the only opportunity to get together with friends they had met through the charity.

“He does miss it, the interaction with the children. He often comments ‘there’s holidays next week’. He doesn't mind being off school but he doesn't like missing Stick ‘n’ Step” (Parent 1)

“I like having a chat with others while here. It’s the only chance to catch up with some people” (Focus group 2)

The social aspect also made young people feel included. Some parents, and young people reported that in mainstream schools and among other young children, they were aware of the limitations as a result of having cerebral palsy. However, this was different while at Stick ‘n’ Step, and they felt they were the same as each other.

“In school he does have friends but during break times he’ll be on the periphery of groups because he can’t run off with the ball and do stuff, and he’s left there. He’s on his own and his speech isn't that clear so he does a lot of standing on the edge. Here [at Stick ‘n’ Step] he is able to converse much more. It’s allowed him the freedom to try and do more things” (Parent 2)

“They do make friends and it’s lovely seeing unlikely friendships. When you have younger ones in the group, the older ones look after them and help them out. It becomes a group, we’re all together. They make friends and it’s lovely” (Stick ‘n’ Step 1).

Another factor linked to the social aspect was that of trust. Stakeholders described how friendships between adults (volunteers, Stick ‘n’ Step staff and conductors) and the child were forged through trust. This was trust that was built up over time and was related to the child trusting that the adult was working to help them, but also their parents trusted the charity overall to act in the best interests of their child during the session.

“We’re asking them to do things that they can’t do so that trust and relationship you build is massive. The parents trust us so much that they
come to the door and ask us questions. They can leave their child with us and know they’re in good hands” (Stick ‘n’ Step 1)

While Stick ‘n’ Step provided a much needed support network to both parents and children, it also provided parents with a much needed break. It gave parents the opportunity to socialise with other parents, or just to have time on their own. This was seen as beneficial for all involved, including children who were given the opportunity to be away from their parents and among other young people when attending activity holidays and weekends away (see cover photo).

“We care about the families, about the kids. It’s a support network. They benefit from it. It’s good for parents too as the children can come on their own and the parents will have their own time” (Stick ‘n’ Step 2)

“It’s fun, that’s why the children love it. They love it and enjoy it a lot. It’s a great atmosphere and fun for them” (Stick ‘n’ Step 1)

Young people and their parents particularly enjoyed the social activities that were organised by Stick ‘n’ Step. These included weekends away and holiday weeks which the young people particularly looked forward to, although they did acknowledge that they may miss home while away.

“I may be homesick again [but] I’m looking forward to getting away from home though and my sister” (Focus group 1)

*Mental health and wellbeing:*
Many of the children, parents and staff at Stick ‘n’ Step reported that being involved with the charity had been life changing. They had learnt skills that were important for everyday functioning – including walking which had led to greater feelings of independence. Young people and their parents stated that attending Stick ‘n’ Step made a large difference to their lives. For many young people they stated they were pain-free for the day that they had attended their CE session and had consequently experienced an increase in mobility. This had meant they were able to do more and were no longer as reliant on parents/carers to support them when doing everyday tasks. Many young people added that without Stick ‘n’ Step they would be unable to walk, which was a key factor in them gaining independence, and non-reliance on their parents.

“I feel more independent. I can do more things for myself. Like transfers in and out of a chair. I never liked doing them by myself. Going to the bathroom has become easier” (Focus group 1)

“I feel more independent coming here” (Focus group 1)

“I can feel the difference. I walk in stiff and walk out better!” (Focus group 2)

“We’re basically one big family. Yes, I feel better after coming here. I feel pain-free” (Focus group 1)

“It gives us freedom and independence from our parents” (Focus group 1)

“Without Stick ‘n’ Step I would not be able to walk now. They helped me walk. Without Stick ‘n’ Step I wouldn’t even be able to take one step and now I can take a few” (Focus group 1)
“I feel happier, like I can carry on with my life as normal” (Focus group 1)

This had resulted in both children and parents reporting feeling happier. As the young person’s achievements were often noticeable, such as having greater mobility, they stated they felt happy and there was a sense that they felt ‘normalised’ and able to get on with their lives like their peers were able to. There was a sense of relaxation felt at the sessions too, that aided the benefits from the sessions.

“I can feel happier that I can walk and not crawl. I thought I would never be able to walk but with Stick ‘n’ Step I have learnt to walk”
(Focus group 1)

“I feel good about myself afterwards when I go home” (Focus group 2)

Overall, young people felt that they would like sessions more often – especially those reporting a reduction in pain following the sessions. Most attended one or two sessions a week, and for the majority, this was the only conductive education they received. As many families travelled from across the North West and North Wales for sessions, some felt it may not be possible to enjoy more CE sessions and were happy with the one or two sessions they currently had.

**New skills:**
For many, the new skills learnt through Stick ‘n’ Step were focused around advances to mobility, however, independence and confidence was gained because of these improvements. This allowed them to move out of the shadows of their parents, and have the freedom to do what they wanted to do. The sessions helped young people to learn new skills which they could then continue to practice at home.

“In the beginning the families are facing issues such as their child is different to anyone else and they are scared. They don’t know where to go or what to do and coming to Stick ‘n’ Step gives them hopes, strength to deal with all the things and they learn how to play with their child, how to help, how to do things, how to have a lovely time together without struggling, and that’s the most important thing in the early stages”
(Stick ‘n’ Step 2)

“My mum always does things for me when I’m at home, and I’m like ‘But I can do things for myself’, and she’s like ‘Oh sorry, I forgot!’”
(Focus group 2)
Box 2: Case study:
H is 15 years old. She was two when she was diagnosed with cerebral palsy. At first, it had not been apparent that H had a disability. However, her parents say that with hindsight, photos show that H had a squint and that her head control was not as good as other babies’ her age. At nine months old, a CT scan was performed as it was thought her skull had not fused properly and had led to swelling. From those results, it was apparent that H had delayed development. That was the start of the journey for H and her family. Her parents became very proactive in her development. Mum stayed at home for physiotherapy and speech therapy sessions for H, who received a lot of support.

“It was a busy time and it wasn't what we had planned. My day was very different to the other mums I met in ante natal classes. I really clung to the support I was offered. When you have a child that doesn't develop like all the books tell you they should be, they don't learn to grasp and release in the same way, you feel quite hopeless to a degree because you want to help your child but don't know how” (H’s Mum)

As H grew older and moved up a stage developmentally, it was harder for her Mum to do all of the work herself. H was six when Stick ‘n’ Step formed and both she and her family came for support. Mum also came on board as a trustee, and has been working with the charity ever since.

“It was nice that H was in sessions to help her progress and I wasn't having to do it all the hands-on stuff myself. I now had time to learn more about how we were going to grow as a charity, and help new mums in those grey days that we’ve come through. I was going through a pretty good time then as H was progressing, and I was becoming more confident in my roles as mum and therapist. It was nice to give a little bit of support to new parents” (H’s Mum)

The charity has helped H and her family for almost ten years. As the charity’s services are age appropriate, this enables H to develop at an appropriate level for her, which has boosted her confidence.

“People expect H to be less intelligent. Sometimes people talk to her like she’s a 2/3 year old. She’s not at her age, but maybe that a ten year old. As she’s got limited speech she gets excited. Services are age appropriate. It gives confidence to the children” (H’s Mum)

H loves the social aspect of Stick ‘n’ Step and enjoys sharing stories and ideas at the beginning of CE sessions, and the social sessions, including a sleepover at Barnstondale where she has the opportunity to catch up with friends who attend CE sessions at other times to her. At her CE sessions H is able to do her tasks in her own time without being rushed.

“Since Stick ‘n’ Step, H has come on in leaps and bounds. Her balance and coordination have improved. She can sit cross-legged and move, whereas it used to take a long time to get her to concentrate to keep sat. Because her balance has improved so much she can take a deep breath and she can form words and talk. It was around eight when she started saying key words, whereas now, she will talk properly and I can have a full conversation with her” (H’s Mum)
4. Social return on investment calculations and results

The section outlines how the SROI was calculated using an impact map to determine the financial amount. The impact map listed the key changes that have occurred over the past twelve months as a direct result of engagement with Stick ‘n’ Step. Calculated on an Excel spreadsheet, the impact map charted the impact of these changes on individuals, other stakeholders and the local community. Each change is recorded as an indicator on the impact map, and has a financial proxy costed to it. This work forms the SROI calculation. A number of assumptions were made when determining any financial proxies, and this section outlines how these were made, the actual SROI calculations, and a sensitivity analysis which ensures robustness in the calculation.

4.1 The impact map

The information gained from stakeholders during the engagement focus groups and interviews was used to identify the key areas where change had occurred as a direct result of engagement with Stick ‘n’ Step. This information was then recorded under a series of headings and presented in the form of an impact map. The impact map, a formulated Microsoft Excel spreadsheet, identifies the inputs, outputs, and outcomes of each of the identified changes from each stakeholder group, using financial amounts, and calculates an SROI ratio based on a balance of the money spent to achieve the outcomes (salaries, expenses, stationery, travel etc) and the total value of the social value calculated.

4.1.1 Inputs

Inputs considered what stakeholders have financially invested into Stick ‘n’ Step. This was used to assess the net social value that had been generated by engagement with the project. This predominantly is expressed by salaries, rent, utility bills, expenses, training and licenses (Table 3).

<table>
<thead>
<tr>
<th>Stakeholder Group</th>
<th>Inputs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stick ‘n’ Step charity</td>
<td>Postage/stationery, Rent &amp; rates, Travel costs, Phone bills, Sundry expenses, Salaries &amp; National Insurance, Insurance, Bank charges, Milk, Equipment for the centre, Water bills, Gas and electric, Entertainment activities, Refuse bins, Instructor fees (training), Just Giving fee, Licenses, Projects run during the year, Training and networking costs</td>
</tr>
</tbody>
</table>

Outputs

Outputs encompass the objectives of the project, highlighting what has occurred as a result of the project implementation (Table 3). Some of these may be intentional and others may occur naturally as a response to the inputs.
**Table 3: Summary of key stakeholder outputs**

<table>
<thead>
<tr>
<th>Stakeholder Group</th>
<th>Outputs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service users – parents and children</td>
<td>Improvements in health and wellbeing</td>
</tr>
<tr>
<td></td>
<td>Increase in mobility</td>
</tr>
<tr>
<td></td>
<td>Socialising</td>
</tr>
<tr>
<td></td>
<td>Learning new skills</td>
</tr>
<tr>
<td>Service providers - volunteers</td>
<td>Gaining valuable experience</td>
</tr>
</tbody>
</table>

### 4.1.2 Outcomes

Outcomes are the key changes experienced by each stakeholder which could be financially measured. There were multiple changes experienced by each stakeholder group, and these have been narrowed down to the most important outcomes for inclusion in the impact map (Table 4). The outcomes reported by stakeholders are expressed in the following theory of change statement:

**Theory of Change**

The aim of Stick ‘n’ Step is to create a support network for young people and their parents whose lives are affected by cerebral palsy. The charity works to increase confidence in individuals through building up abilities and skills through conductive education. Through weekly support and CE sessions, young people reported being able to physically do more for themselves, which allowed them to become more independent. They looked forward to sessions and enjoyed meeting the friends they have made. The social activities organised by the charity also increased feelings of social inclusion, further supported by the fact that young people felt they are able to do more now, and that the treatments and therapies they received meant they could be pain free for a short time afterwards as well as feel more supple and mobile.

**Table 4: Summary of key stakeholder outcomes**

<table>
<thead>
<tr>
<th>Stakeholder Group</th>
<th>Outcomes - positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service users – parents and children</td>
<td>Mental health support</td>
</tr>
<tr>
<td></td>
<td>Exercise and increased mobility</td>
</tr>
<tr>
<td></td>
<td>Reduction of stress and negativity</td>
</tr>
<tr>
<td></td>
<td>Not as reliant on NHS</td>
</tr>
<tr>
<td></td>
<td>Pride and confidence</td>
</tr>
<tr>
<td>Service providers - Volunteers</td>
<td>Gaining work experience</td>
</tr>
</tbody>
</table>

**Negative and unintended changes**

Stakeholders were also asked to think of any negative or unintended changes that may have occurred as a direct result of Stick ‘n’ Step. It is important that these were included in financial calculations in order to ensure that the SROI analysis is robust and comprehensive. Time and travel costs were the only negative issues reported by those involved in the evaluation, especially as some travelled from across the North West and incurred an hour or so journey for the one or twice weekly sessions. However, all reported that this journey was beneficial and something they wanted to do in order to achieve the gains that were felt by attending the CE sessions.

**Financial proxies and sources**

In order to determine the ‘value’ of the key changes for Stick ‘n’ Step stakeholders, financial proxies were used. These were examples of how value can be accounted for. They were not an example of actual money that has been spent, but an indicator of how much that may have to be spent to achieve the same outcome. The majority of the financial values for the three key changes reported by stakeholders (social, mental health and wellbeing and new skills) were valued during the interviews, focus groups and questionnaires. However, it was
not possible to assign financial values to all indicators, such as gains in confidence and reducing social isolation. In this situation, values were sourced from elsewhere, including ‘Wikivois’ (a financial proxy website where indicator values are shared), the Internet, published studies or costs were valued by the partner organisations. These proxies were usually taken from other studies where outcomes and indicators were the same, or were taken from other trusted references including government and NHS calculations (for example, cost of a saved GP appointment). Wherever a value has been calculated using proxy measures, the source has been referenced to ensure the costs can be verified.

**Quantity**

For each outcome and subsequent indicator(s) identified by stakeholders, a numeric quantity was required for the impact map. For this SROI analysis, the quantity referred to the number of stakeholders a change applied to. For the purpose of the SROI calculation, this was 70 – the current number of young people engaging with the charity. As each young person had at least one parent and/or siblings who engaged with Stick ‘n’ Step as well, there was also at least a further 70 adults and/or siblings who would also benefit. However, to ensure that numbers were conservative and not over-exaggerated, the figure of 70 is applied.

**Duration**

For the purpose of this research, duration was set at one year as the evaluation looked at impacts that had occurred in the past twelve months.

**Indicators**

Indicators were used to determine how the outcome reported by stakeholders could be measured (tables 6 to 8). To account for the social impacts created by each outcome (Table 6), a number of indicators were agreed upon between the principal researcher and those attending Stick ‘n’ Step during engagement activities. For example, in valuing an increase in social inclusion, this was valued at the annual average cost of socialising at £520 by a national survey. For the value created by young people who reported that engagement with the charity had been life changing for them, this was equated to the cost of a care package up to the age of 18 (estimated at £50,799, sourced from http://cerebral-palsycosts.com/children.html).

For health benefits gained as a result of engagement with Stick ‘n’ Step, a range of indicators were reported by stakeholders (table 7). These included: reduction of stress and negativity valued at the cost of a stress reduction workshop at £25 per person. For general improvements in feeling of healthiness, this was valued at the cost of a saved GP appointment for each young person (which studies calculate the cost at £25). The conservative figure of one saved GP appointment per year was applied. For alleviating of pain following a CE session, this was valued at the cost of physiotherapy sessions of £2,436 a year for weekly sessions. For gaining pride in mobility this has been valued at the estimated cost of a learning support worker to work with one young person for 37 weeks per year, totalling £3,205.

For the new skills, a number of indicators were arrived at (table 8). For the confidence that adults and children gained as a result of being able to move more freely and from meeting new people and forming friendships, this was valued as a confidence-building course at £395 for children. For the value of a volunteer, their given time has been costed at an estimated ten hours per week for 40 weeks per year (accounting for holidays, term time etc). These hours, although unpaid, still create social value, and therefore have been costed at national minimum wage (NMW) of £6.19 per hour for over 21 year-olds.
Table 6: Impact map for social value changes: Social

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Description</th>
<th>Source</th>
<th>Numbers</th>
<th>Cost</th>
<th>Impact value*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friendships</td>
<td>Making new friends and keeping friendships</td>
<td>Focus groups, interviews and questionnaires</td>
<td>70</td>
<td>£60.00</td>
<td>£1,050.00</td>
</tr>
<tr>
<td>Holiday activities</td>
<td>Holiday activities for children</td>
<td></td>
<td>70</td>
<td>£235.00</td>
<td>£4,112.50</td>
</tr>
<tr>
<td>Reducing social isolation</td>
<td>Spend on social activities</td>
<td></td>
<td>70</td>
<td>£520.00</td>
<td>£9,100.00</td>
</tr>
<tr>
<td>Socialising</td>
<td>Annual cost of annual socialising</td>
<td></td>
<td>70</td>
<td>£462.00</td>
<td>£8,085.00</td>
</tr>
</tbody>
</table>

*Taking into consideration all deadweight and attribution calculations
### Table 7: Impact map for social value changes: Mental health and wellbeing

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Description</th>
<th>Source</th>
<th>Number</th>
<th>Cost</th>
<th>Impact value*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positivity</td>
<td>Positivity</td>
<td>Focus groups, interviews and questionnaires</td>
<td>70</td>
<td>£658.00</td>
<td>£11,515.00</td>
</tr>
<tr>
<td>Life changing</td>
<td>Cost of support for all of childhood</td>
<td></td>
<td>70</td>
<td>£50,799.00</td>
<td>£888,982.50</td>
</tr>
<tr>
<td>Happiness</td>
<td>CE sessions made participants feel happy</td>
<td></td>
<td>70</td>
<td>£3.21</td>
<td>£56.18</td>
</tr>
<tr>
<td>Exercise</td>
<td>Conductive education therapy</td>
<td></td>
<td>70</td>
<td>£23,000.00</td>
<td>£402,500.00</td>
</tr>
<tr>
<td></td>
<td>Cost of term-time specialist equipment for mobility at home</td>
<td></td>
<td>70</td>
<td>£760.00</td>
<td>£13,300.00</td>
</tr>
<tr>
<td>Mental health support</td>
<td>Improved mental health</td>
<td></td>
<td>70</td>
<td>£2,080.00</td>
<td>£36,400.00</td>
</tr>
<tr>
<td></td>
<td>Support for parents</td>
<td></td>
<td>70</td>
<td>£520.00</td>
<td>£9,100.00</td>
</tr>
<tr>
<td></td>
<td>Family therapy</td>
<td></td>
<td>70</td>
<td>£2,052.75</td>
<td>£35,923.13</td>
</tr>
<tr>
<td>General health and wellbeing</td>
<td>Reduction of stress and negativity</td>
<td></td>
<td>70</td>
<td>£25.00</td>
<td>£437.50</td>
</tr>
<tr>
<td></td>
<td>Not as reliant on NHS</td>
<td></td>
<td>70</td>
<td>£25.00</td>
<td>£437.50</td>
</tr>
<tr>
<td></td>
<td>More relaxed after sessions</td>
<td></td>
<td>70</td>
<td>£7.99</td>
<td>£139.83</td>
</tr>
<tr>
<td></td>
<td>Parents being able to switch off</td>
<td></td>
<td>70</td>
<td>£1,014.00</td>
<td>£17,745.00</td>
</tr>
<tr>
<td></td>
<td>Reduction in pain</td>
<td></td>
<td>70</td>
<td>£2,436</td>
<td>£42,630.00</td>
</tr>
</tbody>
</table>

*Taking into consideration all deadweight and attribution calculations*
Table 8: Impact map for social value changes: New skills

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Description</th>
<th>Source</th>
<th>Number</th>
<th>Cost</th>
<th>Impact value*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pride</td>
<td>Gaining pride from achievements in mobility</td>
<td>Focus groups, interviews and questionnaires</td>
<td>70</td>
<td>£3,205.00</td>
<td>£56,087.50</td>
</tr>
<tr>
<td>Confidence</td>
<td>Improved confidence</td>
<td></td>
<td>70</td>
<td>£395.00</td>
<td>£6,912.50</td>
</tr>
<tr>
<td>Volunteering</td>
<td>Gaining work experience through volunteering</td>
<td></td>
<td>10</td>
<td>£2,470.00</td>
<td>£6,175.00</td>
</tr>
</tbody>
</table>

*Taking into consideration all deadweight and attribution calculations
4.1.3 Impact
Included within the SROI analysis framework is a series of adjustments that were made by the principle researcher which relate to deadweight and attribution, displacement and drop-off.

- Deadweight – how likely is it that the change would have happened anyway?
- Attribution – are there any other organisations / individuals who have contributed to the change?
- Drop off – does the change drop off in future years?

Deadweight describes the proportion of outcome that would have happened anyway if the young people had not received CE sessions. In order to address this, stakeholders were asked during the engagement activities whether reported changes would have occurred if they had not attended the charity in the past twelve months. For the calculation of this SROI ratio, deadweight was set at 50%. Some research participants stated that they did not attend any other activities or groups, while others stated that they attended other therapy sessions in school, for example. Especially as the majority of young people engaging with Stick ‘n’ Step were of school-age, the influence of school could not be separated as an influencing factor on children’s reported outcomes, and therefore it was agreed that a conservative 50% would be applied in all cases.

Attribution considers what share of each outcome is attributable to other people, organisations and services accessed by research participants. In order to measure this factor, all were asked what other activities or groups they attended. Through this process, it was identified that take-up of other activities was limited as very little was offered elsewhere, particularly in the North West. Again, this amount was set at a conservative amount of 50% to account for the fact that some volunteers also worked in the community, and that the influence of school for children would also be a factor in their reported outcomes.

For the purpose of the evaluative aspect to the SROI calculation drop-off was not calculated and were set at 0% on the evaluative impact map, as the evaluation specifically covered the past twelve months, and there was no reported drop-off or displacement.

4.1.4 Calculating the Social Return on Investment
The calculation for the SROI is described in this section. Expressed as a ratio of return, it is derived from dividing the impact value by the value of the investment. However, before the calculation is made, the impact value is adjusted to reflect the present value of the projected outcome values. This is to reflect the present day value of benefits projected into the future. In this social value account, outcomes were projected for a period of one year and so the effect of discounting for this is limited.

The ratio of return for SROI calculates the net present value of benefits created, based upon the net present value of investment required to deliver such benefits. Over the twelve months of the study period in return for an investment of £317,053, a total of £4.89 was created in social value for every pound that was input.

**Stick ‘n’ Step SROI £4.89**

<table>
<thead>
<tr>
<th></th>
<th>Total Present Value</th>
<th>Net Present Value</th>
<th>Social Return £ per £</th>
</tr>
</thead>
<tbody>
<tr>
<td>£1,550,689.00</td>
<td>£1,233,636.00</td>
<td>£4.89</td>
<td></td>
</tr>
</tbody>
</table>

The SROI calculation indicates that for each £1 invested, there is a social return of **£4.89**.
4.1.5 Sensitivity analysis
Sensitivity analysis allowed the influence of each variable used within the impact map to be assessed for its impact upon the overall result. This process also tests assumptions made to determine their impact in the final SROI calculation. Each variable was assessed, and it was found that most changes did not have a significant impact upon the result, thereby providing a degree of confidence over the figures used. In most cases, adjusting proxy amounts did not result in a marked difference in value (usually no less than 10p).

While a conservative quantity of 70 was applied (based on the number of young people engaging with Stick ‘n’ Step) if this number was increased to 100, this would change the SROI ratio to £6.98. If increased to 140 (to account for at least one parent engaging with Stick ‘n’ Step along with their child), the ratio would further increase to £9.76.

When conducting sensitivity analysis testing on deadweight and attribution, a number of assumptions were made where key stakeholders were not able to give actual figures. In this case, a conservative estimate of 50% was applied. However, test calculations were carried out using the higher 75% and lower 25% rates (table 5). The 50% figure has been used for the final SROI calculations as this is the middle ground and was agreed upon when discussed with focus group attendees.

Table 5: Sensitivity testing deadweight and attribution assumptions

<table>
<thead>
<tr>
<th>Stakeholder</th>
<th>Variable base rate</th>
<th>New combined high assumption</th>
<th>SROI rate</th>
<th>New combined low-assumption</th>
<th>SROI rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service users</td>
<td>50%</td>
<td>75%</td>
<td>£1.22</td>
<td>25%</td>
<td>£11.00</td>
</tr>
</tbody>
</table>
5. Discussion

Stick ‘n’ Step was set up in 2002 by parents wanting to make a difference to the lives of children and their families living with cerebral palsy. In the past year the charity has supported around 70 young people and their families who live in the North West area of England and North Wales.

All children and adults involved in this evaluation reported outcomes relating to social, mental health and wellbeing benefits and the learning of new skills. Social benefits related to meeting of new people, making new friends and feeling more socially included in society. Respondents reported that mental health and wellbeing had improved with many stating they felt happy and relaxed after attending Stick ‘n’ Step and had experienced improvements in mobility and pain reduction. Young people reported feelings of pride due to the hard they had put in to achieve personal goals set out as part of their CE sessions.

It was clear that the social aspect meant a lot for both young people and adults. Young people described how they had made new friends and could share their experiences among their peers. Many young people had many negative associations with their disability, and felt that they were not the same as other young people their age. Families reported that Stick ‘n’ Step had normalised their life and the support given to them by Stick ‘n’ Step meant that young people were able to feel included. Social events also offered young people the opportunity to have fun and to meet other young people who they only saw weekly or less during sessions. Young people stated that they looked forward to the sessions and had built up relationships with staff at the charity. A key element of the charity’s work was the independence it gave to young people, but also the freedom it gave both young people and their families. Parents reported that they trusted Stick ‘n’ Step and its staff members and volunteers. These feelings of trust helped to build on the abilities of young people to achieve more and learn new skills that they could use every day. For many parents, they stated that the time their children spent with the charity was the only respite they received from full-time caring, and that this had only been possible because of the trust that had been fostered since engaging with the charity.

Being in regular contact with the charity, through at least weekly CE sessions, had been life changing for both young person and their families. As many young people reported very limited mobility beforehand, the skills they had mastered meant they were able to be more active, to get about themselves and not be as reliant on their parents/carers as they had once been. This had helped them gain independence and this had the consequence of greatly impacting upon their confidence, and happiness. Although physically and mentally quite demanding, young people stated that they looked forward to CE sessions and enjoying attending Stick ‘n’ Step. Many reported being without pain and relaxed after their CE sessions, and that the hard work they had put into the session was worth the rewards of being more mobile afterwards.

Stick ‘n’ Step provided a service that was much needed and highly valued by those accessing the charity. As no other similar facilities were available across the North West and North Wales, families gladly travelled to benefit from the support and CE session. There was much social value created by Stick ‘n’ Step, reflected in SROI ratio of £4.89. This amount was created as the charity promoted friendships and helped to socially include people. It also offered vital support and rehabilitation and the learning of vital every day skills that are often taken for granted. Young people were able to become independent and to do things for themselves without their parents’ help. Parents also benefited as they were able to have much needed respite on a regular basis, which helped to make the family feel happier and more relaxed.
Stick ‘n’ Step is a much needed asset for those whose lives are affected by cerebral palsy. Without this, young people may not have achieved many things, including improved mobility, confidence, and they may not have gained independence and accompanying pride and happiness from such personal achievements.

**Limitations**
The nature of the SROI evaluation in attempting to ‘quantify the unquantifiable’ (for example, the value of self-confidence for an individual, or for improved or increased friendships) is that it was often quite difficult to elicit meaningful financial outcomes from participants. The SROI analysis itself is dependent on the responses given by the research participants, which were subjective to that group at that particular time point. On a number of occasions where stakeholders were not able to arrive at financial amounts themselves, financial proxies were derived at using known proxies used elsewhere in other research or from examples given during qualitative data collection (e.g. the cost of average spend on lunch). The numbers involved in the research are a good representation of those engaging with Stick ‘n’ Step overall.

SROI measures and accounts for a much broader concept of value by measuring change in ways that are relevant to the people or organisations that experience or contribute to it. It is about value rather than money. There are, however, limitations with the methodology, many of which are being addressed by the SROI Network, a leading international social enterprise which aims to change how society accounts for value. The framework and guidance provided by the SROI Network aims for rigour. One of the main perceived limitations of SROI, as with other types of evaluation, is that it is difficult to compare results between organisations. Therefore, it is vital that the overall SROI ratio should not be viewed in isolation and the impact analysis findings that result in the SROI ratio should always be considered together. This ensures transparency and makes it possible to see some of the choices that have been made, about what to measure and how to value an impact. SROI should not be viewed as being just about the final financial ratio. SROI is a process of understanding and valuing impact and should be used by organisations to understand where their impact is greatest and how they could improve what they do.

Attributing monetary values to outcomes has been perceived by some to be problematic. How, for example, do you accurately measure improvements in confidence, quality of life, or feelings? SROI seeks to value both the benefit to the wider economy and the individual. While it may be possible to calculate, for example, amount spent on holidays or travelling, valuing personal benefits in monetary terms may be more complex. The SROI Network is addressing these limitations through building up a database of acceptable and acknowledged values, outcomes and indicators which have been used in assured SROI analyses. Careful research, referring to existing and accepted evidence bases and adhering to the SROI principles is vital in order to conduct a robust, credible and true analysis.

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1 [http://www.thesroinetwork.org/](http://www.thesroinetwork.org/)
6. References


NICE. (2013). Cerebral palsy: introduction. Available at: http://www.evidence.nhs.uk/topic/cerebral-palsy?om=%5B%7B%22tn%22%3A%5B%22%-20statistics%20%22%5D%7D%5D. Accessed 03/12/2013.


8. Appendices

1. Logic model
Following interviews with key stakeholders, and the focus group sessions with young people, a logic model was designed, highlighting the key changes and outcomes participants reported occurring as a direct result of engagement with Stick ‘n’ Step. There were four main themes that emerged: social, mental health and wellbeing and new skills. Reported negatives related to travel and time.

![Logic Model Diagram]

- Socialising - friendships
- Inclusion
- Routine – something to look forward to
- Concentration skills
- Happiness, enjoyment, fun
- Mobility
- Volunteering
- Confidence
- Learning new things
- Listening skills
- Travel
- Time commitment
The final report *An evaluation of the social impact of the Stick ‘n’ Step initiative in Wirral, Merseyside* will be available on the Centre for Public’s Health website: [http://www.cph.org.uk/expertise/population-health/](http://www.cph.org.uk/expertise/population-health/).

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